UGANDA DELIVERY OF IMPROVED SERVICES FOR HEALTH EVALUATION SURVEYS 1997

Delivery of Improved Services for Health (DISH)
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Preface

In late 1997, Pathfinder International and the MEASURE Evaluation Project conducted two studies to assess the reproductive health situation at selected health facilities in Uganda and among men and women living near those facilities. The community study was a sample survey of 1,697 women 15 – 49 years old and 900 men 15 – 54 years old who resided in 9 of 10 districts covered by the Delivery of Improved Services for Health (DISH) Project. The facility study was a survey of 173 selected health facilities located within the same 9 districts, and included interviews with the in-charges, record reviews and observations.

The sampling frame for the community survey is a subset of the sampling frame for the 1995 Uganda Demographic and Health Survey (DHS). Many of the questions are identical in both surveys; thus, it is possible to make comparisons between 1995 and 1997 on some variables.

Findings from these studies form a baseline against which progress under the DISH Project can be measured. Pathfinder International will conduct similar studies in 1999; and the Demographic Health Survey will be repeated in 2001. Findings from these studies will be compared with those from the 1995 DHS and the 1997 DISH evaluation studies to evaluate the impact of the DISH Project on the quality and utilization of reproductive health services and reproductive health knowledge and behavior among men and women living within the project districts.

The 1997 community and facility studies were made possible through a collaborative effort of the District Health Teams of Kampala, Kamuli, Luweero, Jinja, Masindi, Rakai, Masaka, Mbarara and Ntungamo; Pathfinder International; the MEASURE Evaluation Project of the University of North Carolina at Chapel Hill; and Macro International Inc. Funding for these organizations and for the studies was provided by the United States Agency for International Development (USAID). The Principal Investigators were Dr. Charles Katende, Research and Evaluation Officer for the DISH Project, and Dr. Rodney Knight, Evaluation Specialist with the MEASURE Evaluation Project.

Many individuals provided technical assistance to these studies. Dr. Amy Tsui, Director of the MEASURE Evaluation Project, helped conceptualize the studies and provided technical advice throughout the exercise. Dr. Ann Blanc and Dr. Alfredo Aliaga of Macro International Inc. provided technical advice on sampling and analysis. Dr. Phil Bardsley of the MEASURE Evaluation Project set up the data management system. Dr. Ming Hung, independent consultant with the Linkages Project, assisted with the design and analysis of nutrition questions for the community survey.

Many thanks to the District Medical Officers and Local Council Chairmen who assisted with the fieldwork; Mr. Bongs Lainjo, DISH Project Logistics and Information Systems Advisor, and Mr. Moses Lubaale, research consultant, who supervised fieldwork; Ms. Edna Rugumayo and Ms. Jarvis Bukirwa of the DISH Project who managed survey logistics; the interviewers who conducted the fieldwork; the men and women and health personnel who agreed to be interviewed; and all the organizations and individuals who made these studies possible.

Peter Savosnick
Chief of Party
Delivery of Improved Services for Health

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Acknowledgements

A number of individuals and organizations contributed to the successful completion of this survey. The cooperation of the 1697 women and 900 men who responded to the survey questionnaire is greatly appreciated. The district medical offices as well as the local council leaders who successfully completed their field work assignments made tremendous contributions to this survey.

Special thanks go to the DISH project sub-contractors and grantees that participated in the survey activities right from the design stage. On the same note, we are indebted to Alfredo Aliaga and Ann Blanc of MACRO International, who provided technical assistance for the sampling of this survey. Jay Anderson, Elizabeth Marrum and John Cutler of USAID/Uganda provided useful comments on the questionnaire. Krista Stewart of USAID/Washington provided important comments on the report drafts.

From the MEASURE Evaluation Project, the Director, Amy Tsui participated at the conception of this survey and provided technical advice throughout the entire exercise. Phil Bardsley provided invaluable data management advice. Bonnie Springer assisted with data cleaning and programming. Jason Dietrich assisted with tabulations. Lewellyn Betts and Brandon Howard significantly helped in the production of this report.

At the DISH office, the Chief of Party, Peter Savosnick, other DISH component advisors, namely, Joy Mukaire, Peter Cowley and Tembi Matatu, provided day-to-day advice on the activities of this survey. Edna Rugumayo and Jervice Bukirwa made indispensable contribution with regard to logistical management, and other DISH project support staff provided critical support. Special regards go to the field staff, without whose inputs this survey would not have been a reality, and to Bongs Lainjo, formerly the DISH HMIS advisor, for co-directing this survey.

Executive Summary

This report presents findings from the 1997 Delivery of Improved Services for Health (DISH) Evaluation Survey and where possible compares the status of reproductive health services and individuals with those measured in the 1995 Uganda Demographic and Health Survey. The DISH Evaluation Survey gathered information from 1,967 women aged 15 to 49 years old, 900 men 15 to 54 years old, and 173 health facilities in nine of the original ten districts of Uganda served by the DISH project. The survey collected information required to assess the reproductive health situation in these districts and to increase the knowledge of the effectiveness of DISH project activities. These include the following:

- Training of service providers to provide integrated reproductive health services
- Training and supervision of community reproductive health workers (CRHW)
- Reproductive health information, education, and communication (IEC) activities
- Training of health unit managers in financial management and health management information systems to improve management of health units

Following an introduction (Chapter 1), the report covers the availability and quality of services at the health facilities visited in conjunction with the community survey (Chapter 2), IEC effort and exposure (Chapter 3), family planning (Chapter 4), maternal and child health (Chapter 5), and sexually transmitted diseases (STDs) and HIV/AIDS (Chapter 6). The key findings of this report follow.

Health Facilities

- Health centers and dispensaries are the most common types of health facilities in the sample.
- The government operates almost two-thirds of health facilities in this convenience sample, while non-governmental organizations (NGOs) operate almost 21% of the facilities.
- Family planning services, STD treatment, antenatal care (ANC), and immunizations are widely available in all of these health facilities. Emergency obstetric care is available in one-third of facilities, and HIV/AIDS testing is available in only about 15% of facilities.
- The proportion of these health facilities offering family planning, STD treatment, and HIV/AIDS counseling has more than doubled since the inception of the DISH project in 1994. Other services have not increased as substantially.
- Between 50% and 70% of health facilities have DISH-trained staff providing family planning, STD treatment, ANC, and delivery services.
- Three kinds of contraceptives -- pills, injectables, and condoms -- were continuously available in September 1997 in approximately three-quarters of the facilities. Other contraceptives were continuously available in smaller percentages of facilities.
- Basic medical supplies, including iron tablets, STD drugs, Oral Rehydration Salts (ORS) packets, and malaria drugs, were continuously available in over half of the health facilities during September of 1997.
- Three-quarters of facilities displayed the Yellow Flower signboard, nearly two-thirds had a DISH family planning poster, and 40% displayed a DISH AIDS poster.

Information-Education-Communication (IEC)

- Men are more likely to listen to the radio, and to listen more frequently, than are women, but the gap is narrowing as listening frequency rises for both groups.
- In the Luganda-speaking regions outside of Kampala, both men and women listened the most to Radio Uganda, followed by CBS.
- Among urban dwellers, CBS was the favorite radio station, while rural residents listened more to Radio Uganda.
- IEC messages reached far more men and women via radio than other media.
- Roughly 40% of listeners were exposed to the "Choices" radio program or to radio advertisements for the Protector condom or Pilplan.
- Family planning and HIV messages (DISH IEC activities concentrated on these topics) reached somewhat more men and women than did ANC messages (a relatively new DISH activity).

Family Planning

- There was a marked increase in contraception use for all men, all women, and married men and women.
- DISH IEC efforts are strongly associated with an increase in contraceptive use.
- The proportion of women not using contraception that reported intending to use modern contraception in the next 12 months substantially increased.
- There are significant associations between DISH IEC activities and intentions to use modern contraception.

Maternal and Child Health

- First visits for antenatal care did not usually take place until the fourth to sixth month of pregnancy; no change was apparent between 1995 and 1997.
- The percentage of women making five or more visits for ANC declined between the 1995 and 1997 surveys.
- Most women used nurse/midwives for ANC, although the percentage of those doing so fell during the period.
- Most women have knowledge of at least one type of pregnancy complication, but many obstetric complications are relatively unknown.
- Most women received delivery care from nurse/midwives.
- Births are about equally likely to occur at health facilities and at home. This distribution did not change from 1995 to 1997.
- About one-third of women said that the ideal length for exclusive breastfeeding is four to five months; another quarter reported six months. Nearly 43% of women with births in the past three years exclusively breastfed their infant for at least six months.

STD and HIV/AIDS

- Reporting of symptoms of STDs rose during the period from 1995 to 1997.
- Knowledge of the health consequences of untreated STDs was not widespread in 1997.
- During the period from 1995 to 1997, knowledge of the use of abstinence and condoms for HIV/AIDS prevention rose substantially, but knowledge of other measures remained constant or actually fell.
- IEC activities seem to have led to widespread knowledge of condom use as a means of protecting against HIV/AIDS infection.
- Condom use for avoidance of STDs or HIV/AIDS rose significantly for both men and women between 1995 and 1997.

- About 13% of women and 16% of men have been tested for HIV, and almost two-thirds of those who have not been tested expressed a desire to be tested.

1. Introduction

Uganda is located in the Africa Great Lakes region along the equator, in the heart of sub-Saharan Africa. It occupies 241,039 square kilometers and borders Congo Kinshasha in the west, Kenya in the east, Rwanda in the southwest, Sudan in the north, and Tanzania in the south. This country has great access to bodies of water that include Lake Victoria and the River Nile, among others. The effects of high altitude and vast bodies of water combine to give this tropical country one of the best climatic conditions in the world.

The population of Uganda, about 21 million, consists of many tribes that belong to four major ethnic groupings, namely the Bantu, Nilotics, Nilo-Himitis, and people of Sudanese origin. Administratively, Uganda is divided into 43 districts, which are further subdivided into counties, subcounties, parishes, and subparishes. At each of these administrative levels, there is a Local Council (LC), an organization politically and administratively in charge of an area. The topmost council, at the district level, is designated LC V while the lowest is LC I.

1.1 Demographic Profile

Uganda has a typical pre-fertility-transition demographic regime, with a total fertility rate of 6.9, an infant mortality rate of 100 deaths per 1000 live births, and life expectancy of 40 years (largely because of the AIDS epidemic). Although recent reports suggest a declining trend, this country is still among those sub-Saharan countries hardest hit by the AIDS epidemic. HIV rates are as high as 30% among women attending selected antenatal clinics. Despite this troubling situation, Uganda has the highest adolescent pregnancy rates in sub-Saharan Africa. According to the 1995 Uganda Demographic and Health Survey (UDHS) only 7.8% of married women use a modern contraception, even though 91.6% of women report knowing about family planning.
With regard to maternal and child health, many mothers seek antenatal care from a trained person. Most women, however, make their first antenatal care visit rather late in the pregnancy, and many mothers do not complete the recommended minimum of three antenatal care visits. About a third of all children in Uganda are stunted.

Financial and geographical accessibility pose major constraints to health service use in Uganda. With an average per capita income of Ushs 149,898 per annum (approximately 150 US dollars), many Ugandans strain to afford their medical care bills. Even when they can afford to pay, distance and poor means of transport can hinder a client's access to health services, although 49% of the population live within a five-kilometer radius of a health unit (Table 1.1).

Many health facilities, however, have no doctor or medical assistant on staff, and are operated by nurses and nurses' aides. In many rural areas, the nurses are poorly remunerated and the quality of services may therefore be affected accordingly.

Until recently, availability of services depended on the day of the week, as different health services were offered on each day. Furthermore, there were very limited opportunities for clients attending family planning clinics to get other services, such as STD treatment.

Since 1989, the Uganda government has made tremendous progress towards addressing national population and health, including reproductive health issues. In 1989, the government established a Population Secretariat within the Ministry of Planning that coordinates all population policies and programs in the country. In 1994, with

Table 1.1
Percentage Distribution of Survey Respondents by Age

	Women		Men	
Age Group	**Percent**	**Number**	**Percent**	**Number**
15-19	22.4	379	21.2	191
20-24	24.5	416	18.3	165
25-29	17.9	303	19.6	176
30-34	13.3	225	13.1	117
35-39	11.4	193	10.0	90
40-44	6.0	101	8.0	72
45-49	4.6	78	4.6	41
50-54	NA	NA	5.2	47
Total	**100.0**	**1695**	**100.0**	**899**

the guidance of this secretariat, Uganda adopted its first population policy that emphasizes reproductive health. Within this institutional framework, the government has commissioned numerous reproductive health projects. These are implemented by various organizations and most have adopted the Cairo World Population Conference recommendation to provide integrated reproductive health services. Among these projects is the Delivery of Improved Services for Health (DISH) Project.

1.2 The DISH Project

The Ugandan Ministry of Health (MOH) and the United States Agency for International Development (USAID) sponsor the five-year DISH project. The project began in 1995, and is one of the biggest reproductive health projects in Uganda. DISH operates in 12 out of the 43 districts in Uganda, covering a total population of about four million.

The DISH project aims to increase reproductive service availability, improve the quality of care of reproductive health services, increase public knowledge, and change attitudes and behavior so as to increase service use. The districts covered by the project include Jinja, Kampala, Kamuli, Kasese, Luwero, Masaka, Masindi, Mbarara, Nakasongola, Ntungamo, Rakai, and Sembabule. To achieve its objectives, the DISH Project carries out the specific activities listed below:

- *Training of nurses and midwives to equip them with skills needed for providing integrated reproductive health services*. Integrated services, in this case, refers to a scenario where one service provider provides the whole range of reproductive health services, namely, family planning, maternal and child health (MCH), and, STD and HIV/AIDS, to a client who needs them preferably during a single visit to a health facility. Since 1995, DISH has trained at least one service provider in almost all the 600 health units with a nurse or midwife in the DISH project districts. The project regularly supervises these service providers in collaboration with the district authorities.

- *Supporting Community Reproductive Health Workers (CRHWs), under contractual arrangements with selected community-based non-governmental organizations (NGOs).* DISH trained and continues to supervise 539 NGO Community Reproductive Health Workers in selected areas. These workers, through family visits, provide integrated reproductive health services at the community level.

- *Building capacity in Health Management Information System (HMIS) and Logistical Management Information System (LMIS).* The DISH project participated in development of the HMIS and the LMIS for the Ministry of Health, helping all DISH project districts to computerize, manage, and monitor these systems. The DISH project compiles data for project monitoring and evaluation purposes from these systems. DISH identified 80 facilities for collection of project monitoring and evaluation data. Staff at these facilities, referred to as DISH Data Collection Points (DDCPs), received special training from DISH in recording and reporting data.

- *Building capacity in financial management, by training health unit managers.* This training focuses on fee-for-service (FFS) schemes. Four hospitals in the Jinja, Masindi, Nakaseke, and Kiryandongo districts have benefited from this training. In addition, 40 FFS trainers, four per DISH district, have received training.

- *Information Education and Communication (IEC) activities.* The project conducts IEC campaigns to increase reproductive health knowledge in target groups and others that encourage positive reproductive health attitudes and behaviors in the general public. Two campaigns, one to promote family planning and another for prevention of HIV among youths, were completed between 1995 and 1997. MCH and STD campaigns will occur between 1998 and 1999.

- *Managing, monitoring, and evaluating the project.* The DISH project has a monitoring and evaluating component as well as a management unit. The latter manages the project while the former collects the necessary information to assess the progress and impact of project activities. The evaluation component of DISH monitors a set of project indicators. A number of these are calculated using data from the evaluation surveys. So far, this component has conducted one round of evaluation surveys, the 1997 DISH Evaluation surveys.

- *Activities through other collaborating agencies, through grants or work contracts.* Under this arrangement, the AIDS Information Center (AIC) and The AIDS Support Organization (TASO) carry out HIV testing and counseling; the African Medical Research Foundation (AMREF) trains medical assistants in areas of STD syndromic management; and the John Hopkins Program for International Education in Reproductive Health (JHPIEGO) trains pre-service health service providers. The Social Marketing for a Change (SOMARC) project carried out social marketing of condoms and non-clinic based contraceptive methods.

1.3 Evaluation Surveys

The objective of the DISH project evaluation is to monitor the progress of DISH activities and monitor changes in reproductive health behavior in DISH project districts. The design of the project evaluation will enable analysts to assess the impact of selected DISH interventions on reproductive

health knowledge and behavior. The focus of this report is on the monitoring objective.

The design of the project evaluation involves a series of surveys. The 1995 UDHS provides information on both DISH districts and districts not covered by DISH. The timing and the sample of the 1995 UDHS are such that the survey provides baseline information on the population in DISH districts as well as information on a comparison population outside of DISH districts. A follow-on UDHS in 2001 will provide updated information on the population in DISH districts and the comparison population. In the interim, the DISH project is conducting a survey of the population in DISH districts. The 1997 DISH Evaluation Survey will be followed by a similar survey in 1999. Each DISH Evaluation Survey consists of a DISH Community Survey (DCS) of men and women of reproductive age, and a DISH Facility Survey (DFS) of selected health facilities.

The 1997 DISH Evaluation Survey gathered information from 1,967 women aged 15 to 49 years, 900 men aged 15 to 54 years, and 173 health facilities in 9 of the original 10 districts of Uganda served by the DISH project. The survey collected information on reproductive health status of individuals and services in these districts. Variation in DISH activities across the 9 districts allows for some data analysis on the effectiveness of project activities. Further detail about the design and sample of 1997 DISH Evaluation Survey is provided in Appendix A. Questionnaires are included in Appendix B.

1.4 Age Distribution of Respondents

Table 1.1 summarizes the surveyed population by five-year age groups. Women 15 to 49 were interviewed, while men aged 15 to 54 were interviewed. Respondents tended to be youthful, women more so than men. The addition of the 50 to 54 year-old age group spreads out the age distribution for men. Almost half of the women and 40% of men were between 15 and 24 years old. Only 11% of women were age 40 to 49 and 10% of men were age 45 to 54.

1.5 Background Characteristics of Respondents

Table 1.2 presents characteristics of survey respondents in terms of where they live, marital and educational status and work.

This table groups the DISH districts into five areas to ensure sufficient numbers of cases to give reliable estimates for the results. Kampala is kept separate, and each of the other areas consists of two contiguous districts. Many of the respondents live in one of the two southern DISH areas, Mbarara/Ntungamo and Masaka/Rakai (47%of the women and 44% of the men). Respondents generally live in rural areas (65% of women and men). In other words, 35% of respondents reside in urban areas.

Education is grouped into three categories in this report: no education, primary and secondary plus. Respondents with no formal education are in the no education category. Those with one to seven years of schooling are included in the primary education category. Anyone who has more than seven years of schooling is included in the secondary plus category.

Men fare better than women in terms of education. A higher percentage of men have secondary education or better and a lower percentage have no education at all. While 30% of men have secondary or more education, only 22% of women have this level of education. Even for primary education women have a lower percentage (54%) than men (56%). Almost twice as many women (25%) have no education compared to men (14%). A higher percentage of men (33%) than women (18%) in the DISH sample have never been married. The higher percentage of men being unmarried suggests a higher

age of marriage for men compared to women. A higher percentage of women have higher levels of divorce and separation (15% for women compared to 9% for men); the higher percentage of women married (67%) compared to men (59%) supports this conclusion. The occupational or employment status of DISH respondents presents some interesting distinctions between men and women. Despite their relatively educated backgrounds, 58% of women do not work for pay. On the other hand, 18% of men do not work for pay. In other words, 82% of men have paying jobs, compared to 42% of the women.

Table 1.2
Percentage Distribution of Respondents by Residence, DISH Area, Education, Marital Status, and Work

Background Characteristic	Women		Men	
	Percent	Number	Percent	Number
Residence				
Urban	34.7	589	35.4	319
Rural	65.3	1108	64.6	581
Total	100.0	1697	100.0	900
DISH Area				
Mbarara/Ntungamo	21.1	358	22.0	198
Masaka/Rakai	25.4	431	21.7	195
Luwero/Masindi	13.7	233	14.5	130
Kamuli/Jinja	15.3	260	15.9	143
Kampala	24.5	416	25.9	233
Total	100.0	1697	100.0	900
Education				
No Education	24.6	417	13.9	125
Primary	53.6	910	55.8	502
Secondary+	21.8	370	30.3	272
Total	100.0	1697	100.0	900
Marital Status				
Never Married	17.6	299	32.7	294
Currently in Union	67.4	1144	58.6	526
Formerly in Union	15.0	254	8.7	78
Total	100.0	1697	100.0	898
Occupation				
Admin/Professional	3.5	58	8.3	75
Clerical/Sales	8.1	136	9.7	88
Agricultural	12.1	204	31.7	286
Other Skilled	5.4	92	10.1	91
Other Unskilled	13.0	220	22.1	199
Not Working for	58.0	978	18.0	162
Total	100.0	1687	100.0	900

Despite having only a limited advantage in secondary and higher education, twice as many men hold jobs in administrative or professional fields, as do women. Eight percent of men hold administrative or professional jobs, while only 4% of women have such occupations.

