

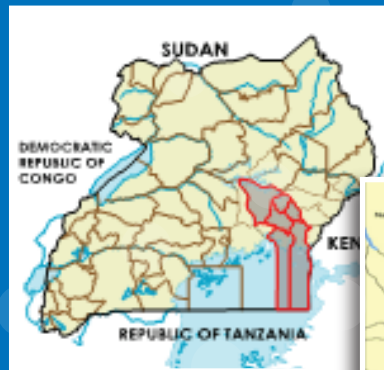


USAID
FROM THE AMERICAN PEOPLE

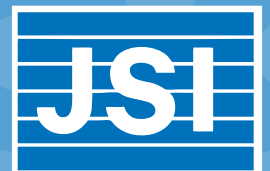


Survey progress report Sept, 2010

Results from Nine Districts in East Central Uganda



Health facility assessment and
household LQAS Survey results



Recommended citation:

D. Businge, M.O. Smith, S. Kironde, A. Begumisa: STAR-EC LQAS Survey Report 2010: A health facility assessment and household LQAS survey on HIV&AIDS and TB Interventions in nine districts of East Central Uganda. September, 2010

Financial support for this program is provided by USAID under Co-operative Agreement number 617-A-00-09-00007-00.



USAID
FROM THE AMERICAN PEOPLE

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of STAR-EC and do not necessarily reflect the views of USAID or the United States Government.



This program is implemented by JSI Research & Training Institute, Inc. in collaboration with World Education's Bantwana Initiative, Communication for Development Foundation Uganda, mothers2mothers and Uganda Cares.

TABLE OF CONTENTS

| | | |
|------------------|--|-----------|
| List of Tables | ii | |
| List of Figures | ii | |
| List of Acronyms | iii | |
| Highlights | iv | |
| 1.0 | Introduction | 1 |
| 1.1 | Background | 1 |
| 1.2 | Major Objectives of STAR-EC | 1 |
| 2.1 | Questionnaire Preparation | 3 |
| 2.2 | Training | 3 |
| 2.2.1 | Training duration and participants | 3 |
| 2.0 | Methodology | 3 |
| 2.2.2 | Training Content and Approach | 4 |
| 2.2.3 | Review of questionnaires, field pre-test and feedback | 4 |
| 2.2.4 | Participants' evaluation of the training | 4 |
| 2.2.5 | Practical Sessions during Training | 5 |
| 2.3 | A brief background to the Lot Quality Assurance Sampling (LQAS) methodology | 5 |
| 2.4 | Village and Household Sampling | 6 |
| 2.5 | Quality Assurance and Control | 7 |
| 2.6 | Ethical Considerations | 7 |
| 2.6.1 | Informed Consent | 7 |
| 2.6.2 | Privacy | 7 |
| 2.7 | Data Sources and Analysis | 7 |
| 2.8 | Preliminary results dissemination and discussion of results | 9 |
| 3.0 | Results | 10 |
| 3.1 | HIV&AIDS related Indicators | 10 |
| 3.1.1 | Behavioral Prevention (Abstinence, Being Faithful and Condom Use - (ABC) | 10 |
| 3.1.2 | HIV transmission misconceptions and the proportion of adults(15-54 years) who are able to reject them(by year of survey) | 11 |
| 3.2 | Bio-medical Prevention | 12 |
| 3.3 | HIV Testing and Counseling (HTC) | 13 |
| 3.3.1 | Ever tested for HIV | 13 |
| 3.3.2 | HIV testing within one year prior to the survey | 14 |
| 3.3.3 | Young People and HTC | 15 |
| 3.4 | Reproductive Health | 16 |
| 3.5 | Prevention of Mother to Child Transmission of HIV (PMTCT) | 16 |
| 3.6 | Anti-Retroviral Therapy | 18 |
| 3.7 | Care and support | 20 |
| 3.8 | Tuberculosis (TB) | 21 |
| 4.0 | Challenges and Lessons Learned | 23 |
| 4.1 | Challenges | 23 |

TABLE OF CONTENTS (CONT...)