Agriculture and unskilled jobs are the highest categories for men and women, although the ranking is reversed for the sexes. Unskilled labor ranks highest for women (13%), followed by agricultural work (12%). The highest percentage of men work for pay in agriculture (32%), with the second highest proportion in unskilled jobs (22%).

2. Health Facilities

2.1 Summary

To understand the health behavior of individuals, information is required on the availability of health services. Such information enables researchers to analyze and evaluate health services, and allows program managers to make appropriate decisions about future activities and related allocations of resources. Toward these goals of understanding and action, the 1997 DISH Facility Survey gathered data from 173 health facilities in all DISH districts except Kasese. Appendix A details the selection of those facilities. The findings from this facility survey show that

- Health centers and dispensaries are the most common types of health facilities included in the sample.

- The government of Uganda operates almost two-thirds of the health facilities in this convenience sample, while NGOs operate almost 21% of the facilities.

- Family planning services, STD treatment, antenatal care, and immunizations are all widely available in these health facilities. Emergency obstetric care is available in one-third of the facilities, and HIV/AIDS testing is offered in only about 15% of the facilities.

- The proportion of health facilities that offer family planning, STD treatment, and HIV/AIDS counseling has more than doubled since the inception of the DISH project in 1994. Other services have not increased as substantially.

- Between 50 and 70% of the health facilities have DISH-trained staff who are providing family planning, STD treatment, antenatal care (ANC), and delivery services.

- Three types of contraceptives -- pills, injectables, and condoms -- were continuously available during September 1997 in around three-quarters of these facilities. Other contraceptives were continuously available in only small percentages of the facilities.

- Basic medical supplies, including iron tablets, STD drugs, Oral Rehydration Salts (ORS) packets, and malaria drugs, were continuously available in over half of the health facilities during September of 1997.

- Three-quarters of facilities displayed the Yellow Flower family planning signboard; nearly two-thirds displayed a DISH family planning poster, and 40% showed a DISH AIDS poster.

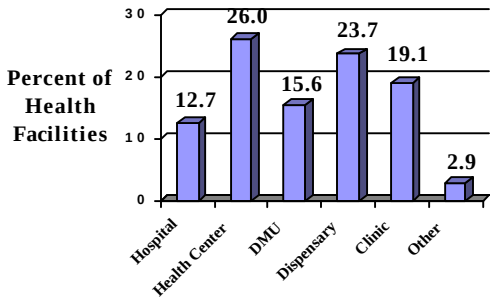
2.2 DISH Activities Related to Health Facilities

DISH activities are designed to increase availability and improve quality of reproductive health services, to increase public knowledge, and to change attitudes and behavior such that there is increased service utilization. Project activities include training programs for nurses and midwives, support for CRHWs, building capacity in the HMIS and LMIS, building capacity in financial management, implementation of IEC activities, and management, monitoring and evaluation of the project. The DISH project is not specifically trying to increase the number of health facilities or to change their basic characteristics; therefore, data on the number and kind of health facilities do not reflect DISH activities per se, but rather provide information about the setting within which DISH activities are taking place.

2.3 General Characteristics of Health

The health facilities in the DISH districts of Uganda fall into one of five major categories. The DISH facility survey included a high proportion of health centers (26% of facilities) and dispensaries (23.7%) among the 173 in the sample (Figure 2.1). Least represented were hospitals, with only 12.7% of the total number of health facilities. Dispensaries with maternity units (DMUs) and clinics of various types were between 15 and 20% of the total number. The "other" category includes a few specialized facilities, such as vaccination centers. (It should be noted that the sample design focused on primary facilities providing health services. Not included were small private clinics, pharmacies, and drug shops.)

Figure 2.1: Percentage Distribution of Health Facilities by Facility Type in DISH Districts Excluding Kasese

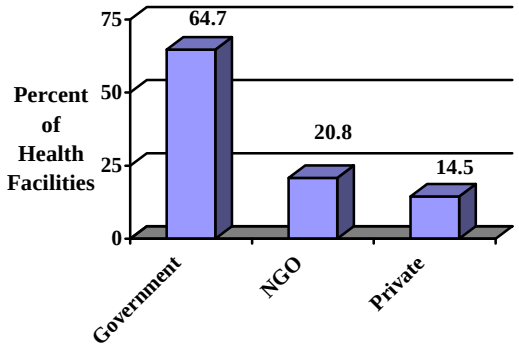


Three main authorities operate these health facilities. Almost two-thirds of the facilities are operated by the government and NGOs operate almost 21% (Figure 2.2). The data show that private clinics account for almost 15% of the sample.

2.4 Services Provided at Health Facilities

The services that health facilities provide are considered from two angles: currently available services and the year when each type of service started. The former gives a picture of the current situation and highlights where expansion may be needed or desirable. The latter gives a picture of the way that the current system has evolved and the types of services that have been expanding most rapidly in the DISH era.

Figure 2.2: Percentage Distribution of Health Facilities by Operating Authority



Not all of these health facilities provide a full range of services. Commonly provided services include family planning, STD treatment, ANC, and immunizations. All of these are available in more than four-fifths of the facilities (Figures 2.3 and 2.4). Slightly less common are delivery services, post-natal care, and HIV/AIDS counseling. Emergency obstetric care is available in only one-third of facilities; women in need of such care are referred to hospitals when possible. HIV/AIDS testing is available in only about 15% of the facilities and HIV clients are usually referred to hospitals for testing.

Figure 2.3: Percentage of Health Facilities Providing Family Planning and STI Services

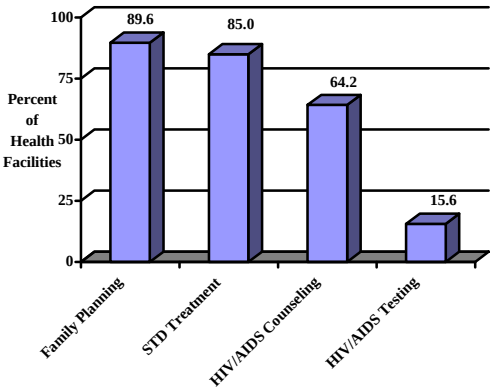
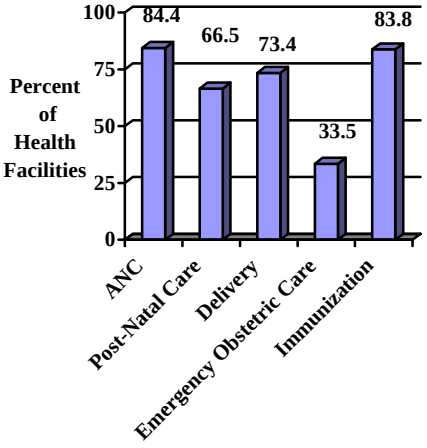


Figure 2.4: Percentage of Health Facilities Providing Maternal and Child Health Services

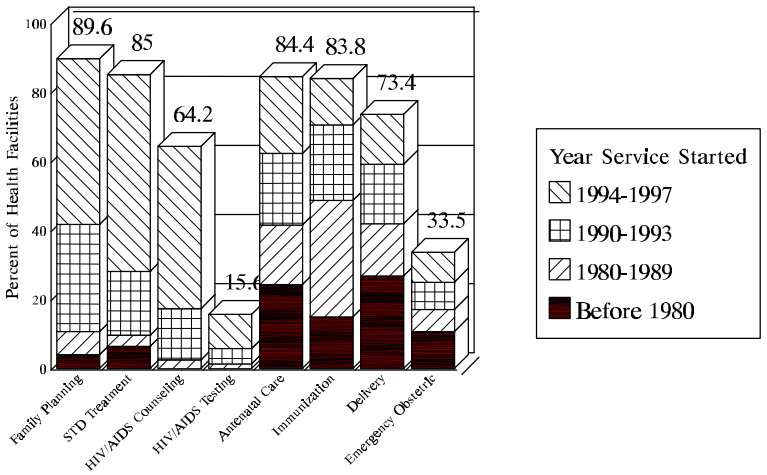


The DISH Project began in 1994. Since that time, family planning, STD treatment and HIV/AIDS counseling services have experienced major increases in availability, as shown in Figure 2.5, although absolute numbers of facilities offering HIV/AIDS counseling are still somewhat below those for family planning and STD treatment. The increase in service provision for these areas is likely due to DISH intervention. Since DISH began, the percentage of facilities offering HIV testing has more than doubled, but it is still available in only a small percentage of facilities.

Other services do not show the same effects from DISH activities, and their availability has not shown similarly pronounced increases over recent years. In fact, the proportions of facilities offering immunizations and delivery services begun in 1993-1997 were lower than the proportions of these services begun in 1990-1993. However, these services were already well established before DISH began. Seventy percent of all facilities offered immunizations and 59% offered delivery services prior to 1994. ANC was also well established before DISH began, with more than 62% of facilities offering it prior to 1994. The spread of emergency obstetric services has been steady, but slow.

The picture of availability of services in 1997 differs greatly from the array of services widely available before 1980. Before 1980, most services provided at these facilities were those related to maternity, i.e., delivery services, ANC, immunization, and some emergency obstetric care. Family planning and STD treatment were less widely available, and no HIV/AIDS services were available.

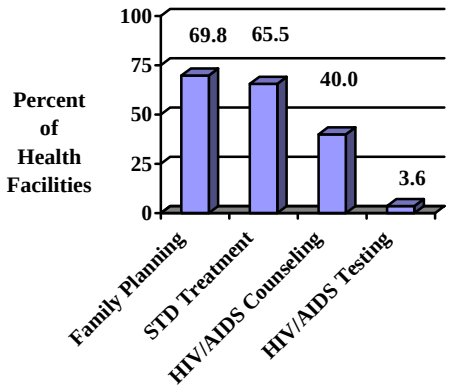
Figure 2.5. Percentage of Health Facilities Providing Services by Year the Service Started (DISH Districts, excluding Kasese)



2.5 DISH Training of Health Facility Staff

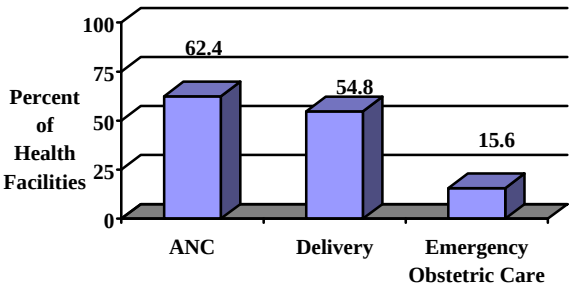
One way to assess the impact of DISH activities on health facilities is to examine how many facilities actually have DISH-trained staff members providing various services. Overall, staff members trained by DISH are found in 77% of the facilities in the survey. Between 50 and 70% of these health facilities have DISH-trained staff providing family planning, STD treatment, ANC, and delivery services (Figures 2.6 and 2.7). Unfortunately, there is a shortage of qualified candidates for training at the moment and it is unlikely that these numbers will rise substantially in the near future.

Figure 2.6: Percentage of Health Facilities with at Least One DISH-Trained Staff Member for Family Planning and STI Services



Somewhat fewer than half of the facilities have DISH-trained staff who provide HIV/AIDS counseling, and only small percentages of facilities have DISH-trained staff members in the areas of emergency obstetric services or HIV/AIDS testing. Although the DISH training component includes HIV/AIDS counseling, DISH does not train staff in testing or establishing HIV testing units. (AIC, in collaboration with the District Health Service Offices, or DMO, performs these activities.) Progress in these areas will continue to be monitored by DISH training staff.

Figure 2.7: Percentage of Health Facilities with at Least One DISH-Trained Staff Member for Maternal and Child Health Services

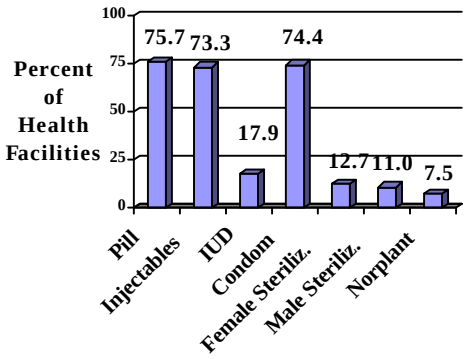


2.6 Availability of Medical Supplies at Health Facilities

An important aspect of health services provision is the availability of family planning and medical supplies. DISH survey data allow a look at the percentage of health facilities that had certain items and procedures continuously available during the month of September 1997. Those facilities that did not have a particular item available either did not offer the relevant type of service or experienced a stockout during at least part of the month.

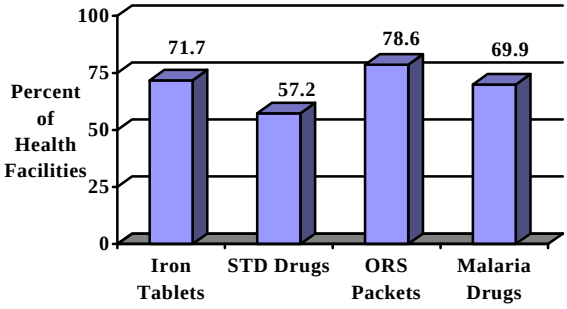
Of seven kinds of family planning services offered by health facilities, three kinds of contraceptives -- pills, injectables, and condoms -- were continuously available during September 1997 in around three-quarters of the facilities (Figure 2.8). Availability of other contraceptive methods was much less widespread: IUDs, female and male sterilization, and Norplant were available in less than 20% of the facilities.

Figure 2.8: Percentage of Health Facilities with Supplies Needed to Deliver FP Services Continously Available During September 1997 by Type of Contraception



The DISH survey also collected information on availability of certain medical supplies. ORS packets were available in almost 80% of health facilities, iron tablets and malaria drugs in around 70% of facilities, and STD drugs were available in 57% of the health facilities (Figure 2.9).

Figure 2.9: Percentage of Health Facilities with Medical Supplies for Specific Health Services

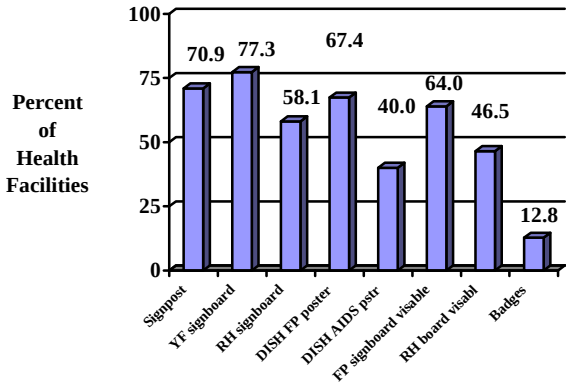


2.7 Availability of IEC Materials at Health Facilities

DISH survey data also allow a look at the percentage of facilities with IEC materials readily available, specifically those materials provided by the DISH project. The extent to which health facilities report the presence of these materials is one measure of institutional commitment to promotion of the availability of family planning and other reproductive services. The DISH Facility Survey assessed whether the following were displayed in plain view: a facility signpost, a Yellow Flower signboard, a reproductive health signboard, a DISH family planning poster, and a DISH Safe-Sex/AIDS poster. It also recorded whether or not the Yellow Flower and reproductive health signboards were visible from the road and noted whether or not service providers were wearing Yellow Flower family planning badges. Figure 2.10 shows the relative availability of these materials at the facilities.

The Yellow Flower family planning signboard was visible in just over three-quarters of the health facilities and the DISH family planning posters were found in nearly two-thirds of them. DISH Safe-Sex/AIDS posters were found in two fifths of the facilities. For almost as many facilities, the Yellow Flower signboard was visible from the road. In only 13% of the facilities were providers seen wearing Yellow Flower badges.

Figure 2.10: Percentage of Health Facilities with IEC Materials



3. Information, Education and Communication

3.1 Summary

It is important for those planning and evaluating IEC activities to know which groups of people are reached by which kinds of messages through which channels. The DISH survey asked about radio listening habits (frequency and station) and about exposure to various IEC messages via the different media.

Key findings include the following:

- Men are more likely to listen to the radio than are women, and they are more likely to listen more frequently, but that gap has been narrowing as listening frequency is rising for both groups.
- In the Luganda-speaking regions outside the city of Kampala, both men and women listened mostly to Radio Uganda, followed by CBS.
- Among urban dwellers, CBS was the favorite radio station, while rural residents listened more to Radio Uganda.
- IEC messages reached far more men and women via radio than via other media.
- Roughly 40% of listeners were exposed to the "Choices" radio program or to radio advertisements for either the Protector condom or Pilplan.
- Messages on family planning and HIV, areas where DISH IEC activities were concentrated, reached men and women somewhat more than IEC messages on antenatal care, a relatively new area of IEC effort for the DISH project.

3.2 DISH Activities for IEC

During the period from November 1995 to August 1997, DISH IEC efforts consisted of two major campaigns. One campaign focussed on HIV/AIDS prevention among young people aged 15 to 19 years old and advocated condom use and delayed initiation of sexual intercourse. The other dissemination effort concentrated on family planning and promoted the use of contraceptive services for married couples. In addition, the DISH project undertook some IEC activities on antenatal care. DISH plans future IEC interventions on other reproductive health issues, including integrated health services, MCH, HIV counseling and testing, and STD treatments, but these activities were not underway at the time of the 1997 survey.

DISH IEC activities for family planning included the use of radio, print, and interpersonal communications to disseminate messages dealing with the safety and effectiveness of family planning methods. All activities directed couples to health facilities displaying the Yellow Flower logo for family planning services. Jingles and radio messages were broadcast in three languages on all major radio stations between August 1996 and September 1997. Newsletters and leaflets were distributed through many different channels. A weekly half-hour radio program, "Choices," began in three languages in November 1996 and was still on the air at the time of the 1997 survey. Flipcharts, posters, and penis models for condom demonstrations were distributed to health facilities.

The Safer Sex (or AIDS) campaign for youth included two music contests encouraging safer sex through condom use and delayed sexual debut among 15- to 19-

year-olds in the DISH districts. Other IEC initiatives in this area included two special issues of the *Straight Talk* newsletter for youth, radio spots and jingles, and a weekly half-hour "Straight Talk" radio program (also broadcast in three languages). Touring quiz contests, local rallies, and posters also spread the Safer Sex message. The DISH project also released a music tape entitled *Hits for Hope*, which included the campaign theme song, "Ray of Hope."

In addition to DISH, several organizations disseminated IEC messages promoting HIV and STD prevention during the same time period including *Straight Talk* and the AIDS Control Program sponsored by the MOH. The AIDS Information Center, the AIDS Support Organization, the Medical Research Council in Masaka, and the Rakai Project in Rakai all undertook HIV prevention IEC activities. A social marketing group, SOMARC, used print and radio ads for Pilplan contraceptive pills and Protector condoms, and Marie Stopes broadcast some family planning radio messages. Only the DISH Project and *Straight Talk*, however, produced IEC materials targeted specifically at youth in the DISH districts between 1995 and 1997.

3.3 Radio Listening Habits

It is important to know which groups of people are more, or less, likely to be reached by IEC interventions on radio. Both UDHS and DISH surveys asked about the frequency of listening to the radio; DISH specifically asked about the stations respondents played most often.

3.3.1 Frequency of Listening to the Radio

Data from the 1995 UDHS and the 1997 DISH surveys allow a comparison of the frequency with which men and women listen to the radio and provide a picture of changes in listening habits over the period.

In 1997, more than 80% of men and almost three-quarters of women said they listened to the radio at least once a week, increasing more for women than men from the 1995 survey results (Figures 3.1 and 3.2). Men were more frequent listeners than women in both periods and all categories. More than two-thirds of the men in 1997 said that they listened to the radio every day. The percentage of women who virtually never listened to the radio is almost double that of men for both periods.