| | | |
|-------------|--|-----------|
| 4.2 | Lessons Learned | 24 |
| 5.0 | Conclusions and Recommendations | 25 |
| 5.1 | Conclusions | 25 |
| 5.2 | Recommendations | 25 |
| 6.0 | Appendices | 26 |
| Appendix 1: | Adults 15-54 years Household survey results 2009/2010 | 26 |
| Appendix 2: | Young People -2010 house hold results | 43 |
| Appendix 3: | Health Facility Survey Results for the East Central Ugandan Region 2009 and 2010 | 45 |

LIST OF TABLES

| | |
|---|----|
| Table 1: Household LQAS Survey Results (a comparison between the 2009 and 2010 results) | iv |
| Table 2: District Supervision Areas and LQAS in the East Central Region – Sept. 2010 | 6 |
| Table 3: Health facilities assessed during the survey (by year, district and type) | 8 |
| Table 4: HIV Testing and Counseling (HTC) indicators and outcomes | 14 |
| Table 5: Number and names of ART sites in the East Central Region | 19 |
| Table 6: Knowledge of ART access | 19 |
| Table 7: Percentage distribution of respondents receiving TB messages in baseline and 2010 survey | 22 |

LIST OF FIGURES

| | |
|--|----|
| Figure 1: Knowledge of the three major ways of HIV prevention by year | 11 |
| Figure 2: HIV transmission misconceptions by year of survey | 11 |
| Figure 3: Percentage of males 15-54 years who have ever been circumcised | 12 |
| Figure 4: HIV counseling and testing results by year and gender (percentages) | 14 |
| Figure 5: PMTCT cascade: Percentage of pregnant women receiving PMTCT services within the last 2 years prior to the survey | 17 |
| Figure 6: Percent of health facilities where pregnant women are routinely offered HIV tests as part of the ANC package | 18 |
| Figure 7: Percentage distribution of terminally ill persons at household level | 20 |
| Figure 8: Percent of adults 15-54 years who knew of the signs and symptoms of TB | 21 |

LIST OF ACRONYMS

| | |
|---------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| ANC | Antenatal Care |
| BCC | Behavior Change Communication |
| CDO | Community Development Officer |
| CI | Confidence Interval |
| CSO | Civil Society Organizations |
| DHO | District Health Office(r) |
| EC | East Central |
| FP | Family Planning |
| HIV | Human Immunodeficiency Virus |
| HC | Health Centre |
| HF | Health Facility |
| HTC | HIV Testing and Counseling |
| HMIS | Health Management Information System |
| HSD | Health sub-district |
| IEC | Information, Education and Communication |
| JSI | John Snow Inc. |
| LQAS | Lot Quality Assurance Sampling |
| LG | Local Government |
| M&E | Monitoring and Evaluation |
| MOH | Ministry of Health |
| MTCT | Mother-to-Child Transmission of HIV |
| NGO | Non Governmental Organization |
| NTLP | National TB and Leprosy Control Program |
| P value | Probability Value |
| PLHIV | People Living with HIV&AIDS |
| PMTCT | Prevention of Mother-to-Child Transmission of HIV |
| RH | Reproductive Health |
| SA | Supervision Area |
| STAR-EC | Strengthening Tuberculosis and HIV&AIDS Responses in East Central Uganda |
| TB | Tuberculosis |
| UAC | Uganda AIDS Commission |
| UDHS | Uganda Demographic Household Survey |
| USAID | United States Agency for International Development |
| USG | United States Government |
| VHT | Village Health Team |
| CTX | Cotrimoxazole |
| DOTs | Directly Observed Therapy Short Course |

HIGHLIGHTS

Unlike in August 2009 where the Lot Quality Assurance Sampling (LQAS) survey methodology and health facility assessment were conducted in six districts (Bugiri, Iganga, Kaliro, Kamuli, Mayuge and Namutumba), the 2010 follow up survey was conducted in nine districts that included three new districts (Buyende, Luuka and Namayingo) that were created out of Kamuli, Iganga and Bugiri districts respectively. The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) program trained 81 Local Government (LG) and 4 Civil Society Organization (CSO) personnel from all the aforementioned districts in the application of the Lot Quality Assurance Sampling (LQAS) survey methodology. Table 1 shows the key result findings.