Figure 3.1: Percentage Distribution of Frequency that Women Listen to the Radio

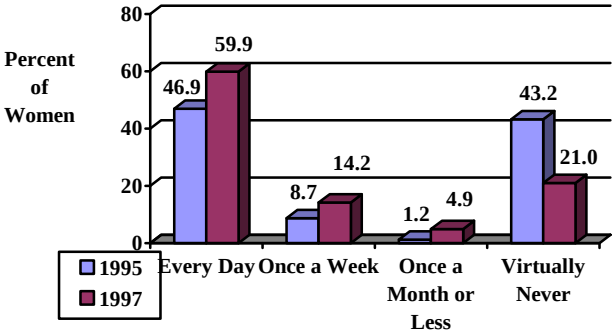
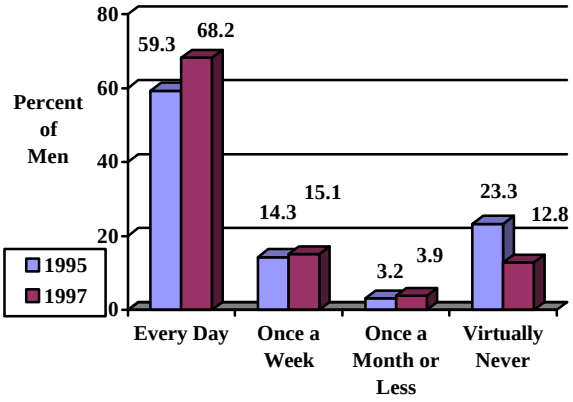


Figure 3.2: Percentage Distribution of Frequency that Men Listen to the Radio



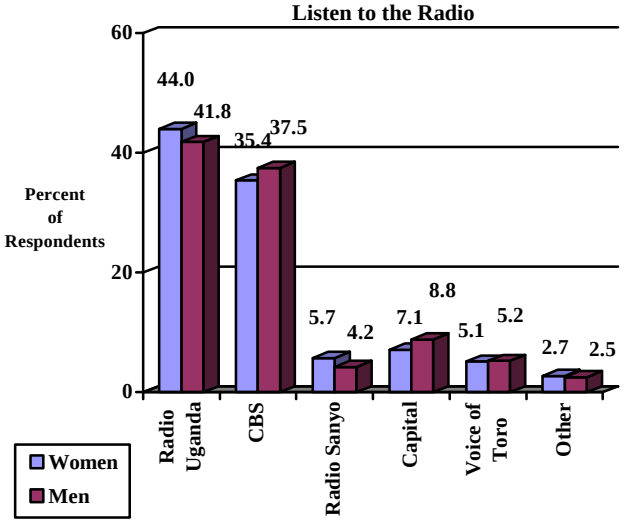
From 1995 to 1997, frequency of radio listening went up substantially for both men and women. The percentage of women who virtually never listened to the radio fell by more than half, while it fell almost half for men. The percentages of men and women who listened every day, once a week, and

once a month or less, all rose. Increases in every category were greater for women, so that their levels of listening are drawing closer to those of men. For women, all of the changes from 1995 to 1997 were statistically significant. For men, only the increase in everyday listening and the decrease in virtually never listening were statistically significant.

3.3.2 Radio Stations Listened to Most

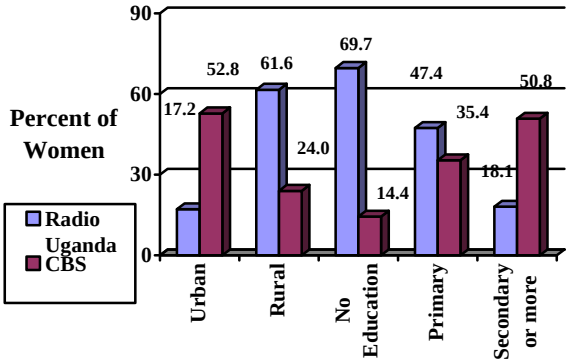
It is important to know the radio stations that men and women listen to most so that IEC messages can be placed where they will have the most impact. Data are presented on the results for five major radio stations in Figure 3.3. Radio Uganda is a short-wave station operated by the government. CBS is an FM station operated by the Kingdom of Buganda and broadcasts mainly in the Luganda language. Capital Radio is a private FM station that broadcasts mostly in English. The Voice of Toro is a private FM station that broadcasts in Western Ugandan languages. Sanyu is an FM station that broadcasts mainly in English, reaching Central and Eastern Uganda.

Figure 3.3: Percentage Distribution of Radio Stations Listened to Most for Respondents Who Listen to the Radio



Among those Ugandans who listened to the radio, Radio Uganda was the most frequently mentioned station in the sample. More than 40% of both men and women said they listened to Radio Uganda the most, with slightly more women than men favoring this station. In Kampala, however, a higher percentage of men and women surveyed listened the most to Capital Radio, and in Ntungamo and Mbarara, Voice of Toro was the preferred station of most survey respondents. These variations roughly follow the radio broadcast languages in correspondence with the geographic distribution of languages and cultures across DISH districts. More than a third of men and women overall, with slightly more men, listened to CBS most. No other radio station was listened to most by more than 9% of either men or women overall.

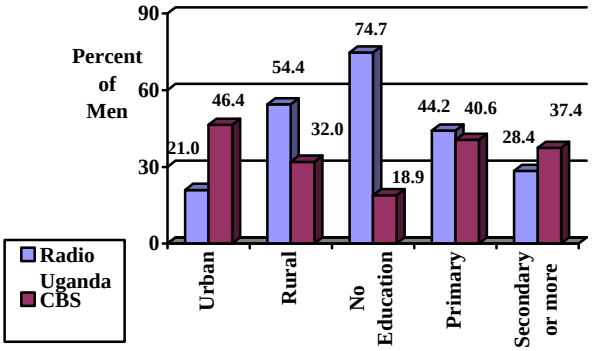
Figure 3.4: Percentage of Women Who Listen Most to Radio Uganda and CBS by Residence and Education



There were major differences in listenership for the two most important radio stations. Among urban men and women, CBS was the favorite, with more than three times as many women and more than twice as many men listening to CBS as to Radio Uganda (Figures 3.4 and 3.5). Capital Radio is also a popular station in Kampala.

In rural areas, the pattern was reversed: more than twice as many rural women and half as many rural men listened to Radio Uganda as to CBS.

Figure 3.5: Percentage of Men Who Listen Most to Radio Uganda and CBS by Residence and Education



Differences by level of education are even more marked. Among men and women with no education, Radio Uganda was listened to by 70% or more of the population, while less than 20% of this group listened to CBS. Among those with a primary school education, percentages are more balanced, with Radio Uganda having a slight edge. Among those respondents with at least a secondary education, the differential was reversed. Among women, almost three times as many women listened to CBS as to Radio Uganda. The difference for men in this comparison was in the same direction as for women, but much smaller.

It should be noted that these results do not fully capture radio listenership because the DISH survey only collected data regarding the single radio station that a respondent listened to most frequently. Many individuals undoubtedly listen to more than one station, but there are no data on this wider range.

3.4 Exposure to IEC Messages

The most important media for IEC messages in Uganda are radio, television, newspapers and magazines, posters, and leaflets, and interpersonal communication. Prior to the time of the 1997 survey, the DISH Project produced IEC messages on family planning, HIV/AIDS, and antenatal care for all of these media. To determine the relative importance of media outlets and messages, respondents were asked whether or not they had heard about family planning, antenatal care, and sexually transmitted infections via any media during the six months prior to the interview.

3.4.1 Family Planning IEC

For family planning, DISH produced and distributed posters, newsletters in the newspapers, leaflets, and radio spots and programs. Posters and leaflets were distributed primarily to health facilities. All materials advised people to visit health facilities with the Yellow Flower logo for family planning (FP) information and services. Figures 3.6 and 3.7 show the percentages of women and men who were exposed to family planning IEC messages via the different media during the six months before the survey.

Figure 3.6: Percentage of Women Exposed to Family Planning IEC Messages in the Last 6 Months via Various Media

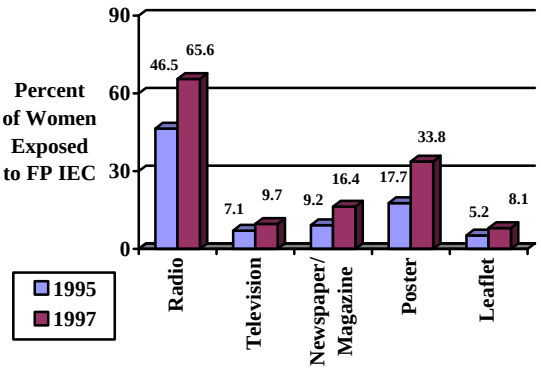
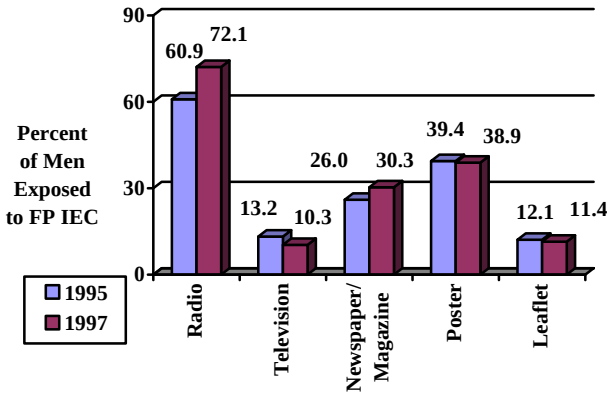


Figure 3.7: Percentage of Men Exposed to Family Planning IEC Messages in the Last 6 Months via Various Media

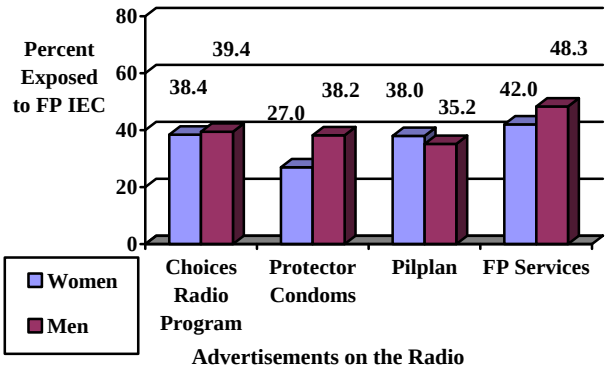


IEC family planning messages are delivered on the radio via a variety of programs and advertisements. As might be expected from data on listening to the radio, most men and women received family planning messages via radio, and a higher percentage of men than women was reached by this media. The same sex differential held true for all other information channels as well. However, increases in exposure between 1995 and 1997 were greater for women, meaning that the gender gap grew smaller. All changes for women, except for television, were statistically significant. The percentage of men receiving family planning messages actually declined for all media except radio (although the changes were not statistically significant).

Exposure to four different types of radio programs and advertisements was relatively uniform (Figure 3.8). Around 40% of men and women had been exposed to the DISH-sponsored "Choices" radio program, and the SOMARC Pilplan advertisements. Slightly fewer men and substantially fewer women reported having heard SOMARC Protector condom ads, while slightly more women and substantially more men had heard messages about family planning services. "Choices" aired on Radio Uganda, which, based on the results for radio listening, indicates that it was more likely to reach the rural, least-educated population.

A substantial proportion of survey respondents recognized the Yellow Flower logo. The DISH project advised individuals in need of family planning information and services to visit health facilities with this symbol. Almost 60% of men and 54.5% of women had seen or heard about the logo. Three-quarters of men or women in urban areas or in Kampala recognized it. About 55% of men in other districts recognized the logo, while for women in the district, percentages ranged from 37% to 61%. About the same proportion of men and women without education (26% - 29%) knew about the logo, as compared to 84% - 85% of men or women with a secondary level of education.

Figure 3.8: Percentage Exposed to Family Planning IEC Messages on the Radio by Type of Radio Program or Advertisments



3.4.2 Antenatal Care IEC

As with the family planning messages, radio was the major source of antenatal care messages. Somewhat smaller percentages of both men and women were reached by ANC messages, regardless of media, than by family planning messages (Figure 3.9). This can be attributed at least partly to the fact that implementation of DISH IEC activities related to ANC began too late to affect the results of the 1997 DISH survey, while family planning messages had been broad-

cast for over a year prior to the survey. (Exposure to ANC messages was also lower than exposure to HIV messages, as seen below, for the same reason.)

ANC IEC usually reached more men than women. With regard to radio, this is again probably related to the greater percentages of men who listened to the radio. The differences for the different media are not always great and there was a very small difference in favor of women with regard to television.

3.4.3 Sexually Transmitted Infections (STIs) IEC

Materials produced for the HIV prevention campaign include posters, newsletters distributed in newspapers, a weekly radio program ("Straight Talk"), radio jingles, and radio spots. Patterns of exposure to IEC messages on HIV and STIs are similar to those for ANC. The messages reached more men than women, probably because of differential use of the various media that transmit this IEC (figure 3.10). As is true for the other kinds of IEC content, radios are the source of IEC STI messages, far more so than other media sources for both men and women.

Figure 3.9: Percentage Exposed to Antenatal Care IEC Messages in the Last 6 Months via Various Media

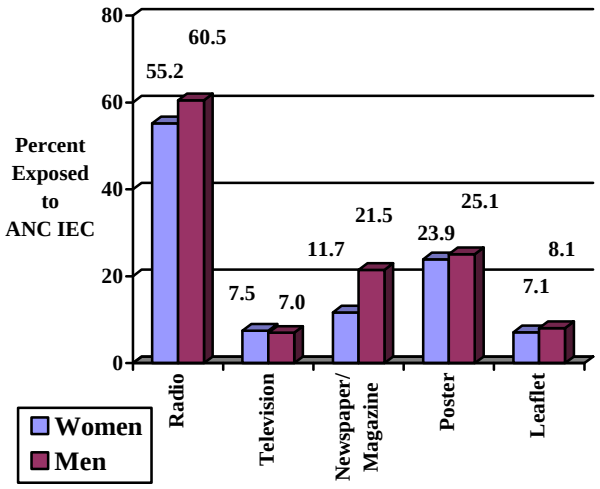
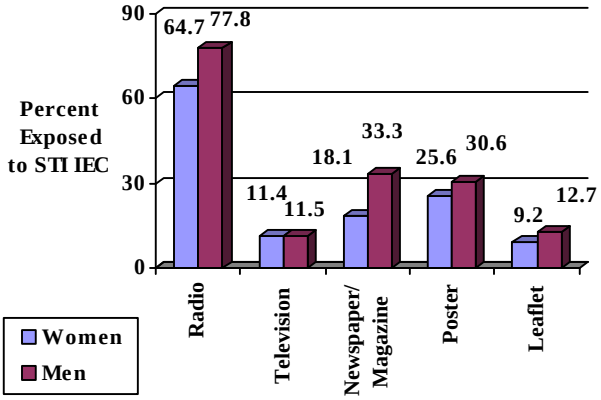


Figure 3.10: Percentage Exposed to STI IEC Messages in the Last 6 Months via Various Media



4. Family Planning

4.1 Summary

The DISH Project has carried out numerous activities related to family planning since the inception of the project. The increases in recent years in contraceptive use and in intention to use family planning reflect the strong impact of those activities. During the period between the UDHS in 1995 and the 1997 DISH Evaluation Survey, changes related to family planning in DISH areas include the following:

- There was a marked increase in the use of contraception for all men, all women, married men, and married women.
- The increase in contraceptive use is associated strongly with DISH IEC activities.
- The proportion of women not using contraception who reported intending to use modern contraception in the next 12 months substantially increased.
- There are significant associations between DISH IEC activities and intentions to use modern contraception.

4.2 DISH Family Planning Activities

The DISH Project aims to increase use of modern family planning and demand for services by increasing knowledge of family planning and availability of services, and by improving the quality of those services. Demand for services is increased through IEC campaigns and counseling by nurses and midwives at health facilities. Supplies are made more available and the quality of services is improved through training and supervising nurses and midwives in integrated reproductive health.

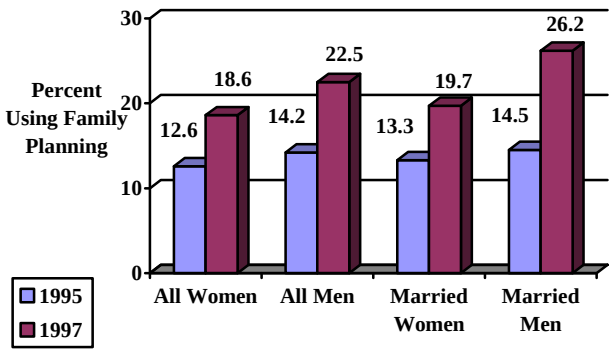
4.3 Use of Modern Contraception

One of the objectives of DISH Project activities is to increase use of modern contraception. Survey data show that substantial changes in the use of modern contraception occurred during the period 1995 to 1997. These changes happened for both women and men across DISH districts and for the three major short-term contraceptive methods that were provided: pill, injectables and condoms. Adoption of long-term methods (IUD, Norplant and sterilization) appears to have reached a plateau.

4.3.1 Trends in Use of Contraception

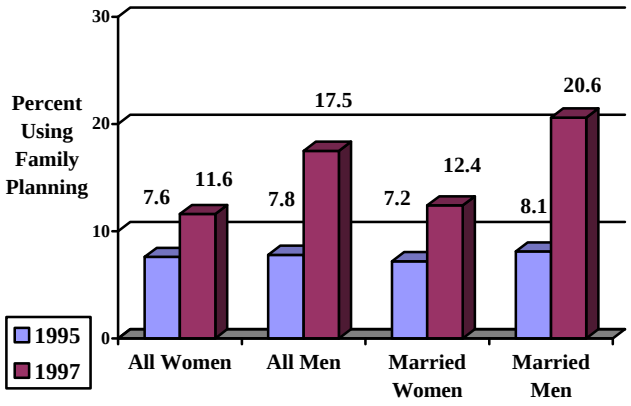
Current use of modern contraception increased rapidly in the two years between the DHS and the DISH Evaluation Survey. Figure 4.1 summarizes the changes for all women, all men, and married women and men. About the same percentage of all men and married men used modern contraception in 1995. By 1997, more change in contraceptive use had occurred for married men than for all men as a group. Women follow a similar pattern, although at a lower overall level of contraceptive use. The increase in contraceptive use is statistically significant for all categories.

Figure 4.1: Current Use of Modern Contraception



The culture of those living in Kampala is more urban and Western than the lifestyle of those living in other parts of Uganda. This raises a question of whether or not general societal changes and modernization occurring in Kampala might have driven the changes in overall contraceptive use. If this were true, the argument that DISH activities had a major influence on increasing contraceptive use would be weakened. While DISH did carry out activities in Kampala, other political, social, and economic changes in that city could be argued to have had a strong influence on increased use of contraception.

Figure 4.2: Current Use of Modern Contraception in DISH Districts Excluding Kampala and Kasese



The results shown in Figure 4.2, seem to refute this notion, at least in part. Data comparison certainly shows higher levels of contraceptive use when Kampala is included; however, substantial increases in contraceptive use can also be seen in the results when Kampala is excluded. All of these increases in contraceptive use for DISH districts (excluding Kampala) are statistically significant.

Table 4.1 shows a general rise in contraceptive use for all districts. The most dramatic increases are seen in Jinja, and these increases are statistically significant. Statistically significant increases also occurred for all women, married women in Kampala, all men, and married men in Masaka and Mbarara. (Although the increases for all women and married women in Masindi appear large, neither of those increases is statistically significant due to the small sample sizes.) Declines in contraceptive use occurred for all women in Luwero and all men in Masindi. Neither of these declines is statistically significant. Contraceptive use for married women in Luwero and married men in Masindi remained about the same over time. Ntungamo only appears for 1997 because it was part of Mbarara in 1995. Values for Mbarara in 1997 do not include Ntungamo.

Table 4.1: Percentage of Respondents Currently Using Modern Contraception by DISH District

DISH District	All Women		Married Women		All Men		Married Men	
	1995	1997	1995	1997	1995	1997	1995	1997
Jinja	12.4	28.8	14.0	27.9	5.4	33.4	6.7	42.8
Kampala	26.8	40.2	34.9	48.5	32.3	37.0	37.2	43.4
Kamuli	6.3	9.8	5.6	11.0	7.7	17.5	9.5	25.1
Luwero	11.5	8.4	9.4	10.1	11.7	15.7	14.6	18.9
Masindi	7.9	17.5	9.2	21.1	9.5	6.9	7.1	7.3
Masaka	7.7	9.9	5.3	10.3	8.8	19.6	8.8	26.2
Mbarara	5.1	9.2	6.1	10.2	4.0	14.3	5.5	13.7
Ntungamo*	n/a	5.3	n/a	7.9	n/a	13.5	n/a	19.2
Rakai	7.3	11.4	6.2	10.7	12.5	16.2	8.3	10.4
Total	12.6	18.6	13.3	19.7	14.2	22.5	14.5	26.2

*Ntungamo only appears for 1997 because it was part of Mbarara in 1995. Values for Mbarara in 1997 do not include Ntungamo.

4.3.2 Contraceptive Method Mix

One aspect of the observed increase in modern contraceptive use worth noting is the substantial increase reported in the use of the three short-term methods: pill, injectables and condoms. Figures 4.3 and 4.4 present these results for women and men. While substantial absolute increases in use of short-term methods are seen, use of long-term methods (IUD, Norplant and Sterilization) remained about the same, with only small absolute increases or decreases in use.

Figure 4.3: Current Use of Modern Contraception by Method Reported by Women

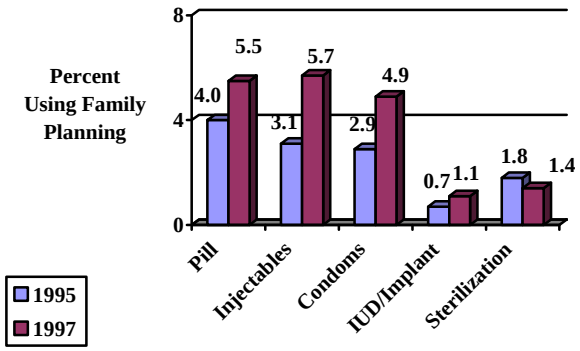
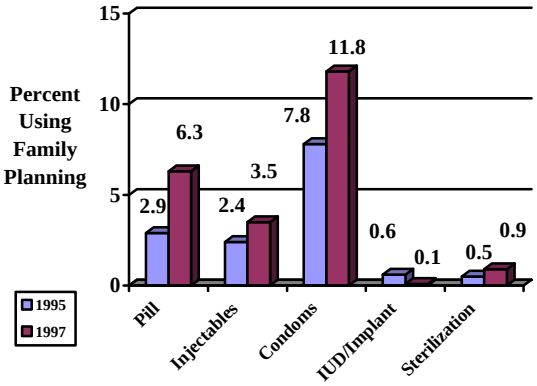


Figure 4.4: Current Use of Modern Contraception by Method Reported by Men



Across all three short-term methods, women reported substantial increases in use from 1995 to 1997. The increases are statistically significant for injectables and condoms, but not for the pill. Men's reported use of each of the three short-term methods also rose, with the percentage of men reporting their partner's use of birth control pills more than doubling. This change is statistically significant. The reported rate in 1995 was quite low, however, so the 1997 increase brings the absolute rate just above the rate reported by women.

Men reported more use of injectable contraceptives from 1995 to 1997, although the change was not statistically significant. The usage rate reported by men is much lower than the rate reported by women, implying that some men may not be aware when their wives use this method. Men also reported lower levels of long-term methods than did women as well as a decline from 1995 to 1997 in IUD/implant use. These are also possibly due to a lack of knowledge of their wives' use of these methods. Men reported the highest level of use for condoms in 1997, more than double the 1997 use rate reported by women; the increase in male reporting of condom use from 1995 is statistically significant. Men may be reporting use of condoms in external relationships of which their wives may be unaware, or women may underreport condom use in general because it is considered a male contraceptive method.

4.4 Factors Affecting Current Use of Contraception

What factors or elements of DISH activities are affecting which aspects of modern contraceptive use, and for whom, in the DISH districts of Uganda? While the increase in provision of family planning at health facilities, resulting from DISH training programs, has led to increased use only in women, a variety of DISH IEC activities have influenced family planning behavior in both women and men.

4.4.1 Training and Provision of Family Planning Services at Health Facilities

Greater availability of services is expected to increase the use of modern contraception. Chapter 2 reported a relationship between the inception of DISH project activities and increased availability of family planning services. In Figure 4.5, the availability of family planning services, increasing from 1995 to 1997, is associated with a higher level of use of modern contraception for women. Although the association between access to family planning and contraceptive use for women lacks statistical significance, DISH training may have increased the use of modern contraception among women through its expansion of availability in family planning services.

The increased availability of family planning is associated with a lower level of use of modern contraceptive methods in men (Figure 4.5). The absolute drop is small, and the relative association is not statistically significant. DISH training and IEC activities have tended to focus on health facilities, and health facilities tend to focus on women and children, so the effects could be expected to be less, or less discernible at least, in men. Men tend to obtain family planning from other sources, in particular they buy condoms from pharmacies, drug shops, or other outlets instead of health facilities. Because condoms are the main method reported by men, it is not surprising that the provision of family planning at health facilities would have less effect on reported contraceptive use for men.

4.4.2 IEC Activities

As described in Chapter 3, the DISH project carried out a variety of IEC activities related to family planning. Analysis of selected DISH IEC materials reveals strong associations between these activities and higher levels of contraceptive use. In Figure 4.6 and 4.7, exposure to various IEC radio programs or messages is related to higher levels of contraceptive use among both women and men. Women and men who listened to "Choices," a weekly radio program, reported higher levels of contraceptive use than those who did not listen to this program. Those who reported hearing advertisements for the Protector condom showed higher levels of use than did those who reported that they did not hear the advertisements. Likewise, a higher percentage of those who heard advertisements for family planning services and those who heard advertisements for the socially-marketed oral contraceptive, Pilplan, reported higher contraceptive use than those who did not hear the advertisements. Except for women listening to "Choices," each of these associations between exposure to IEC messages and contraceptive use is statistically significant.

Figure 4.5: Current Use of Modern Contraception in 1997 by Family Planning Offered in Most-Used Health Facilities

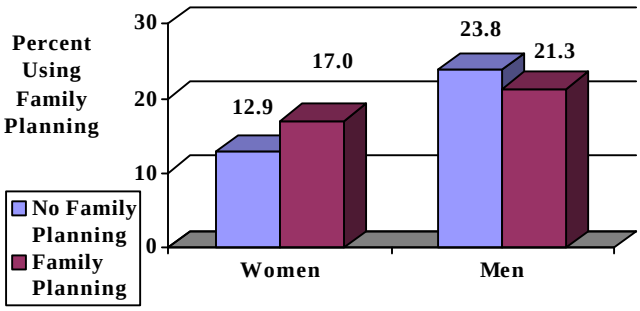
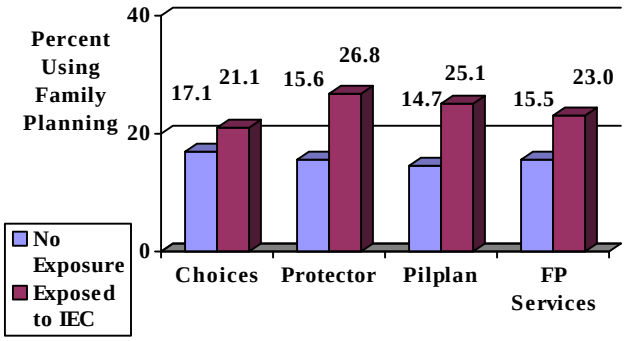
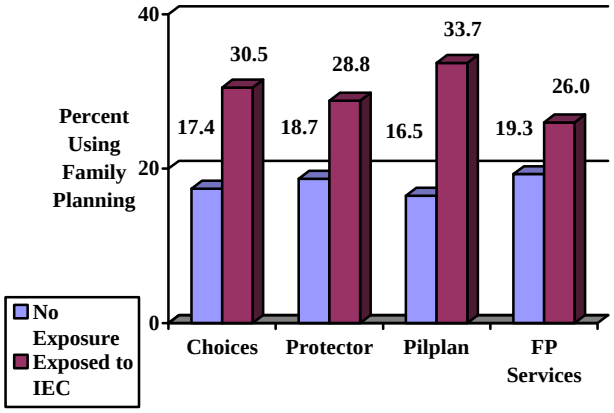


Figure 4.6: Current Use of Modern Contraception in 1997 by Exposure to IEC Programs or Messages on the Radio for Women



Review of these very encouraging results for IEC requires a cautionary statement regarding the association of hearing messages on the radio to contraceptive use. Listening to family planning messages on the radio, or remembering and reporting having heard these messages, is likely to increase after an individual adopts the use of a modern contraception method. In other words, these data cannot definitively show whether an IEC message led to family planning use, or family planning use led to listening to an IEC message.

Figure 4.7: Current Use of Modern Contraception in 1997 by Exposure to IEC Programs or Messages on the Radio



Other IEC activities are strongly associated with contraceptive use. Figure 4.8 shows that women and men who know of the Yellow Flower logo as a symbol for family planning tend to use contraception at a much higher rate than those who do not know of this symbol. This figure also shows that those who report that they have seen a family planning poster have higher levels of use of family planning. These results for the Yellow Flower symbol and the family planning poster are statistically significant.

Figure 4.9 shows that women and men are more likely to use contraception if they live in areas where the most-used health facility displays a family planning signboard. The signboard informs clients that family planning services are available at the clinic and encourages people to come to this clinic for these services. The result for women is statistically significant, but the result for men is not. The lack of significance for men is consistent with the earlier statement that men in general do not go to health facilities for family planning services, notwithstanding that some use reported by men is for partners who may go to such clinics for their family planning needs.

Figure 4.8: Current Use of Modern Contraception in 1997 by Exposure to Other IEC Messages

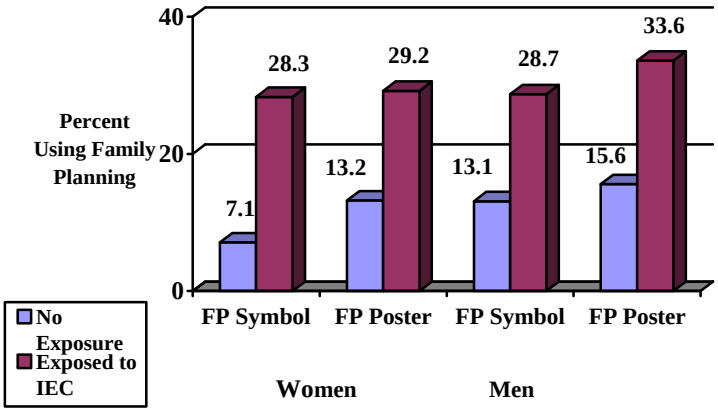


Figure 4.9: Current Use of Modern Contraception in 1997 by Display of Family Planning Signboard at Most-Used Health Facilities

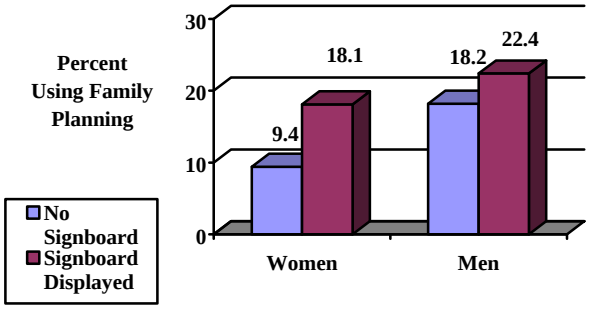
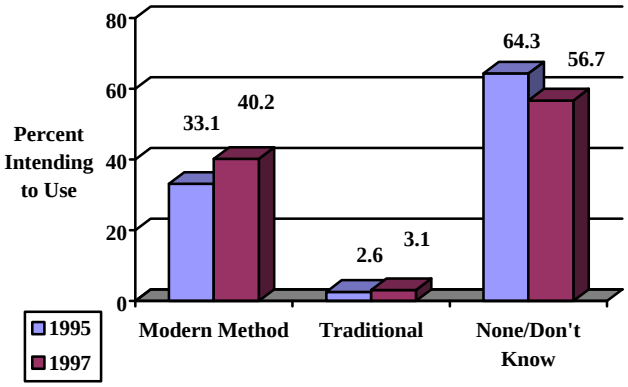


Figure 4.10: Intentions to Use Family Planning in the Next 12 Months for Women Not Currently Using



As with the earlier results for IEC, it is not clear whether the IEC exposure or contraceptive use came first. While it is possible that awareness of the Yellow Flower symbol contributed to the use of contraception, it is also possible that individuals become aware of the Yellow Flower symbol when they go to a health facility for family planning. Likewise, posters and signboards may encourage individuals to use contraception, but it is also possible that individuals only see or notice the family planning poster or signboard when they go to a health facility for family planning services.

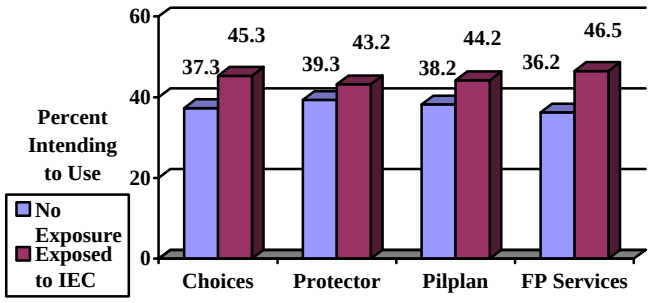
4.5 Intentions to Use Family Planning in the Future

In addition to an increase in contraceptive use by women from 1995 to 1997, an increase in the intention to use family planning by women who are not current users can also be seen. Figure 4.10 displays a substantial increase in the intention to use modern contraception, and this increase is statistically significant. A more modest rise occurred in the intention to use traditional contraceptive methods, but that increase was not statistically significant.

4.6 Factors Affecting Intentions to Use Contraception

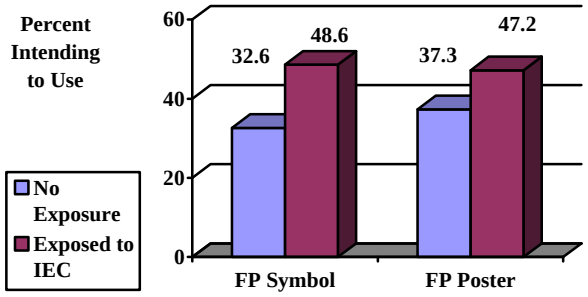
While a number of program activities may affect a person's adoption or use of contraception, a more limited subset is thought to influence an individual's intentions to use contraception in the future. DISH activities designed to change intentions are those IEC activities aimed at general audiences. Figure 4.11 shows that women's exposure to IEC messages on the radio is associated with greater intentions to use contraception in the next 12 months. In particular, listening to "Choices" and hearing advertisements about family planning services produce statistically significant effects with regard to "intention to use." Women exposed to advertisements about Protector condoms and Pilplan also show an increase in "intent to use," but these results are not statistically significant. Figure 4.12 shows that knowledge of the Yellow Flower symbol for family planning and having seen a family planning poster are associated with increased levels of intentions to use family planning. Both of these results are statistically significant.

Figure 4.11: Women's Intentions to Use Family Planning in the Next 12 Months by Exposure to IEC Programs or Messages on the Radio



The caveat related to the association of IEC with family planning use also applies to the effect of IEC on intentions, although in this case, it is to a lesser degree. Women who intend to use family planning may be more likely to listen to radio messages about family planning or to notice written materials about family planning. Intention to use contraception is not as strong a commitment to family planning as actual use, and therefore the influence of intentions on receiving family planning IEC messages should be weaker than the effect of actual use on receipt of such messages.

Figure 4.12: Women's Intentions to Use Family Planning in the Next 12 Months by Exposure to Other IEC Messages



5. Maternal and Child Health

5.1 Summary

The survival and good health of mother and infant depend upon the care the mother receives during pregnancy and childbirth, and the care that they both receive after the delivery. This chapter presents results relating to maternal and child health from the 1995 DHS and 1997 DISH surveys for all DISH districts except Kasese. These data are useful for assessing women's use of antenatal and delivery services and the need for improving or adding services. They are also helpful in assessing the level of knowledge of Ugandan women prior to the full implementation of DISH IEC programs on maternal and child health topics.

The main findings include the following:

- First visits for antenatal care generally do not occur until the fourth to sixth month of pregnancy; no change is apparent between 1995 and 1997.
- The percentage of women making five or more visits for antenatal care declined between the surveys in 1995 and 1997.
- Most women use nurse/midwives for antenatal care, although the percentage doing so fell during the period.
- Most women have knowledge of at least one type of pregnancy complication, but many obstetric complications are relatively unknown.
- Most women receive delivery care from nurse/midwives.
- Births are about equally likely to occur at health facilities and at home. This distribution did not change from 1995 to 1997.
- About one-third of women say that the ideal length for exclusive breastfeeding is four to five months; another quarter report six months. About 43% of women with births in the past three years exclusively breastfed their infant for at least six months.

5.2 DISH Activities for ANC and Delivery Care

IEC and training can both affect antenatal care, knowledge of pregnancy complications, delivery care, and breastfeeding. Up until the time of the DISH Evaluation Survey, DISH activities in these areas were focused on training. Implementations of IEC interventions related to maternal and child health were planned for after 1997 in order to capitalize on the earlier DISH training programs encouraging women to go to health facilities when they become pregnant and regularly thereafter.

5.3 Antenatal Care

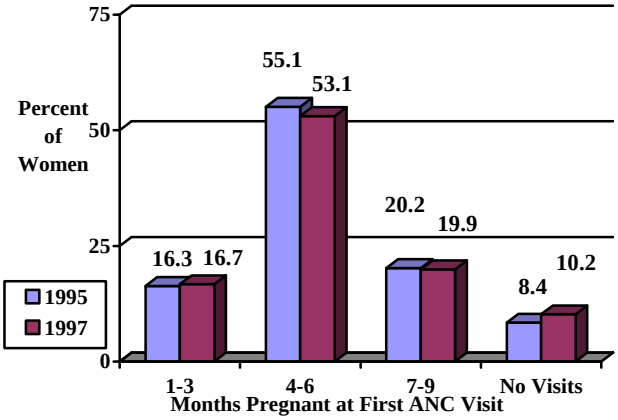
Data from the 1995 DHS and the 1997 DISH surveys allow for examination of trends in the timing of first antenatal care visits, the number of visits, and the different sources utilized for antenatal care. Although DISH IEC activities related to antenatal care had not yet begun at the time of the 1997 survey, comparison of data from the two surveys reveals basic population behavior and trends preceding IEC efforts to change maternal and child health behavior.

5.3.1 Timing of the First ANC Visit

The surveys obtained information from women about the timing of their first visits for antenatal care for their most recent births (over the three years preceding the surveys). Ideally, the first antenatal visit should be made no later than during the third month of pregnancy. If that ideal is not met, women should have their first visit within the first

six months. In the DISH districts not many women meet the ideal; under 17% of the women interviewed for the 1995 and 1997 surveys had had their first ANC visit during the first three months. In 1995 the majority of women reported making their first visits for antenatal care during the fourth to sixth months of pregnancy, and just over 20% of first visits occurred later in pregnancy (Figure 5.1). The picture of women's behavior in 1997 was essentially unchanged. The slight differences observed, including the increase in percent of women making no visits, were not statistically significant.

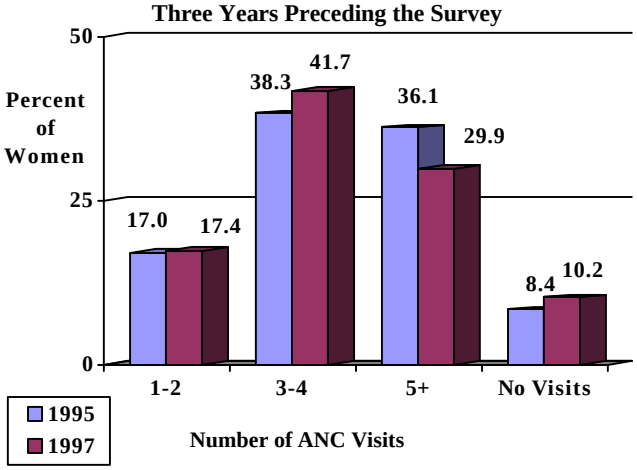
Figure 5.1: Percentage Distribution of Timing of First ANC Visit for Last Births in the Three Years Preceding the Survey



5.3.2 Number of ANC Visits

The two surveys also asked women about the number of visits they made for ANC during their most recent pregnancy of the past three years. The recommended minimum number of ANC visits is three, and more than three are preferred. Data presented in Figure 5.2 show that the percentage of women who reported making either one to two or three to four visits each rose slightly, while those reporting five or more visits actually fell from the 1995 to the 1997 survey. The increases were not statistically significant, but the fall in the percentage of women making five or more visits *was* significant, and indicates a need for effort on the part of DISH staff and other trainers and service providers to focus on this issue.