Table 1: Household LQAS Survey Results (a comparison between the 2009 and 2010 results)

| Indicator definitions | Survey Results | | Notes |
|--|----------------|------|---|
| | 2009 baseline | 2010 | |
| REPRODUCTIVE HEALTH | | | |
| % of pregnant women attending ANC at least 4 times during the last pregnancy | 49.1 | 44.8 | 2010 results: priority districts include Bugiri, Buyende and Kaliro |
| % of deliveries (in the last 2 years) that took place in a health facility | 69.1 | 66.3 | Bugiri and Namayingo districts a priority in 2010 |
| % of women 15-49 years using modern family methods | 22.1 | 21.6 | Almost the same as the existing national proportion of 19.1% (Uganda Demographic Health Survey -UDHS, 2005) |
| PMTCT | | | |
| % of women tested and received their HIV test results during ANC in last 2 years | 43.9 | 48.5 | Significant differences in district coverage (pearson chi2 = 52.7, p<0.001). |
| % of adults who know all the 3 MTCT ways (during pregnancy, delivery and breast feeding) | 45.2 | 44.7 | 2010 results: priority districts: Bugiri, Namutumba, Namayingo and Kamuli |
| HIV/TESTING AND COUNSELING (HCT) | | | |
| % of adults (15-54 years) who have ever taken an HIV test | 47.9 | 51.3 | 2010 results: priority districts: Buyende, Kaliro and Luuka |
| % of adults (15-54 years) who have tested and received their HIV test results in last 1 year | 33.2 | 35.8 | Significant differences in sex (pearson chi2 = 29.5, p<0.001) |
| % of adults (15-54 years) who know where they can be tested for HIV | 82.5 | 83.2 | |
| BIO-MEDICAL HIV PREVENTION | | | |
| % of men (15-54 years) who have ever been circumcised | 36.5 | 33.5 | There were no significant differences when comparing change by year (pearson chi2 = 2.3, p=0.132) |

| Indicator definitions | Survey Results | | Notes |
|--|----------------|------|--|
| | 2009 baseline | 2010 | |
| Of those who were ever circumcised: % who were circumcised for religious or cultural reasons | 85.2 | 80.2 | Seven in every ten (72.0%) of the men who have never been circumcised reported they would take up the opportunity once offered |
| ANTI RETROVIRAL THERAPHY | | | |
| % of adults (15-54 years) who believe that HIV patients should take ARV drugs and/or cotrimoxazole | 36.1 | 64.5 | |
| % of adults (15-54 years) who know a place to get ARV drugs for HIV patients | 58.0 | 58.8 | 2010 results: priority districts: Buyende, Kamuli and Namayingo |
| BEHAVIORAL PREVENTION | | | |
| % of adults (15-54 years) who know a place to obtain condoms | 82.8 | 90.5 | Fewer females knew of where to obtain condoms |
| % of adults who can mention the 3 major ways of HIV&AIDS prevention (Abstinence, Being faithful and Condom use) | 58.7 | 64.3 | Significant differences in district coverage for both survey years (p<0.001) |
| % of adults (15-54 years) able to reject all the major HIV&AIDS misconceptions (Witchcraft, mosquito bites and sharing food) | 48.3 | 42.9 | Among the three major misconceptions, most people believe that HIV can be transmitted through mosquito bites |
| CARE AND SUPPORT | | | |
| % of households with a person who is very sick or bed ridden for a period of three or more months, or anyone who died after being sick for more than three months | 12.7 | 11.6 | Proxy measure indicator for households with a person who is infected with HIV |
| (Of those affected households) % of households receiving care and support for a sick bedridden person or someone who died after being sick or bedridden for more than 3 months | 55.9 | 54.0 | This support may include: emotional, material, social and medical |
| % of households with any children under 18 years whose father, mother, or both parents died (orphans) | 27.7 | 21.7 | 2010 results: priority districts: Bugiri, Luuka and Namutumba |
| (Of those affected households) % of households receiving care and support because of the presence of an orphan | 19.1 | 14.9 | |
| TUBERCULOSIS | | | |
| % of adults (15-54years) who know that it is possible for a person to have TB and HIV at the same time | 81.9 | 80.8 | Findings were high across all districts |
| % of adults (15-54 years) who know that TB is a curable disease | 55.4 | 53.1 | Significant differences in sex for both survey years (p<001) |
| % of adults (15-54 years) who know of the signs and symptoms of TB | 84.4 | 80.6 | Findings were high across all districts |