Figure 5.2: Percentage Distribution of Number of ANC Visits for Last Births in the Three Years Preceding the Survey

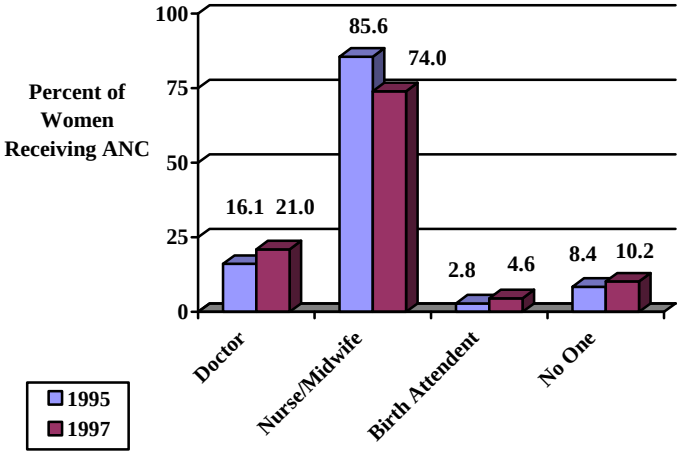


5.3.3 Source of ANC

Three basic sources of antenatal care in Uganda are covered in the survey: doctors, nurse/midwives, and traditional birth attendants. Women may visit more than one kind of antenatal care provider, so percentages may sum to more than 100%. In many cases, women who go to a health facility for antenatal care find that the facility has no doctor or medical assistant. In both 1995 and 1997, less than one-fourth of interviewed women had seen doctors for antenatal care during the pregnancy preceding their most recent birth in the last three years (16% in 1995 and 21% in 1997). The increase in this percentage was not significant.

By far, the highest percentages of women interviewed for both surveys had seen nurse/midwives for antenatal care. During the 1995-1997 period, however, the percentage fell significantly, from over 85% to 74%. The percentage receiving antenatal care from traditional birth attendants was low in both surveys, but the small increase from 1995 to 1997 was statistically significant.

Figure 5.3: Source of Antenatal Care for Last Births in the Three Years Preceding the Survey

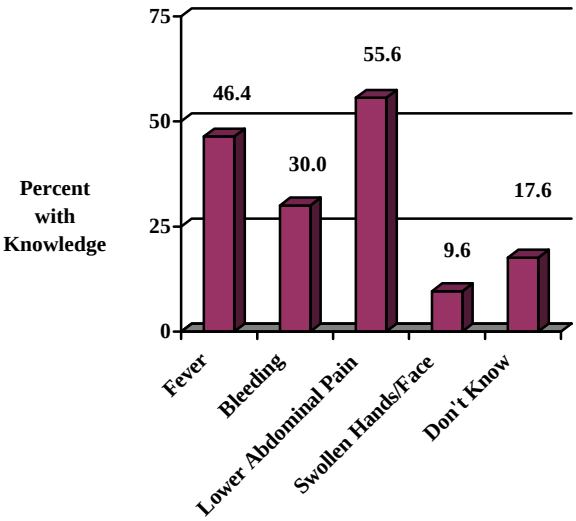


5.4 Knowledge of Pregnancy Complications

In a country where half of all babies are born at home and almost 40% of all births are attended only by a relative or occur without assistance, it is crucial that women are able to recognize complications of pregnancy and that they know when to seek professional help. The 1997 DISH survey asked whether women knew about specific types of obstetric complications. No questions about pregnancy complications were present in the 1995 DHS survey, so trends can not be calculated. The data from the DISH survey in 1997 represent baseline values for future analysis. DISH IEC efforts relating to safer pregnancies and deliveries had not yet begun at the time of the survey, so their effects will need to be evaluated at a later time.

In addition to incomplete use of ANC and lack of trained providers for delivery care (below), general knowledge of pregnancy complications in Uganda is inadequate for safe pregnancy and delivery. Fever and lower abdominal pain are the best known symptoms of complications, but 1997 data show that only slightly over half of the women interviewed knew that lower abdominal pain is a complication of pregnancy (Figure 5.4). Somewhat fewer (46%) knew that fever is a complication, and fewer still (30%) knew that bleeding is a complication. Only around 10% of women surveyed knew that swollen face and hands might indicate obstetric complications. Approximately one-sixth of all women did not report knowledge of any of the listed symptoms of pregnancy complications.

Figure 5.4: Women's Knowledge of Specific Types of Pregnancy Complications



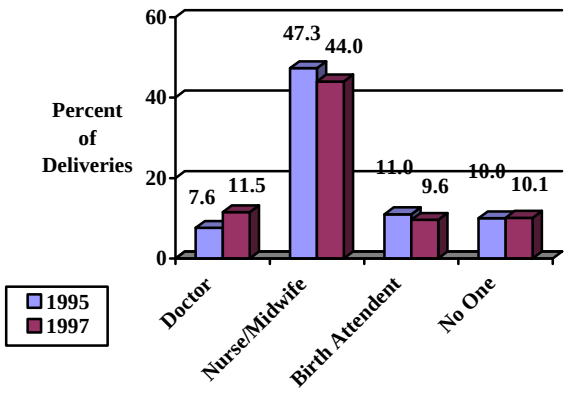
5.5 Delivery

Both the type of assistance a woman receives during childbirth and where she receives it are important, for both her health and the health of her child. Data from the two surveys allow examination of trends in the source of assistance during last delivery during the previous three years, and in the place of delivery. These data also establish baseline data, which will be compared with later results to study the effects of DISH activities in these areas.

5.5.1 Sources of Assistance during Delivery

Women may receive care during delivery from more than one kind of provider, so percentages shown may sum to more than 100%. The proportion of women using doctors for delivery increased from 1995 to 1997, while the proportion using nurse/midwives and birth attendants showed only slight decreases. The majority of women continued to use nurse/ midwives. More than a quarter of women reported having the assistance of a relative or other untrained help. None of the changes depicted in Figure 5.5 is statistically significant, meaning that the sources of delivery assistance remained essentially unchanged from 1995 to 1997.

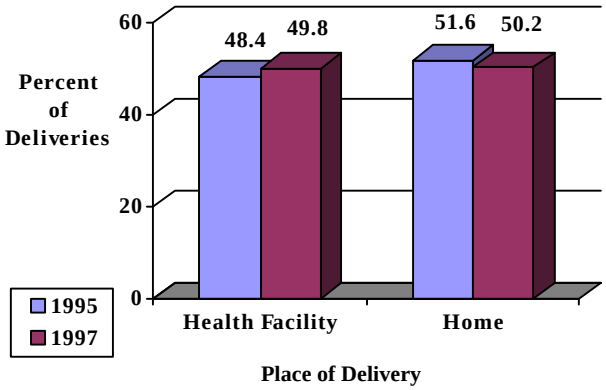
Figure 5.5: Source of Assistance During Delivery for Last Births in the Three Years Preceding the Survey



5.5.2 Place of Delivery

In 1995, approximately half of the women who gave birth in the three years before the DHS survey delivered at home, while the other half delivered at a health facility (Figure 5.6). The situation was essentially unchanged in 1997, and the small differences are not significant.

Figure 5.6: Percentage Distribution of Place of Delivery for Last Births in the Three Years Preceding the Survey



5.6 Breastfeeding

Early childhood feeding practices and patterns have a significant effect on the nutritional and health status of children. The DISH survey collected information on breastfeeding of the most recent child born in the last 3 years and on knowledge of the ideal duration of breastfeeding. DISH IEC messages on maternal and child health recommend that mothers exclusively breastfeed a child for the first six months of life, but dissemination efforts in this area were not underway prior to the 1997 survey.

5.6.1 *Breastfeeding Status of Recently Born Children*

Among last births over the three years preceding the DISH survey, almost three-quarters of the children were breastfed exclusively during their first three months of life (Figure 5.7). However, rates of exclusive breastfeeding for longer periods of time decline steeply after 6 months; 42.8% of mothers report exclusively breastfeeding their infants at 6 months.

While some children were not breastfed exclusively for their entire first three months, almost all were breastfed (Figure 5.8). The same holds true for the period of 4 to 6 months, and well over 90% of children received some breastfeeding through the first year. The percent not breastfed grows after that, but is still less than one-quarter by the end of the second year.

Figure 5.7: Percent of Children Born in the Last Three Years Exclusively Breastfed

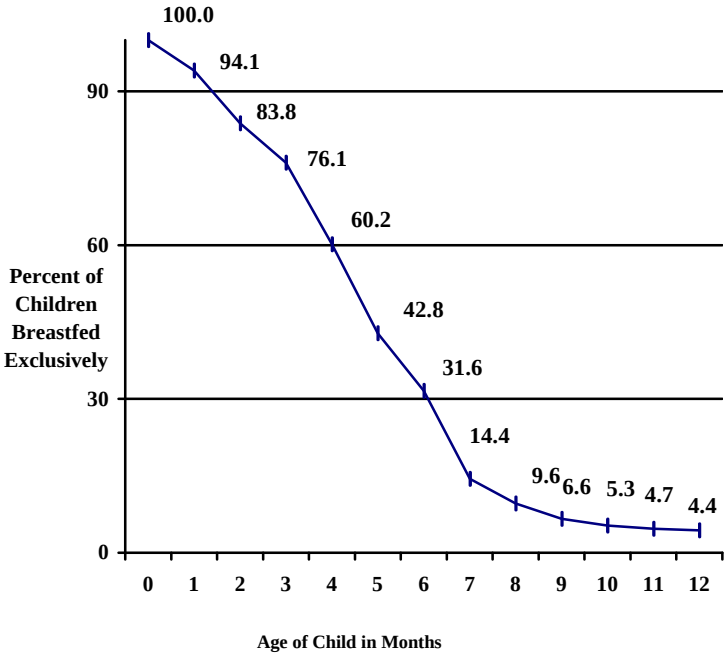
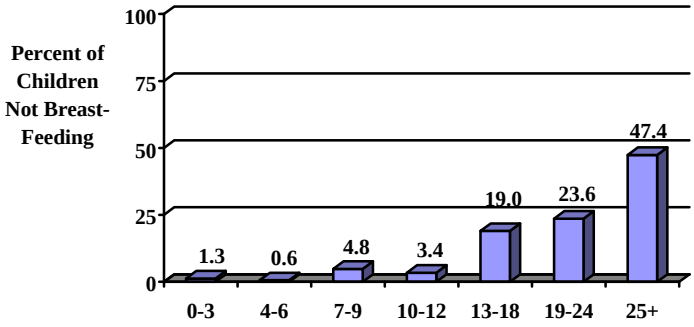


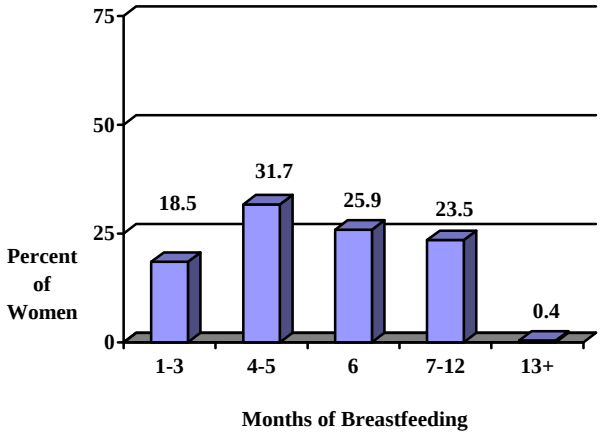
Figure 5.8: Percentage Distribution of Living Children Not Breastfeeding for Last Births in the Three Years Preceding the Survey



5.6.2 *Ideal Duration of Exclusive Breastfeeding*

DISH training and IEC materials advocate six months as the ideal length of exclusive breastfeeding. When asked about the ideal length of time, 25.9% of women who had given birth in the past three years reported six months, with 31.7% saying 4 to 5 months and another 23.5% reporting 7 to 12 months (see Figure 5.9). Under one-fifth (18.5%) gave 1 to 3 months as the ideal length of exclusive breastfeeding. Almost no women listed 13 or more months as the ideal.

Figure 5.9: Percentage Distribution of Ideal Length for Exclusive Breastfeeding for Women Who Have Given Birth



6. Sexually Transmitted Diseases and HIV/AIDS

6.1 Summary

The 1995 DHS and 1997 DISH Evaluation Survey collected information about HIV/AIDS and other STDs. Data in this chapter refer to specific areas of knowledge among survey respondents regarding symptoms of STDs, health consequences of STDs, and ways to prevent HIV/AIDS. In addition, these data summarize the relationship of DISH IEC activities to condom knowledge and document patterns of condom use and HIV testing. The main observations include

- Reporting of symptoms of STDs rose during the period from 1995 to 1997.
- Knowledge of the health consequences of untreated STDs was not widespread in 1997.
- During the period from 1995 to 1997, knowledge of the ways to prevent HIV/AIDS rose substantially for abstinence and condom use, but remained constant or actually fell for other measures.
- IEC activities seem to have resulted in more widespread knowledge of condom use as a way to protect against HIV/AIDS.
- Condom use to avoid STDs or HIV/AIDS rose significantly among both men and women between 1995 and 1997.
- About 13% of women and 16% of men have ever been tested for HIV, but almost two-thirds of those who had not expressed a desire to be tested.

6.2 DISH Activities for STDs and HIV/AIDS

The DISH Project seeks to improve the delivery of services for STD and HIV/AIDS treatment and counseling, improve STD and HIV/AIDS knowledge, and change behavior. Improvements in service delivery are sought through DISH training of nurses, midwives, and CRHWs in the whole range of reproductive health services. Increased knowledge and changed behavior are sought through IEC campaigns. One such campaign, from 1995 to 1997, promoted delayed sexual debut and condom use among adolescents aged 15 to 19 years old as a means for HIV prevention.

6.3 Sexually Transmitted Infections (STIs)

Through its activities, the DISH Project aims to reduce the frequency of STIs. Data from the 1995 and 1997 surveys allow comparison of some features of the STI situation in the DISH regions of Uganda, and 1997 data allow for further examination of some STI-related issues. Most reported STI symptoms rose between 1995 and 1997, while knowledge of the consequences of untreated STDs varied considerably by type of consequence and between women and men.

6.3.1 Prevalence of STD Symptoms

Reports of STD symptoms reflect the level of STDs in a population, but underestimate that level because some respondents may be asymptomatic or simply unaware of their symptoms. Also, there is likely to be deliberate underreporting of symptoms by some respondents. Data from the 1995 DHS and the 1997 DISH surveys show that, with one exception in 1997, no single symptom was reported by more than 10% of respondents. However, the data do clearly show a rise in the percentage of respondents reporting STD

symptoms in the period 1995 to 1997. The number of women reporting abnormal vaginal discharge tripled, and percentages of men reporting abnormal discharge from the penis doubled (Figure 6.1). The percentage of women reporting genital sores also rose substantially, while the number of men reporting genital sores remained unchanged. The differences in reported symptoms for both women and men are statistically significant.

Figure 6.1: Percentage Reporting Symptoms of STDs

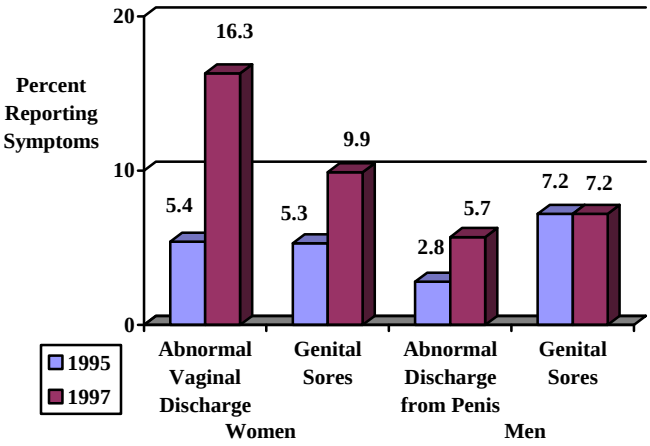


Table 6.1: Percentage of Respondents Reporting Symptoms of STDs by DISH District

	Women				Men			
	Abnormal Vaginal Discharge		Genital Sores		Abnormal Discharge from Penis		Genital Sores	
	1995	1997	1995	1997	1995	1997	1995	1997
Jinja	10.3	15.0	7.6	2.3	0.5	3.1	0.5	2.0
Kampala	4.6	13.5	5.4	8.9	4.8	6.1	8.3	10.3
Kamuli	3.0	13.8	3.1	12.9	0.0	4.1	4.6	4.7
Luwero	2.4	18.3	1.3	13.3	0.0	0.0	12.8	0.0
Masindi	0.0	4.5	1.6	3.0	4.8	4.5	4.8	9.1
Masaka	10.4	19.4	7.6	9.2	1.4	5.8	11.8	10.0
Mbarara	3.6	17.7	5.7	11.2	1.1	11.0	3.2	8.8
Ntungamo*	n/a	18.5	n/a	8.2	n/a	3.2	n/a	3.2
Rakai	6.0	22.9	5.3	15.9	12.1	3.4	9.1	3.4
Total	5.4	16.3	5.3	9.9	2.8	5.7	7.2	7.2

- Ntungamo only appears for 1997 because it was part of Mbarara in 1995. Values for Mbarara in 1997 do not include Ntungamo.

With few exceptions, the pattern of increases from 1995 to 1997 was repeated for the eight DISH districts for which data were available for both points in time (Table 6.1). Only some of the changes were statistically significant. In particular, changes in the rates of reported abnormal vaginal discharge were significant in all DISH districts except Jinja. For vaginal sores, changes in the reported rates for Kamuli, Luwero, Mbarara and Rakai were statistically significant. For men, changes in reported percentages of abnormal discharge from the penis were significant only for Kamuli and Mbarara. For sores on the penis, only the changes in the reported rates for Luwero and Mbarara were statistically significant.

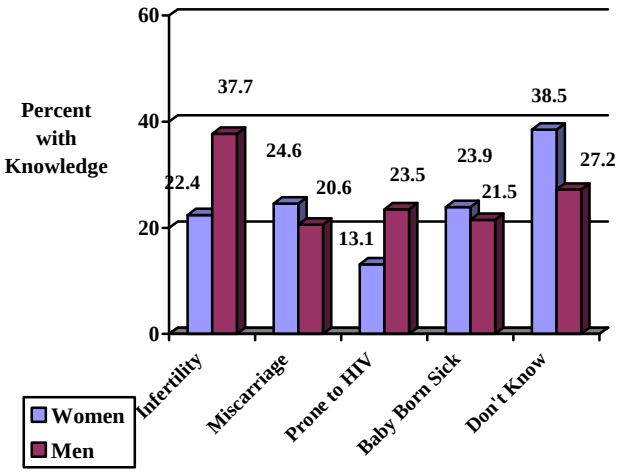
The data are inconclusive regarding the causes of observed increases. Changes in the reported rates may be due to an increase in awareness about STDs and their symptoms rather than due to an actual increase in prevalence, or it could be both. Regardless, the increased percentages of individuals reporting STD symptoms indicate a growing need for STD services.

6.3.2 Knowledge of the Health Consequences of STIs

One of the goals of the DISH project is that IEC dissemination efforts should inform individuals about the health consequences of STIs. However, at the time of the 1997 DISH survey, the IEC program designed to inform individuals about STIs and related health problems had not yet begun. Thus, respondents' knowledge of the consequences of untreated STIs is somewhat limited. Fully 38% of the women surveyed and 27% of the men indicated they had no knowledge of any health consequences of untreated STIs (Figure 6.2).

Among women, three of the consequences of untreated STIs (infertility, miscarriage or stillbirth, and baby born sick) were about equally well known, between 20% and 25%. (The vernacular wording of the question for obtaining this information implies that HIV/AIDS is included among STIs.) Infertility was the consequence most widely known among men, with almost 38% indicating knowledge of this outcome. Men knew about the other consequences of miscarriage or stillbirth, being prone to HIV, and baby born sick at about equal rates (20% - 24%).

Figure 6.2: Knowledge of the Health Consequences of Untreated STIs



6.4 HIV/AIDS

Data from the two surveys allow for analysis of trends in respondents' knowledge of methods for avoiding HIV/AIDS infection, and the practice of using condoms to prevent HIV; it also measures the percentage of respondents reporting that they have been tested for HIV. Survey results indicate that knowledge of some, but not all, preventive measures has increased. Knowledge of condom use in particular has risen. IEC activities seem to have contributed to increased knowledge of the preventive benefits of condom use, and condom use to avoid HIV/AIDS has risen among both women and men.

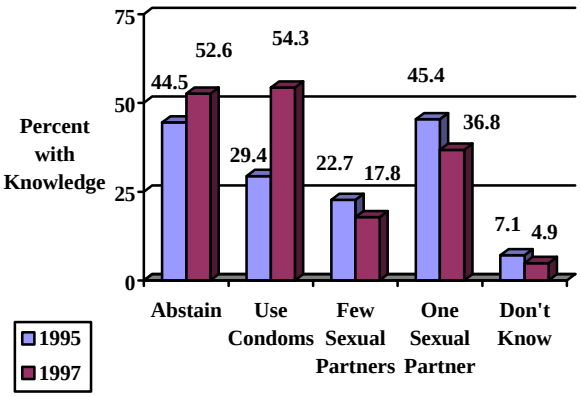
6.4.1 Knowledge of Means to Avoid HIV/AIDS

Knowledge of HIV is almost universal in Uganda. Well over 90% of both men and women know at least one way to avoid HIV/AIDS (Figures 6.3 and 6.4). This percentage rose only slightly between 1995 and 1997; the change was significant only for women. Knowledge of condom use as means to avoid HIV increased dramatically, almost doubling among women and rising to two-thirds of the total sample for men. The condom is now the best-known way to avoid HIV/AIDS, although it is still the case that only slightly more than half of the women surveyed know about condoms for HIV/AIDS prevention.