| Indicator definitions | Survey Results | | Notes |
|---|----------------|------|---|
| | 2009 baseline | 2010 | |
| BEHAVIORAL CHANGE COMMUNICATION | | | |
| % of households that received at least one message about HIV&AIDS prevention in the last 3 months | 63.1 | 60.0 | Most of these people received these messages through listening to radio talk shows |
| % of households that received at least one radio message about HIV&AIDS care and treatment in the last 3 months | 55.9 | 53.2 | |
| % of households that received at least one radio message about TB in the last 3 months | 39.9 | 41.7 | |
| % of households that received at least one message about ART treatment in the last 3 months | 40.6 | 40.3 | |
| % of households that received at least one message on other HIV prevention (OP) methods in the last 3 months. | 58.9 | 56.5 | |
| % of households that received at least one message on AB in the last 12 months. | 58.6 | 45.0 | |
| HEALTH FACILITY ASSESSMENT | | | |
| Number of Health facilities interviewed | 292 | 319 | These included both government and private registered health facilities (HCII – Hospital level) |
| % of health facilities that counsel HIV+ clients on TB prevention and treatment | 25.7 | 24.8 | |
| % of health facilities that reported conducting HCT outreach services | 15.8 | 22.6 | |
| Number of health facilities offering ART in the entire region | 16 | 30 | This assessment included HCs III |
| Number of health facilities that were found to be offering any form of PMTCT services i.e. Counselling, referrals or HIV testing itself | | 170 | |
| % of health facilities that reported that HIV+ mothers receive ARVs for PMTCT purposes | 19.2 | 25.1 | |
| % of health facilities that reported that all HIV+ clients are screened for TB | 18.8 | 22.9 | |
| % of health facilities that reported that all patients diagnosed with TB are tested for HIV | 21.6 | 21.9 | |

Source: STAR-EC health facility and LQAS household surveys, 2009 and 2010

1.0 INTRODUCTION

1.1 Background

The Strengthening TB and HIV&AIDS Responses in East Central (STAR-EC) Uganda program is being implemented in nine districts of Uganda. By 2008, these districts were inhabited by about 2.7 million people (9 % of the Ugandan population). This region is bordered by lakes Victoria and Kyoga in the south and north respectively, a location that allows fishing for both commerce and subsistence. Islands, beaches and landing sites are key features of six of the districts (Bugiri, Kaliro, Buyende, Namayingo, Kamuli and Mayuge). The East Central mainland is characterized by some densely forested areas, pastoral belts, as well as commercial centers along the northern transport corridor that stretch from the Kenya-Uganda border at Malaba and Busia through Bugiri and Iganga to Kampala.

The Uganda Demographic and Health Survey 2006 showed that the East Central region is characterized by one of the highest total fertility rates in the country, averaging 7.5 births per female¹. Additionally, this region had an estimated HIV prevalence of 6.5%², which translated into approximately 73,000 Persons Living with HIV (PLHIV), the majority of whom did not know their HIV status nor accessed the treatment and care needed to maintain good health. Other drivers of the HIV epidemic in the East Central region included:

Multiple concurrent and cross-generational sexual relationships due to a high level of polygamy; significant transactional sexual activity especially in those districts situated along the northern transport corridor; a high number of residents involved in the high HIV risk occupation of commercial fishing; migrant plantation workers; and the presence of a significant number of uniformed personnel at the armed forces barracks and prisons in the region. This situation was exacerbated by the low HTC service coverage which ranged from 0.5% - 8.8% in the region and ART service coverage that ranged from 2.5 - 10.4%³.

According to the Service Provision Assessment Survey, 2007, 24% facilities in East Central region offered TB diagnostic services and 83% of these had all items to conduct TB sputum tests (e.g. microscope, glass slides and Ziehl Neelsen (ZN) reagents). Only 28% of facilities had TB treatment and follow-up services. District Reports (Oct-Dec, 2008) to Zonal TB and Leprosy Supervisors indicated a low TB case detection rate within the region (average 35%) and treatment success rate average of 66%. Efforts aimed at providing TB/HIV services in the region are hampered by the general weakness of the primary health care and logistics systems. Operational health facilities often have inadequate staffing equipment and infrastructure necessary to provide a comprehensive range of needed services.