Other ways to avoid HIV/AIDS were less well known, but knowledge of abstinence rose to over 50% in 1997 for both men and women (almost as high as condom use for the latter). Interestingly, the percentage of both men and women with the knowledge that having only one or just a few sexual partners is a way to avoid HIV/AIDS *fell* over the 1995 to 1997 period.

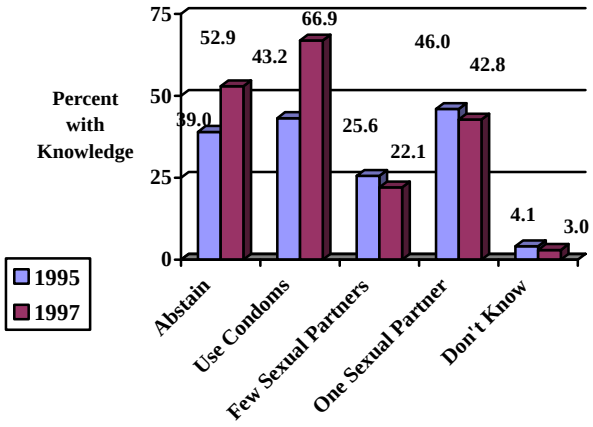
All of the results for women (Figure 6.3) were statistically significant. For men only the results for abstinence and condom use were significant (Figure 6.4).

Figure 6.3: Women's Knowledge of Means to Avoid HIV/AIDS



It should be noted that because of the design of the DISH Evaluation Survey question on knowledge, responses about knowledge of how to avoid HIV/AIDS may underestimate the actual levels of knowledge. The survey question was "open-ended," with individuals being asked to name any ways they knew to avoid HIV/AIDS. No list of ways was provided for respondents, and the only prompt used was "Any other ways?"

Figure 6.4: Men's Knowledge of Means to Avoid HIV/AIDS



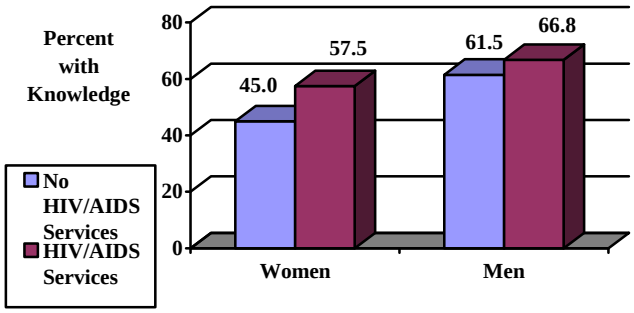
6.4.2 Factors Affecting Knowledge of Condom Use as a Means to Avoid HIV/AIDS

Knowledge of the ability to use condoms to avoid HIV/AIDS can be provided and obtained in several ways. HIV/AIDS services at health facilities and IEC activities are both important.

6.4.2.1 Provision of HIV/AIDS Services at Health Facilities

For sexually active individuals, using condoms is by far the most effective way to reduce the likelihood of transmission of HIV and other STDs. The presence at health facilities of HIV/AIDS services, including counseling, should be related to an increase in knowledge of the benefits of condom use. HIV/AIDS services have increased since the start of the DISH Project (shown in the chapter on health facilities).

Figure 6.5: Knowledge of Condoms as a Means to Avoid HIV/AIDS by HIV/AIDS Services Offered at Most-Used Health Facilities



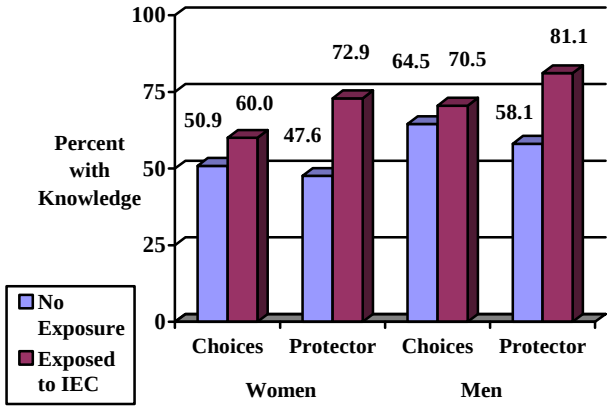
Data in Figure 6.5 indicate that knowledge of condom use as a means of avoiding HIV/AIDS was higher for men than for women in Uganda in 1997. Knowledge was positively related to the provision of HIV/AIDS services at the most-used health facilities for both women and men. The relationship, however, was not statistically significant for men.

6.4.2.2 IEC Activities

IEC messages on the radio and elsewhere, and IEC materials provided at health facilities are additional ways in which individuals can gain knowledge about ways to avoid HIV/AIDS. To assess whether or not DISH IEC messages were reaching their intended audience, respondents were specifically asked whether they had heard DISH radio messages, in particular the "Choices" radio program. In addition, respondents were asked if they had heard about Protector condoms, also funded by USAID.

Data in Figure 6.6 show that exposure to IEC programs and messages on the radio are strongly related to knowledge of condom use as a means to avoid HIV/AIDS. Knowledge was greater among both men and women who reported being exposed to IEC radio messages about Protector condoms. Over 80% of men who had heard Protector messages knew that condoms are a means to avoid HIV/AIDS. All results are statistically significant.

Figure 6.6: Knowledge of Condoms as a Means to Avoid HIV/AIDS by Exposure to IEC Radio Messages

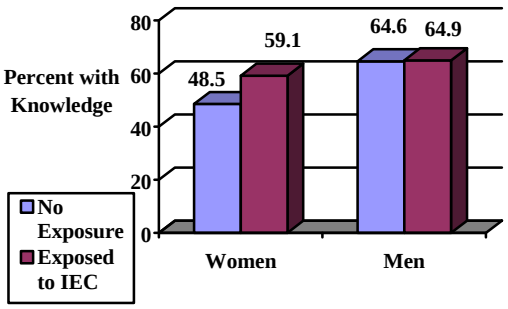


Exposure to IEC materials (a safer-sex poster) at the most-used health facilities was also significantly related to knowledge of condoms as a means of avoiding HIV/AIDS (Figure 6.7), but only for women. Men showed essentially no difference in knowledge regardless of whether they had seen a poster or not.

Although it is reasonable to assume that hearing radio IEC messages or seeing posters at a health facility resulted in greater knowledge of condoms, there is no way of being certain that this is the case. It may be that persons with greater levels of knowledge listened to the radio more, or were more likely to visit health facilities and thus heard or saw the IEC messages more, or simply remembered the messages and posters better when surveyed.

As HIV/AIDS services increase and as the DISH IEC program on STIs/HIV/AIDS expands, more people should be reached so that knowledge of the usefulness of condoms will increase.

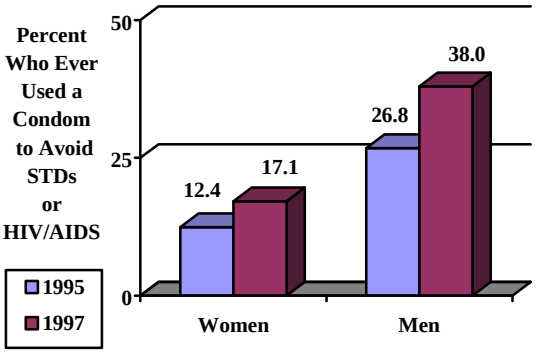
Figure 6.7: Knowledge of Condoms as a Means to Avoid HIV/AIDS by Display of Safer-Sex Poster at Most-Used Health Facilities



6.4.3 Ever Using a Condom to Prevent STDs or HIV/AIDS

Condoms are useful for both prevention of pregnancy and disease. Knowledge of condoms' preventive uses is important, but that knowledge is not always translated into action. In 1995 and 1997, respondents were asked whether they had ever used condoms for the purpose of avoiding HIV/AIDS or other STDs. Figure 6.8 shows that during 1995-1997, condom use (ever) for the prevention of disease went up somewhat for women and even more for men. At both times, use was substantially higher for men than for women. The changes were statistically significant for both groups.

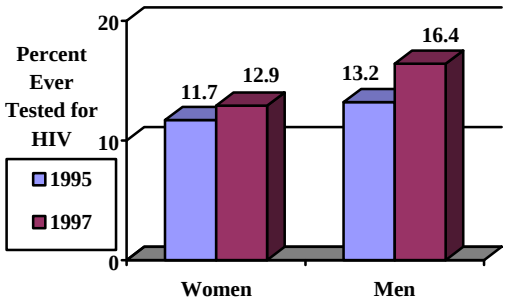
Figure 6.8: Percentage Who Have Ever Used a Condom to Avoid STDs or HIV/AIDS



6.4.4 Ever Tested for HIV

The percentages of individuals who have ever been tested for HIV rose slightly for women and a bit more for men during the 1995 to 1997 period (Figure 6.9). Testing levels were low throughout the period – around 16% – and the changes were not significant. Almost two-thirds of all men and women who had not been tested for HIV desired to be tested. However, as shown in the discussion of facilities, HIV testing is not yet widely available in Uganda.

Figure 6.9: Percentage Ever Tested for HIV



Appendix A

Survey Methodology

A.1 Community Survey

The target group for this survey consisted of men and women in reproductive age groups 15 to 54 and 15 to 49 respectively. The DCS randomly sampled 2000 households in a two-stage sampling procedure. At the first sampling stage 80 census enumeration clusters were randomly sampled, in proportion to district population sizes, from a list of the district census enumeration areas selected for the 1995 Uganda Demographic and Health Survey (UDHS). The nesting of the DCS sample within the UDHS sample was intended to ensure comparability between the two surveys.

At the second stage, 25 households were randomly selected from a list of all the households in each selected enumeration area, also referred to as a cluster in this report. A further five households were randomly selected for reserve in case of a need for replacements. Interviews of women were conducted in all the selected households while interviews of men were conducted in one of every two selected households.

During the period of interviewing, Kasese district experienced security problems and therefore was excluded from the survey. This exclusion left the survey with 73 clusters and a total of 1825 and 913 households for women and men interviews respectively. In all, 1765 women and 977 men were eligible for interviewing. The survey completed interviews with 1697 women and 900 men, resulting in a response rate of 96.2% and 92.1% for women and men respectively. The men's response rate was greatly affected by the poor response from men in herding households who had temporarily migrated in search of fresh pasture in the grasslands of Mbarara, Ntungamo, and Rakai.

A.2 Facility Survey

The facility survey (DFS) was conducted in November of 1997, soon after the October completion of the community survey (DCS). The DCS survey of individuals was completed first because of the higher priority of compiling information on individuals for reporting. The timing of the facility survey after the community survey will, in most cases, produce data similar to a situation where the surveys occurred concurrently, because little change in facilities is expected in the time from when the community survey and the facility survey started. Some areas where slight changes may have occurred are in staffing, training, and posting of IEC materials.

The sample for the DFS was constructed in a way to fulfill two purposes. The first purpose was to gather information on health facilities that serve the survey clusters included in the DCS sample. Gathering this information will enable researchers to analyze the impact of the health facilities on the health behavior of individuals. Two types of facilities were selected for this purpose. When the household listing was made for the DCS, knowledgeable individuals were asked to list the most-used health facility in the community. In addition to these most-used facilities, the sample includes facilities identified by women in the DCS. Questions in the DCS ask women either where they received family planning services or where they might go for such services. Any such facilities recorded by the DCS were included in the sample of the facility survey. Sometimes it was not possible to find the facilities named by the individuals, either because the

name was incorrect or because the facility had closed.

The second purpose of the facility survey sample was to collect information on the DISH Data Collection Points (DDCP). Many of the DDCP overlap with the facilities linked to the clusters in the community survey. The 80 DDCP across the ten DISH districts were established in response to the difficulties of collecting complete and accurate information from the Health Management Information System (HMIS). The idea was to reduce the number of facilities where information is collected to ensure the accuracy and completeness of the information. DISH carried out intensive HMIS training and supervision to improve the information quality from these facilities.

The total sample for the DFS combined facilities fulfilling either or both of the two purposes mentioned. To fulfill the first purpose, the DFS sampled 80 facilities that served the most residents in the clusters selected for the community survey. In addition, the sample included facilities mentioned as a source of family planning services by community survey respondents. The 74 DDCP included in the sample fulfilled the second purpose. Not all of the 80 DCCP were included because of the exclusion of Kasese from the sample. Even with facilities fulfilling both purposes, the total sample consisted of 190. The survey interviewed staff in 173 facilities for a response rate of 91%. Some of the missing facilities, especially those mentioned by the community survey respondents as a source of family planning, had closed by the time of the survey; others were located outside the DISH project districts.

The DFS had components to maintain the quality of the data. Interviews were conducted primarily with palmtop computers rather than paper questionnaires. Interviewers simultaneously recorded the information on a paper questionnaire as a backup, but the computer directed the flow of the questionnaire. The questionnaire on the palmtop computers would automatically check ranges of answers and follow the correct skip patterns. On the palmtops each question had to be answered before moving to the next question, thus eliminating missing values for questions that should be answered. Answers of "don't know" were allowed for many of the questions, but generally most questions were answered.

Another component of the DFS that ensured quality data was the use of highly educated interviewers. All the interviewers had at least a bachelor's degree and many had a master's degree. The high level of education of the interviewers enabled them to learn how to run the palmtops easily and use the palmtops in the field. Having highly educated interviewers also made gaining access to the person in charge of the health facilities easier. Interviews were generally conducted with that person or the most senior individual available. Sometimes additional individuals were involved to provide information that the person in charge did not know.

Rather than rely on the memory of the respondents, answers to certain questions were taken from records. While this provides better information than that from memory, it does not eliminate errors in the records. Record data were collected for the number of clients for various services and the number of contraceptives distributed.

In addition to the interview and the record checking, interviewers toured the facility to make observations. Some observations were for verifying the existence of equipment. Interviewers were instructed to include only equipment in working order. Interviewers also checked the availability of waiting areas, the posting of IEC materials, and the general quality and cleanliness of the facility during this observational tour.

A.3 Survey Instruments

The community survey used three questionnaires: a household questionnaire, a woman's questionnaire, and a man's questionnaire. The latter two were prepared in four different languages: English, Luganda, Runyoro/Rutoro, and Runyankore/Rukiga. The questionnaires were first drafted in English, then reviewed by a wide set of interested parties. After completion of the English versions of the questionnaires, they were forward and back translated into the other languages. Trained interviewers administered these questionnaires. The household questionnaire, constructed in English, was not translated into other languages because it was simple in structure. The household questionnaire only lists the household members, indicating their age and relationship to the household head, to determine eligibility for the survey interview.

The facility survey used one English questionnaire that was administered, using palmtop computers, by computer literate, trained enumerators. However, to safeguard against machine-related data losses, the enumerators filled a paper questionnaire as well. As with the other questionnaires, this questionnaire was thoroughly reviewed by interested parties.

In addition to the survey questionnaires, the survey produced other instruments including the listing form used to list households in a cluster, the enumerator's manual, the questionnaire tallying and control sheets, and a coding manual.

A.4 The Survey Process

A.4.1 Training of Personnel and Pre-testing the Survey Process

Training of three categories of community survey personnel was conducted in two phases by the survey principal investigators. Survey staff included 41 enumerators, 12 editors and 7 supervisors. In the first part of the training, the principal investigators conducted a two-day training session for supervisors at the DISH office. Then, with supervision from the principal investigators and using the training manual, the supervisors conducted a four-day training session for two groups of enumerators. One group consisted of the personnel for Kampala, Jinja, Kamuli, Masindi, and Luwero while the other consisted of personnel for Masaka, Mbarara, Kasese, Ntungamo, and Rakai. The training occurred concurrently at two different sites.

During training, the trainees pilot-tested the instruments. The pilot testing gave the principal investigators opportunities to evaluate the questionnaire, the survey personnel, and the entire fieldwork process. Personnel who performed below the required standard were dropped from the survey team.

The pilot survey data were entered into a computer and analyzed, giving an opportunity to the survey team to test the complete survey process. Using the pilot survey experience, the DISH survey team finalized the questionnaire and the logistical arrangements.

A.4.2 Fieldwork

The survey interviews were conducted in two phases. Phase one covered Kampala, Jinja, Kamuli, Luwero, and Masindi. This phase started on August 18 and ended September 1, 1997. Phase two, covering Masaka, Mbarara, Ntungamo, and Rakai, started September 15 and ended September 30, 1997.

In each district, a survey team consisted of a team leader assigned by the district medical office, a supervisor, an editor, and at least one male enumerator and two female enumerators. The principal investigators constantly supervised the work of the survey teams. Two teams covered heavily popu-

lated districts, such as Mbarara, Masaka, and Kampala.

The team leader made appointments in advance with the local leaders of a cluster, specifying the days on which this cluster would be covered. On the interview days in a cluster, the team leader introduced the team to the local leaders and asked these leaders to take the team to selected households. Once in a household, the male interviewer filled the household schedule and handed the completed schedule to the supervisor who then identified eligible persons and assigned an enumerator for each interview. After each interview, the enumerators would submit the questionnaires to the editor, who would check the interview for completeness, make comments, and pass the questionnaire on to the supervisor. The supervisor would further check and make final decisions on correctness and completeness of an interview. Whenever necessary and possible, the supervisor immediately arranged for a revisit before the team left the area. In cases of uncooperative respondents, the survey team asked the local leaders or the district leaders to intervene and persuade the respondent to participate.

A.4.3 Data Management

While the enumerators conducted the interviews in the field, the supervisors edited and submitted questionnaires to the research coordinator at the DISH home office. The four best performing enumerators were recruited for coding the questionnaires. Coding lasted for 12 days. Meanwhile, a firm was contracted to carry out data entry under close supervision by the DISH survey team. Data entry took place between October 10 and November 15, 1997. The research coordinator checked these data for consistency and cleaned inconsistent data.

Appendix B

DISH Survey Questionnaires

DELIVERY OF IMPROVED SERVCES FOR HEALTH (DISH) PROJECT
(A Joint Project of the Uganda Government and USAID)
Plot 20 Kawalya Kaggwa Close
P.O. Box 3495, Kampala, Uganda
Tel.: 344075/235613/235614, Fax.: 250124

DISH EVALUATION FACILITY SURVEY 1997

This survey is being conducted by the UGANDA GOVERNMENT/USAID DISH PROJECT
and The EVALUATION PROJECT funded by USAID/G/PHN/POP

Interview and Record Checking Questions

SCREEN 1:

Identification Questions:
[Facility name only on paper questionnaire]

Facility Name: _____
Facility Number: ___
Facility Code: _____

1=Urban 2= Rural: _

Enumerator Code: ___
Interview Day: __ Month: __
Interview Completed on Visit Number: _

SCREEN 2:

Interview Questions:
To be filled out through interview
of a facility staff member.

Have respondent locate facility records
including monthly reports on clients
and medical supplies.

1. What is your job category?
   1=In Charge 2=Doctor
   3=Nurse/Midwife 4=Med Assist
   5=Administrator 6=Other..... _
2. What type of facility is this?
   1=Hospital 2=HC 3=DMU 4=Clinic
   5=Dispensary 6=Other..... _

SCREEN 3:

3. Under what authority is this
   facility operated?
   1=Govt 2=NGO 3=Private 9=DK..... _
4. How old is the facility in
   years? 99=DK..... __
5. Are there any pharmacies or shops
   within 5 Km that sell family planning
   methods? 1=Yes 2=No 9=DK..... _
6. Is there a market or trading
   center within 1 Km?
   1=Yes 2=No 9=DK..... _

SCREEN 4:

7. What is the distance to the
   nearest [facility type] in KM?
   99=DK

1) Hospital..... __
2) Health Center.... __
3) DMU..... __
4) Clinic..... __
5) Dispensary..... __
6) Pharm./Drug Shop. __

SCREEN 5:

8. How many days is this facility ACTUALLY open per week? 9=DK... _
9. How many hours is this facility ACTUALLY open per day? 99=DK... __
10. How many out patients were seen in September? 99999=DK..... _____
11. Is there an in patient section? 1=Yes 2=No..... _
[No->13]
12. How many patient beds are there? 999=DK..... ___

SCREEN 6:

13a. How many FULL time [staff type] are there? 99=DK
13b. How many PART time [staff type] are there? 99=DK
13c. How many more [staff type] are needed? 99=DK

	Staff	Full	Part	Vacancies
1)	Doctors.....	__	__	__
2)	Medical Assist...	__	__	__
3)	Nurses/Midwives..	__	__	__
4)	Nurse's Aides....	__	__	__

SCREEN 7:

14a. Is [name of service] provided? 1=Yes 2=No 9=DK

[If the service is provided]
14b. What year did [name of service] start? 99=DK

	Service	Provide	Start
1)	Family Planning..	_	__
2)	Ante Natal Care..	_	__
3)	Post Natal Care..	_	__
4)	Delivery.....	_	__
5)	Emergency Ob.Care	_	__
6)	Immunization.....	_	__
7)	STD Treatment....	_	__
8)	HIV/AIDS Testing.	_	__
9)	HIV/AIDS Counsel.	_	__

SCREEN 8:

[Skip over services not provided]

14c. How many days per week is [name of service] offered? 9=DK

14d. How many [name of service] clients were seen in September? 99999=DK

Service	Days	Clients
1) Family Planning..	_	: _____
2) Ante Natal Care..	_	: _____
3) Post Natal Care..	_	: _____
4) Delivery.....	_	: _____
5) Emergency Ob.Care	_	: _____
6) Immunization.....	_	: _____
7) STD Treatment....	_	: _____
8) HIV/AIDS Testing.	_	: _____
9) HIV/AIDS Counsel.	_	: _____

15. Were records used to complete question 14d? 1=Yes 2=No ..... _

SCREEN 9:

[Skip over services not provided]
(Inspect a copy of each report.)

16a. Is the Health Unit [report type] Summary Report for September available? 1=Yes 2=No

[Skip 16b and 16c if report not available]

16b. Is this report complete? 1=Yes 2=No 9=DK

16c. Was the person who filled out this [report type] trained by DISH? 1=Yes 2=No 9=DK

Report Type	Avail.	Comp.	DISH Trained
1) Family Planning..	_	: _	: _
2) Morbidity.....	_	: _	: _
3) Immunization.....	_	: _	: _

SCREEN 10:

[If FP not provided->19]

17. How many NEW family planning acceptors were there in September? 9999=DK..... _____

18. Does the staff counsel all female clients about family planning? 1=Yes 2=No 9=DK..... _

19. Does the staff inform all women clients about all available services? 1=Yes 2=No 9=DK..... _

20. Does the staff conduct health education talks for waiting clients? 1=Yes 2=No 9=DK..... _

[No or DK->22]

21. How many times a WEEK does the staff conduct these talks? 99=DK..... __

SCREEN 11:

[If FP not provided->35]

22a. Is [contraceptive method] provided?
1=Yes 2=No 9=DK

[Skip if method not provided]

22b. How many [contraceptive method] clients were seen in Sept.? 9999=DK

Contraceptive	Provided	Clients
1) Pill.....	_	: ____
2) Injectable.....	_	: ____
3) IUD.....	_	: ____
4) Condom.....	_	: ____
5) Female Steril....	_	: ____
6) Male Steril.....	_	: ____
7) Norplant.....	_	: ____
8) Foaming Tablets..	_	: ____

23. Were records used to complete question 22b? 1=Yes 2=No ..... _

SCREEN 12:

[If FP not provided->35]

[In questions 24-27 skip methods not provided]

24. How many cycles of pills were distributed in Sept.? 9999=DK.. ____
25. How many doses of contraceptive injections were administered in September? 9999=DK..... ____
26. How many IUDs were inserted in September? 9999=DK..... ____
27. How many pieces of condoms were distributed in Sept.? 9999=DK.. ____

28. Were records used to complete questions 24-27? 1=Yes 2=No ... _

SCREEN 13:

[If FP not provided->35]

[In questions 29-32 skip methods not provided]

29. How many women were sterilized in September? 9999=DK..... ____
30. How many men were sterilized in September? 9999=DK..... ____
31. How many sets of Norplant implants were inserted in September? 9999=DK..... ____
32. How many foaming tablets were distributed in Sept.? 9999=DK.. ____

33. Were records used to complete questions 29-32? 1=Yes 2=No ... _

SCREEN 14:

[If FP not provided->35]
[Skip over contraceptives not provided]

34a. In September, where there any stock outs for [method]?
1=Yes 2=No 9=DK
[Skip if method had NO stock outs]
[or the respondent answered DK]

34b. In September, was there a requisition for [method]?

	Contraceptive	Stock Outs	Requis.
1)	Pill.....	_	: _
2)	Injectable.....	_	: _
3)	IUD.....	_	: _
4)	Condom.....	_	: _
5)	Female Steril....	_	: _
6)	Male Steril.....	_	: _

SCREEN 15:

[If FP not provided->35]
[Skip over contraceptives not provided]

34a. In September, where there any stock outs for [method]?
1=Yes 2=No 8=NA 9=DK
[Skip if method had NO stock outs]
[or the respondent answered DK]

34b. In September, was there a requisition for [method]?

	Contraceptive	Stock Outs	Requis.
7)	Norplant.....	_	: _
8)	Foaming Tablets.	_	: _
9)	Other1.....	_	: _
10)	Other2.....	_	: _
11)	Other3.....	_	: _

SCREEN 16:

35a. In September, where there any stock outs for [supply type]?
1=Yes 2=No 8=NA 9=DK
[Skip if supply type had NO stock]
[outs or the respondent answered DK]

35b. In September, was there a requisition for [supply type]?

	Supply Type	Stock Outs	Requis.
1)	Iron Tablets....	_	: ___
2)	STD Drugs.....	_	: ___
3)	ORS Packets.....	_	: ___
4)	Malaria Drugs...	_	: ___
5)	Dispos Gloves...	_	: ___
6)	Dispos Needles..	_	: ___

SCREEN 17:

35a. In September, where there any stock outs for [supply type]?
1=Yes 2=No 8=NA 9=DK
[Skip if supply type had NO stock]
[outs or the respondent answered DK]

35b. In September, was there a requisition for [supply type]?

	Supply Type	Stock Outs	Requis.
7)	Cotton Wool.....	_	: ___
8)	Antiseptics.....	_	: ___
9)	Gauze.....	_	: ___
10)	RPR Test Kit....	_	: ___
11)	Jik (bleach)....	_	: ___

SCREEN 18:

36. Has this facility ever received a DISH family planning poster? 1=Yes 2=No 9=DK..... _
37. Has this facility ever received DISH family planning pamphlets? 1=Yes 2=No 9=DK..... _
38. Has this facility ever received Health Matters newsletter? 1=Yes 2=No 9=DK..... _

SCREEN 19:

39. Does this facility have an outreach program? 1=Yes 2=No 9=DK..... _
40. Do CBD workers refer clients to this facility? 1=Yes 2=No 9=DK. _
[No or DK->43]
41. How many CBD workers make referrals to this facility? 999=DK..... ___
42. How many referrals were made in September? 9999=DK..... ____

SCREEN 20:

[Skip over services not provided]

43a. How many staff provide [name of service]? 99=DK
43b. How many of these staff received ANY training in the past 2 years? 99=DK
43c. How many of these staff received DISH training? 99=DK

Service	Staff	Any	DISH
1) Family Planning..	__	__	__
2) Ante Natal Care..	__	__	__
3) Delivery.....	__	__	__
4) Emergency Ob.Care	__	__	__
5) STD Treatment....	__	__	__
6) HIV/AIDS Testing.	__	__	__
7) HIV/AIDS Counsel.	__	__	__

SCREEN 21:

[Skip over job categories with no staff]

44a. How many of [staff type] received ANY training in the past 2 years? 99=DK
44b. How many of these staff received DISH training? 99=DK

Staff	Any	DISH
1) Doctors.....	__	__
2) Medical Assist...	__	__
3) Nurses/Midwives..	__	__
4) Nurse's Aides....	__	__

SCREEN 22:

45. Has a member of the District Health Team visited this facility in the last 3 months? 1=Yes 2=No 9=DK. _
[No or DK->49]

The next three questions are for the last visit of the DHT member:

46. Was this a supervisory visit? 1=Yes 2=No 9=DK..... _
47. How many hours did the DHT member spend at this facility? 99=DK.. __
48. Did the DHT member talk to the service providers on duty? 1=Yes 2=No 9=DK..... _

SCREEN 23:

49. Does this facility charge user fees for services? 1=Yes 2=No 9=DK.. _
[No or DK->52]
50. Is there an exemption credit or waiver system at this facility? 1=Yes 2=No 9=DK..... _
51. How much in an average month does this facility raise from user fees? (in thousands of USh) 9999=DK.. ____

SCREEN 24:

52. Does this facility submit monthly or quarterly financial returns to the DMO? 1=Yes 2=No 9=DK.... _
53. Does someone from the HUMC regularly inspect this facility's books of accounts? 1=Yes 2=No 9=DK... _
54. Has someone at this facility been trained in health finance management? 1=Yes 2=No 9=DK.... _

SCREEN 25:

Answer Questions 55-58 for the time period from Oct. 1996 to Sept. 1997.

55. At any time from Oct. 1996 to Sept. 1997 did the facility provide RPR testing? 1=Yes 2=No 9=DK..... _
[No or DK->60]
56. Did RPR testing first start during this period? 1=Yes 2=No 9=DK..... __
[No or DK->59]
57. In what year did RPR testing start? 99=DK..... __
58. In what month? 99=DK..... __

SCREEN 26:

(Inspect a copy of the records for these two questions.)

[RPR testing not provided->60]

59. Does this facility have records for RPR tests? 1=Yes 2=No ..... _

[ANC services not provided->Observation Questions]

60. Does the facility have ANC records? 1=Yes 2=No ..... _

Observation Questions

SCREEN 1:

Facility Observation Questions:
To be filled out through observation of the setting.

1. Is there a waiting area? 1=Yes 2=No..... _
   [No->3]
2. Does the waiting area have sufficient seating? 1=Yes 2=No.. _
3. Is there sufficient room to guarantee privacy to FP clients during counseling? 1=Yes 2=No... _

SCREEN 2:

4. Are the following available? 1=Yes 2=No 9=DK

1) Reliable Water Supply.... _
2) Electricity..... _
3) Fridge..... _
4) Phone..... _
5) Delivery bed..... _
6) Delivery kit..... _
7) Labor wait area..... _
8) Delivery table..... _
9) Gynecological exam light. _

SCREEN 3:

4. Are the following available? 1=Yes 2=No 9=DK

10) Sterilizer..... _
11) Child scale..... _
12) Adult scale..... _
13) Blood pressure cuff..... _
14) Stethoscope..... _
15) Fetalscope..... _
16) Height measurement equip. _

SCREEN 4:

5. Are the following displayed in plain view? 1=Yes 2=No

1) Facility signpost..... _
[If FP not provided->5)]
2) Yellow Flower signboard.... _
3) Reprod. health signboard... _
4) DISH FP poster..... _
[If AIDS services not provided->6]
5) DISH safe sex/AIDS poster.. _

[If FP not provided->9]

6. Is the Yellow Flower signboard visible from the road?
1=Yes 2=No..... _
7. Is the reproductive health signboard visible from the road?
1=Yes 2=No..... _
8. Are any of the providers wearing a yellow FP flower badge?
1=Yes 2=No..... _

SCREEN 5:

9. Rank the quality of the facility from 1 to 5 on: 1=Very Poor 2=Poor 3=Fair 4=Good 5=Very Good 9=DK

1) Physical appearance... _
2) Overall cleanliness... _
3) Seriousness of staff.. _
4) Quality of service.... _
5) Handling of clients... _

JULY 23, 1997

DISH COMMUNITY SURVEY 1997
HOUSEHOLD SCHEDULE

CONFIDENTIAL
For research
purpose only

IDENTIFICATION

REGION _____

DISTRICT _____

COUNTY _____

SUB-COUNTY/TOWN _____

PARISH/LC2 NAME _____

EA NAME _____

DISH EA NUMBER.....

UDHS NUMBER.....

URBAN/RURAL (Urban=1, Rural=2).....

CITY/MUNICIPALITY/TOWN/COUNTRYSIDE.....
(City=1, municipality=2, town=3, countryside=4)

HOUSEHOLD NUMBER.....

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISITS

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL IN HOUSEHOLD

TOTAL WOMEN 15-49

MEN 15-54

LINE NO. OF RESP. OF HOUSE-HOLD SCHEDULE

LANGUAGE OF QUESTIONNAIRE: ENGLISH 3

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	SEX	AGE	ELIGIBLE WOMEN+	ELIGIBLE MEN+++
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	How old is (NAME)?	CIRCLE LINE NUMBER	CIRCLE LINE NUMBER
(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Male Female	IN YEARS		
01			1 2		01	01
02			1 2		02	02
03			1 2		03	03
04			1 2		04	04
05			1 2		05	05
06			1 2		06	06
07			1 2		07	07
08			1 2		08	08
09			1 2		09	09
10			1 2		10	10

\+ Circle line number of all women aged 15 to 49 Years

+++ Circle line number of all line men aged 15 to 54 years (If household falls in the man Sample).

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)		(5)	(6)	(7)
			Male	Female	IN YEARS		
11			1	2		11	11
12			1	2		12	12
13			1	2		13	13
14			1	2		14	14
15			1	2		15	15
16			1	2		16	16
17			1	2		17	17
18			1	2		18	18
19			1	2		19	19
20			1	2		20	20

TICK HERE IF CONTINUATION SHEET USED ☐ TOTAL NUMBER OF ELIGIBLE WOMEN ☐☐ TOTAL NUMBER OF ELIGIBLE MEN ☐☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD
02= SPOUSE
03= SON OR DAUGHTER
04= SON-IN-LAW OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
09= CO-WIFE
10= OTHER RELATIVE
11= ADOPTED/FOSTER CHILD/STEP CHILD
12= NOT RELATED
98= DOES NOT

DISH COMMUNITY SURVEY 1997
MAN'S QUESTIONNAIRE

CONFIDENTIAL
For research
purpose only

IDENTIFICATION

REGION _____

DISTRICT _____

COUNTY _____

SUB-COUNTY/TOWN _____

PARISH/LC2 NAME _____

EA NAME _____

DISH EA NUMBER.....

UDHS NUMBER.....

URBAN/RURAL (Urban=1, Rural=2).....

CITY/MUNICIPALITY/TOWN/COUNTRYSIDE.....
(City=1, municipality=2, town=3, countryside=4)

HOUSEHOLD NUMBER.....

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF MAN _____

NAME AND LINE NUMBER OF FIRST WIFE _____

NAME AND LINE NUMBER OF SECOND WIFE _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISIT

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: ENGLISH 3

LANGUAGE USED IN INTERVIEW**.....

RESPONDENT'S LOCAL LANGUAGE**.....

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....

** LANGUAGE: 1 LUGANDA; 2 RUNYANKOLE-RUKIGA; 3 ENGLISH; 4 RUNYORO-RUTORO; 5 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH..... ☐☐ DK MONTH.....98 YEAR..... ☐☐ DOES NOT KNOW YEAR.....98	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
103	Have you ever attended school?	YES.....1 NO.....2	→106
104	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
105	What is the highest grade/ certificate you completed at that level?	GRADE..... ☐	
106	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→108
107	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
108	Now I would like to ask about the place in which you usually live. Do you usually live in a city, municipality, town or in the country side?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRY SIDE.....4	
109	In which district is that located?	☐☐ _____ (NAME OF DISTRICT)	
110	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→115 →115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What radio station do you listen to most?	_____	
112	Have you listened to the family planning program called "Choices" or "Toranaho" or "Londako" on Radio Uganda that features the drama "Secrets of Bomboka" with Nnalongo, Aisha, Yudesi and Nora that comes on Sundays and Mondays?	YES.....1 NO.....2	
113	Which other family planning messages have you heard on the radio?	ADVERT FOR PROTECTOR CONDOM.....A ADVERT FOR PILL-PLAN PILLS.....B ADVERT FOR FAMILY PLANNING SERVICES.C NONE.....D	
114	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? Other (Specify)	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2 _____	
115	In the last six months have you heard or learned about diseases that can be transmitted through sex: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? Other (Specify)	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2 _____	
116	In the last six months have you heard or learned about antenatal care: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? Other (Specify)	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2 _____	
117	What is your occupation, that is, what kind of work do you mainly do to earn an income?	_____ ☐☐ _____ _____	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the children you have had during your life. I mean your own children, not ones you may have adopted or care for as a father but whose real father is someone else. Do you have children?	YES.....1 NO.....2	→301
202	How many sons or daughters to whom you have fathered are now living with you? IF NONE RECORD '00'.	CHILDREN AT HOME..... ☐☐	
203	How many sons or daughters to whom you have fathered are not living with you? IF NONE RECORD '00'.	CHILDREN ELSEWHERE..... ☐☐	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning--the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301A FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301B, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301A OR 301B, ASK 301C.

301A Which ways or methods have you heard about?	SPONTANEOUS YES	301B Have you ever heard of(METHOD)? PROBED YES	NO	301C Have you or your partner ever used(METHOD)?
01 PILL Women can take a pill every day.	1	2	3	YES.....1 NO.....2 DOES NOT KNOW.....8
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	YES.....1 NO.....2 DOES NOT KNOW.....8
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	YES.....1 NO.....2 DOES NOT KNOW.....8
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	YES.....1 NO.....2 DOES NOT KNOW.....8
05 DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3	YES.....1 NO.....2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2 DOES NOT KNOW.....8
08 MALE STERILIZATION Men can have operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
09 NATURAL FAMILY PLANNING A woman can take her temparature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	1	2	3	YES.....1 NO.....2 DOES NOT KNOW.....8
10 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1		3	YES.....1 NO.....2
	(SPECIFY			
	(SPECIFY			YES.....1 NO.....2

CHECK 301C

NEVER USED ANYTHING ☐ → 302

EVER USED ☐ → 303

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	Have you or your partner ever used anything or tried anything in any way to delay or avoid having a child?	YES.....1 NO.....2	→305
303	Are you or your partner currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→305
304	Which method are you using? Anything else? RECORD FIRST, SECOND, THIRD AND FOURTH PARTNER IN SEPARATE COLUMNS	1ST WIFE / 2ND WIFE / 3RD WIFE / 4TH WIFE PILL.....01 01 01 01 IUD.....02 02 02 02 INJECTIONS.....03 03 03 03 IMPLANTS/NORPLANT...04 04 04 04 DIAPHRAGM/FOAM/JELL.05 05 05 05 CONDOM..... 06 06 06 06 FEMALE STERILIZATI..07 07 07 07 MALE STERILIZATION..08 08 08 08 RHYTHM,COUNTING DAY.09 09 09 09 NATURAL FP,MUCUS....10 10 10 10 WITHDRAWAL.....11 11 11 11 NO METHOD.....95 95 95 95 OTHER_____96 (SPECIFY) OTHER_____96 (SPECIFY) OTHER_____96 (SPECIFY) OTHER_____96 (SPECIFY)	
305	Some people use family planning because they have talked to their wifes or friend, heard something on the radio or TV, or read something that encouraged them to use family planning. What motivated you to use family planning? RECORD ALL MENTIONED	TALKED TO HUSBAND.....A TALKED TO A FRIEND.....B TALKED TO A HEALTH WORKER.....C HEARD "LONDAKO", "CHOICES", "TORANAHO" RADIO PROGRAMMES.....D HEARD ADVERTISEMENT ON RADIO.....E HEARD SOMETHING ELSE ON RADIO.....F SAW SOMETHING ON TV.....G SAW THE YELLOW FP FLOWER (FP LOGO).H READ A POSTER.....I READ A LEAFLET/FLYER/BROCHURE.....J ATTENDED A HEALTH TALK ON FP.....K SELF MOTIVATED.....L HEALTH MATTERS NEWS LETTER M OTHER_____X (SPECIFY) DOES NOT KNOW/NO REASON.....Z	
306	Have you seen/heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8	

SECTION 4. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→404
402	Have you ever been married or lived with a woman?	YES.....1 NO.....2	→406
403	What is your marital status now: are you separated, divorced or widowed?	SEPARATED.....1 DIVORCED.....2 WIDOWED.....3	→405
404	How many wives do you have?	NUMBER..... ☐☐	
405	How old were you when you started living with your first wife?	AGE..... ☐☐	
406	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2	→501
407	Where have you heard or seen the protector condom?	RADIO ADS.....A PUBLIC SERVICE ANNOUNCEMENTS.....B RASTA ROB.....C CAPITAL DOCTOR.....D GROUP AFRICA.....E METAL SIGNS/ POSTERS.....F BILL-BOARDS.....G STICKERS.....H KEY CHAINS.....I CALENDARS.....J OTHER_____X (SPECIFY)	

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	CHECK 304 NEITHER STERILISED ☐	HE OR SHE STERILISED ☐	→601
501	Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 HIS WIFE CAN'T GET PREGNANT.....3 HE CAN'T HAVE CHILDREN ANYMORE.....4 WIFE EXPECTING A BABY.....5 UNDECIDED OR DOES NOT KNOW.....8	→601
502	How long would you like to wait before the birth of (a/another) child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....993 SHE OR HE CAN'T HAVE CHILDREN....994 AFTER MARRIAGE.....995 OTHER_____ 996 (SPECIFY) DOES NOT KNOW.....998	
	CHECK 303: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→601
503	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	→601
504	Which method would you or your partner prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER_____ 96 (SPECIFY) UNSURE.....98	

SECTION 6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→604
602	Do you know of a place where you can recieve treatment for such diseases?	YES.....1 NO.....2	→604
603	Mention one such place. (LEAVE BOXES BLANK FOR OFFICIAL USE ONLY)	_____ [ ][ ][ ][ ][ ][ ]	
604	During the last 12 months, did you have a discharge from your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
605	During the last 12 months, did you have a sore or ulcer on your genitals?	YES.....1 NO.....2 DON'T KNOW.....8	
606	CHECK 604, AND 605 HAD ONE OR MORE DISEASES ☐ ▼ NONE OF THE DISEASES ☐		→610
607A	When you had the symptoms (DISEASE FROM 604 AND 605) did seek advice or treatment?	YES.....1 NO.....2	→609
607B	From whom did you seek advice or treatment?	PROFESSIONAL ADVICE/TREATMENT.....1 OTHER ADVICE/TREATMENT.....2 SELF TREATMENT.....3	→609
608	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/ HEALTH UNIT.....C GOVERNMENT MOBILE CLINIC.....D GOVERNMENT FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC.....G PHARMACY/ DRUG STORE.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC.....J PRIVATE FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	→610
609	Why did you not seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER_____6 (SPECIFY)	
610	If somebody had a Sexually Transmitted Disease, how much would it cost her/ him for treatment, including drugs?	AMOUNT..... DOES NOT KNOW.....98	
611	Sometimes these diseases cause problems if they are not treated. What are some of these problems? Mention Them.	INFERTILITY.....A MISCARRIAGE/ STILL BIRTH.....B EASILY GET HIV.....C BABY BORN SICK.....D MADNESS.....E DON'T KNOW.....F	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Any other?	_____	
613	NUMBER OF COMPLICATIONS MENTIONED IN Q611	COMPLICATIONS ..... ☐	
614	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES....C DON'T HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARTNERS.....E HAVE ONE FAITHFUL PARTNER (ZERO GRAZING).....F AVOID BLOOD TRANSFUSIONS.....G AVOID UNSTERILISED EQUIPMENT.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K DO NOT DRINK TOO MUCH ALCOHOL.....L OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	
615	Have you ever used a condom during sex to avoid getting or transmitting AIDS or other STD's?	YES.....1 NO.....2	
616	Have you ever been tested to see if you have the AIDS virus?	YES.....1 → 618 NO.....2 DOES NOT KNOW/NOT SURE.....8	
617	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
618	Where could you go to get an AIDS test? Any other place? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/ HEALTH UNIT.....C GOVERNMENT MOBILE CLINIC.....D GOVERNMENT FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC.....G PHARMACY/ DRUG STORE.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC.....J PRIVATE FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P T.A.S.O.....Q A.I.C.....R OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	

THANK YOU FOR YOUR TIME

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent: _____

_____

_____

Comments on Specific Questions: _____

_____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____ Date: _____

DISH COMMUNITY SURVEY 1997
WOMAN'S QUESTIONNAIRE

CONFIDENTIAL
For research purpose only

IDENTIFICATION

REGION _____
DISTRICT _____
COUNTY _____
SUB-COUNTY/TOWN _____
PARISH/LC2 NAME _____
EA NAME _____
DISH EA NUMBER.....
UDHS NUMBER.....
URBAN/RURAL (Urban=1, Rural=2).....
CITY/MUNICIPALITY/TOWN/COUNTRYSIDE.....
(City=1, municipality=2, town=3, countryside=4)
HOUSEHOLD NUMBER.....
NAME OF HOUSEHOLD HEAD _____
NAME AND LINE NUMBER OF WOMAN _____
RESIDENTIAL STATUS OF WOMAN (Resident =1, Visitor=2).

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISIT

*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: ENGLISH 3
LANGUAGE USED IN INTERVIEW**.....
RESPONDENT'S LOCAL LANGUAGE**.....
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....

** LANGUAGE: 1 LUGANDA 2 RUNYANKOLE-RUKIGA 3 ENGLISH 4 RUNYORO-RUTORO 5 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH..... ☐☐ DOES NOT KNOW MONTH.....98 YEAR..... ☐☐ DOES NOT KNOW YEAR.....98	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
103	Have you ever attended school?	YES.....1 NO.....2	→106
104	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
105	What is the highest grade/ certificate you completed at that level?	GRADE..... ☐	
106	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→108
107	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
108	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
109	In which (DISTRICT) is that located?	_____ ☐☐ (NAME OF THE DISTRICT)	
110	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→115 →115
111	What radio station do you listen to most?	_____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Have you listened to the family planning program called " Choices" or "Toranaho" or "Londako" on Radio Uganda that features the drama "Secrets of Bomboka" with Nnalongo, Aisha Yudesi and Nora that comes on Sundays and Mondays.	YES.....1 NO.....2	
113	Which other family planning messages have you heard on the radio?	ADVERT FOR PROTECTOR CONDOM.....A ADVERT FOR PILL-PLAN.....B ADVERT FOR FP SERVICES.....C NONE.....D	
114	In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? Other (Specify)	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2 _____	
115	In the last six months have you heard about diseases that are transmitted through sex: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? Other (Specify)	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2 _____	
116	In the last six months have you heard about antenatal care: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? Other (Specify)	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2 _____	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→301
202	How many sons or daughters to whom you have given birth are now living with you? IF NONE RECORD '00'.	CHILDREN AT HOME..... ☐☐	
203	How many sons or daughters to whom you have given birth are now not living with you? IF NONE RECORD '00'.	CHILDREN ELSEWHERE..... ☐☐	
204	Have you had a live birth in the last 36 months/ 3 years?	YES.....1 NO.....2	→207
205	How many live births have you had in the last 36 months / three years?	BIRTHS IN LAST 36 MONTHS..... ☐☐	
206	Give the birth dates of the births in the last 36 months: IF MONTH OR YEAR NOT KNOWN ENTER "98" IN THE APPROPRIATE SPACE.	1. MONTH _____ YEAR _____ 2. MONTH _____ YEAR _____	
207	Did any of your pregnancies in the last 36 months/ 3 years never result in a live birth?	YES.....1 NO.....2	→301
208	How many pregnancies never ended in a live birth in the last 36 months/ 3 years?	NUMBER OF PREGNANCIES..... ☐☐	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning--the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301A FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301B, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301A OR 301B, ASK 301C.

	301A Which ways or methods have you heard about?	SPONTANEOUS YES	301B Have you ever heard of(METHOD)? PROBED YES	NO	301C Have you ever used (METHOD)?
01	PILL Women can take a pill every day.	1	2	3	YES.....1 NO.....2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	YES.....1 NO.....2
03	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	YES.....1 NO.....2
04	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	YES.....1 NO.....2
05	DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES.....1 NO.....2
06	CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3	YES.....1 NO.....2
07	FEMALE STERILISATION Women can have an operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08	MALE STERILISATION Men can have operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09	NATURAL FAMILY PLANNING A woman can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	1	2	3	YES.....1 NO.....2
10	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 (SPECIFY) (SPECIFY)		3	YES.....1 NO.....2 YES.....1 NO.....2

CHECK Q301C

NEVER USED ANYTHING ☐ → 302

EVER USED ☐ → 303

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→307
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→307
304	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE....10 WITHDRAWAL.....11 OTHER_____ 96 (SPECIFY)	
305	Some people use family planning because they have talked to their husband or friend, heard something on the radio or TV, or read something that encouraged them to use family planning. What motivated you to use family planning? RECORD ALL MENTIONED	TALKED TO HUSBAND.....A TALKED TO A FRIEND.....B TALKED TO A HEALTH WORKER.....C HEARD "LONDAKO", "CHOICES", "TORANAHO" RADIO PROGRAMMES.....D HEARD ADVERTISEMENT ON RADIO.....E HEARD SOMETHING ELSE ON RADIO.....F SAW SOMETHING ON TV.....G SAW THE YELLOW FP FLOWER (FP LOGO).H READ A POSTER.....I READ A LEAFLET/FLYER/BROCHURE.....J ATTENDED A HEALTH TALK ON FP.....K SELF MOTIVATED.....L HEALTH MATTERS NEWS LETTER M OTHER_____X (SPECIFY) DOES NOT KNOW/NO REASON.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF PLACE) (FOR OFFICIAL USE ONLY)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOV'T.DISPENSARY/HEALTH UNIT....13 GOVERNMENT MOBILE CLINIC.....14 GOVERNMENT FIELD WORKER.....15 OTHER PUBLIC_____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 PRIVATE FIELD WORKER.....25 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	→310
307	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	
308	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→310

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF PLACE) [ ][ ][ ][ ][ ][ ] (FOR OFFICIAL USE ONLY)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 GOV'T.DISPENSARY/HEALTH UNIT....13 GOVERNMENT MOBILE CLINIC.....14 GOVERNMENT FIELD WORKER.....15 OTHER PUBLIC_____16 (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/CHEMISTS.....22 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 PRIVATE FIELD WORKER.....25 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
310	Were you visited in your home by a family planning program worker in the last 12 months?	YES.....1 NO.....2	
311	Have you visited a health facility in the last 12 months for any reason?	YES.....1 NO.....2	→314
312	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
313	When you last visited the health facility did you also visit a market or trading centre?	YES.....1 NO.....2	
314	Do you think most, some, or none of the women you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DOES NOT KNOW.....8	
315	Have you seen or heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8	

SECTION 4. PREGNANCY AND BREASTFEEDING

CHECK 201:
ONE OR MORE BIRTHS ☐ NO BIRTHS ☐ → (SKIP TO 501)

REQUEST FOR AND WRITE NAME OF LAST BIRTH

LAST BIRTH

NAME _____

401	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER_____ X (SPECIFY) NO ONE.....Y (SKIP TO 404)
402	How many months pregnant were you when you first received antenatal care?	MONTHS..... ☐☐ DOES NOT KNOW.....98
403	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... ☐☐ DOES NOT KNOW.....98
404	When a woman is pregnant she may get problems/ signs which might require rushing her to a nurse/ midwife or doctor straight away. Do you know any of these problems/ signs? Mention them.	FEVER.....A BLEEDING.....B LOWER ABDOMINAL PAIN.....C SWOLLEN HANDS/FACE.....D NONE.....E
405	Any other?	_____

406 TOTAL NUMBER OF SIGNS MENTIONED IN Q404..... ☐

LAST BIRTH

NAME _____

407	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH UNIT.....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)
408	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER_____ X (SPECIFY) NO ONE.....Y →411 → 410
409	Did you have a Caeserian section with the delivery of (NAME)?	YES.....1 NO.....2
410	How much did you pay for the delivery?	AMOUNT _____ CAN'T RECALL/DON'T KNOW..98
411	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 416)

LAST BIRTH

NAME _____

412	Are you still breastfeeding (NAME)?	YES.....1 → (SKIP TO 414) NO.....2
413	For how many months did you breastfeed (NAME)?	MONTHS..... ☐☐ DOES NOT KNOW.....98
414	At what age did you start giving (NAME) liquid, including water?	MONTHS..... ☐☐ HASN'T STARTED*.....96 DOES NOT KNOW.....98
415	At what age did you start giving (NAME) solid foods, including porridge?	MONTHS..... ☐☐ HASN'T STARTED*.....96 DOES NOT KNOW.....98
416	For how many months after birth do you think it is important to give your baby only breast milk without water or any other foods?	MONTH..... ☐☐ DOES NOT KNOW.....98

* HASN'T STARTED - REFER TO ALL INFANTS LESS THAN 4 MONTHS

SECTION 5. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.....3	→504
502	Have you ever been married or lived with a man?	YES.....1 NO.....2	→507
503	What is your marital status now: are you separated, divorced or widowed?	SEPARATED.....1 DIVORCED.....2 WIDOWED.....3	→506
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2	
505	Does your husband/partner have any other wives/partners besides yourself?	YES.....1 NO.....2 DOES NOT KNOW.....8	
506	How old were you when you started living with your first husband/ partner?	AGE..... ☐☐ DOES NOT KNOW.....98	
507	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2	→601
508	If yes, where have you heard about or seen the Protector Condom?	RADIO ADS.....A PUBLIC SERVICE ANNOUNCEMENTS.....B RASTA ROB.....C CAPITAL DOCTOR.....D GROUP AFRICA.....E METAL SIGNS/ POSTERS.....F BILLBOARDS.....G STICKERS.....H KEY CHAINS.....I CALENDARS.....J OTHER..._____X (SPECIFY)	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	
601B	PREGNANT: Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children? NOT PREGNANT OR UNSURE: Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DOES NOT KNOW.....8	 →603 →603
602	PREGNANT: How long would you like to wait after the birth of the child you are expecting before the birth of another child? NOT PREGNANT OR UNSURE: How long would you like to wait from now before the birth of (a/another) child?	MONTHS.....1 [ ][ ] YEARS.....2 [ ][ ] SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT.....994 AFTER MARRIAGE.....995 OTHER_____ 996 (SPECIFY) DOES NOT KNOW.....998	
	CHECK 303: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→701
603	Do you think you will use a family planning method in the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	 →701
604	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM/COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE....10 WITHDRAWAL.....11 OTHER_____ 96 (SPECIFY) UNSURE.....98	

SECTION 7. WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you done any gainful work in the last 12 months? (Gainful means work for payment)	YES.....1 NO.....2	→801
702	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____	

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→804
802	Do you know of a place where you can recieve treatment for such diseases?	YES.....1 NO.....2	→804
803	Mention one such place. (LEAVE BOXES BLANK FOR OFFICIAL USE ONLY)	_____ ☐☐☐☐☐☐☐	
804	During the last 12 months, did you have an abnormal vaginal discharge?	YES.....1 NO.....2 DON'T KNOW.....8	
805	During the last 12 months, did you have a sore or ulcer on your genitals?	YES.....1 NO.....2 DON'T KNOW.....8	
806	CHECK 804, AND 805 HAD ONE OR MORE DISEASES ☐ ↓ NONE OF THE DISEASES ☐		→810
807A	When you had the symptoms (DISEASE FROM 804 AND 805) did you take advice or treatment?	YES.....1 NO.....2	→809
807B	From whom did you seek treatment or advice?	PROFESSIONAL ADVICE/TREATMENT.....1 OTHER ADVICE/TREATMENT.....2 SELF TREATMENT.....3	→809
808	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/ HEALTH UNIT.....C GOVERNMENT MOBILE CLINIC.....D GOVERNMENT FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC.....G PHARMACY/ DRUG STORE.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC.....J PRIVATE FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	→810
809	Why did you not seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER_____6 (SPECIFY)	
810	If somebody had a Sexually Transmitted Disease, how much would it cost her/ him for treatment, including drugs?	AMOUNT..... DOES NOT KNOW.....98	
811	Sometimes the sexually transmitted diseases cause problems if they are not treated. What are some of these problems? Mention them.	INFERTILITY.....A MISCARRIAGE/ STILL BIRTH.....B EASILY GET HIV.....C BABY BORN SICK.....D MADNESS.....E DON'T KNOW.....F	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Any other?	_____	
813	NUMBER OF COMPLICATIONS MENTIONED IN Q811	COMPLICATIONS ..... ☐	
814	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES....C DON'T HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARTNERS.....E HAVE ONE FAITHFUL PARTNER (ZERO GRAZING).....F AVOID BLOOD TRANSFUSIONS.....G AVOID UNSTERILISED EQUIPMENT.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K DO NOT DRINK TOO MUCH ALCOHOL.....L OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	
815	Have you ever used a condom during sex to avoid getting or transmitting AIDS or other STD's?	YES.....1 NO.....2	
816	Have you ever been tested to see if you have the AIDS virus?	YES.....1 → 818 NO.....2 DOES NOT KNOW/NOT SURE.....8	
817	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
818	Where could you go to get an AIDS test? Any other place? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/ HEALTH UNIT.....C GOVERNMENT MOBILE CLINIC.....D GOVERNMENT FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC.....G PHARMACY/ DRUG STORE.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC.....J PRIVATE FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P T.A.S.O.....Q A.I.C.....R OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	

SECTION 9. NUTRITION

CHECK 412 AND 601A - FOR PREGNANT AND BREASTFEEDING WOMEN ☐ ▼ NOT PREGNANT/ BREASTFEEDING ☐→ END INTERVIEW

START WITH WHAT WAS EATEN IN THE MORNING, FOLLOWED BY AFTERNOON AND THEN EVENING. RECORD ONLY ONE FOOD ON EACH LINE. FOR SAUCES AND DISHES MADE UP OF SEVERAL INGREDIENTS, RECORD THE NAME OF THE DISH IN THE NEXT COLUMN. THERE IS NO NEED TO RECORD SPICES AND INGREDIENTS FOR FLAVOURING THAT ARE USED IN VERY SMALL AMOUNTS.

901 What did you eat and drink yesterday from the time you got up to the time you went to bed?

A - MORNING ----------FOOD/DISH (BOWL)-------	---------INGREDIENTS----------	----------CODES----------
_____	_____	Number of meals _____
	_____	Food / Frequency
	_____	Maize _____
		Millet/sorghum _____
	_____	Rice _____
_____	_____	Wheat flour/bread _____
(Snack : In between meals)		Plantain _____
	_____	Cassava _____
		Yam/ taro _____
B - MID-DAY/ AFTERNOON----FOOD/DISH (BOWL)------	**---------INGREDIENTS----------**	Sweet potatoes _____
_____	_____	Irish potatoes _____
		Oil/ghee/cooking fat _____
	_____	Butter/margarine _____
	_____	Groundnuts _____
		Simsim _____
	_____	Beans _____
_____	_____	Fish _____
(Snack: In between meals)		Small fish (Nkejje) _____
	_____	Liver _____
		Meat/chicken _____
C - EVENNING----------FOOD/DISH (BOWL)------	**---------INGREDIENTS----------**	Egg _____
_____	_____	Milk _____
		Yoghurt/cheese _____
	_____	Green leaves _____
	_____	Carrots _____
		Pumpkin _____
	_____	Other Vegetables _____
_____	_____	Mango/pawpaw _____
(Snack: In between meals)		Other fruits _____
	_____	Fruit juices _____
		_____ _____

SEE CODES IN THE CODES COLUMN

FOR THE LAST CHILD UNDER THE AGE OF 36 MONTHS (3 YEARS), CHECK 401 FOR NAME

NAME: _____ AGE: _____

902 What did your child eat and drink yesterday from the time she/he got up to the time she/he went to bed?

A - MORNING ----------FOOD/DISH (BOWL)-------	---------INGREDIENTS----------	----------CODES----------
_____	_____	Number of meals _____
	_____	Food / Frequency
	_____	Maize _____
	_____	Millet/sorghum _____
	_____	Rice _____
_____	_____	Wheat flour/bread _____
(Snack : In between meals)		Plantain _____
	_____	Cassava _____
		Yam/ taro _____
B - MID-DAY/ AFTERNOON----FOOD/DISH (BOWL)------	**---------INGREDIENTS----------**	Sweet potatoes _____
_____	_____	Irish potatoes _____
		Oil/ghee/cooking fat _____
	_____	Butter/margarine _____
	_____	Groundnuts _____
		Simsim _____
	_____	Beans _____
_____	_____	Fish _____
(Snack: In between meals)		Small fish (Nkejje) _____
	_____	Liver _____
		Meat/chicken _____
C - EVENNING----------FOOD/DISH (BOWL)------	**---------INGREDIENTS----------**	Egg _____
_____	_____	Milk _____
		Yoghurt/cheese _____
	_____	Green leaves _____
	_____	Carrots _____
		Pumpkin _____
	_____	Other Vegetables _____
_____	_____	Mango/pawpaw _____
(Snack: In between meals)		Other fruits _____
	_____	Fruit juices _____
		_____ _____

SEE CODES IN THE CODES COLUMN

THANK YOU FOR YOUR TIME

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent: _____

_____

_____

Comments on Specific Questions: _____

_____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____ Date: _____