It is against this background that STAR-EC's interventions aim at expanding access to and utilization of the comprehensive package of TB and HIV&AIDS services by building upon existing networks, expanding geographical coverage and populations served through strengthening district specific responses and expanding the role of civil society organizations and communities in planning, implementing and monitoring activities.

1.2 Major Objectives of STAR-EC

STAR-EC has five major objectives that include:

- Increasing access to, coverage of, and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities
- Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on health centres (HCs) IV and III and community outreach.
- Improving quality and efficiency of HIV&AIDS service delivery within health facilities and civil society organizations
- Strengthening networks and referral systems to improve access to, coverage of, and utilization of HIV&AIDS and TB services
- Intensifying demand generation activities for HIV&AIDS and TB prevention, care and treatment services.

1 *The state of the world population 2006. A Passage to Hope; Women and International Migration. United Nations Population Fund*

2 *Ministry of Health (MOH) [Uganda] and ORC Macro. 2006. Uganda HIV&AIDS Sero-behavioural Survey 2004-2005. Calverton, Maryland, USA: Ministry of Health and ORC Macro*

3 *PEPFAR Annual Progress Report, 2009*

Similar to the 2009 baseline survey, the Lot Quality Assurance Sampling (LQAS) methodology was used by STAR-EC in 2010 to establish progress of different national, district and program level indicators at community level. Additionally, a follow up health facility assessment was conducted on all the functional and registered health facilities in the nine East Central Ugandan districts. None of the districts had a supervision area with more than 19 known or registered health facilities. Therefore all health facilities (both government and private) participated in this assessment except for some few cases where some health facility in-charges of mostly private settings refused to be interviewed.. Results were there after shared with all the nine district leaders and decision makers so as to promote evidence based planning and decision making.

Prior to the generation of these survey results, part of the main objectives of the training and other activities (which were eventually achieved) included: -

- (i) Training/retraining 81 local government (LG) and 4 Civil Society Organization (CSO) personnel in the entire LQAS methodology including the tabulation and analysis of key program indicators so as to produce rapid preliminary results.
- (ii) Providing STAR-EC with the necessary household and health facility progress data which would eventually be used to measure the program's results and its progress towards set targets.
- (iii) Identifying existing gaps in service delivery and uptake among survey areas, so as to concentrate or re-direct efforts and to determine where to employ diversified intervention strategies.
- (iv) Engaging districts in actively participating in the survey, owning its findings and utilizing them for planning purposes. This was achieved during the district specific dissemination exercises.
- (v) Continued mentoring of one personnel per district as the district LQAS focal person.

STAR-EC conducted both follow-up surveys (Health Facility and Household LQAS surveys) during August and September 2010. These surveys mainly focused on assessing the availability, accessibility, effectiveness and efficiency of services related to HIV&AIDS and TB indicators. Other non-HIV&AIDS related indicators included reproductive and adolescent reproductive health; water and sanitation indicators; and other health facility based service indicators. These were assessed at both household and health facility level with the direct participation of district local governments and CSO personnel.

Results obtained from these surveys aid STAR-EC as well as the central, local governments and other development partners in the assessment of program progress, identification of underperforming areas that each respective district should endeavour to address during their next LG annual planning and budgeting process. Further, the continued dissemination of these results will help in building a consensus on LQAS with district and national leaders thus enhancing the feasibility of institutionalizing LQAS as a routine monitoring and evaluation approach for district and nationwide interventions.

2.0 METHODOLOGY

2.1 Questionnaire Preparation

With some few additions and revisions, questionnaires that had been developed and used during the 2009 baseline survey were used again to collect information for the 2010 survey. Survey tools contained questions that were based on most of the USAID PEPFAR new generation indicators, World Health Organisation (WHO), the Ugandan Ministry of Health (MoH), Uganda AIDS Commission (UAC) as well as the STAR-EC program level indicators and intervention areas. Consideration was also given to specific district LG indicators of interest. Special attention was also given to making sure that the considered indicators were useful for comparison with routinely collected service data. Survey questions were structured according to the standard questions used nationally and internationally to measure the chosen indicators and soon after questionnaires were pre-tested and revised accordingly.

The household survey consisted of a set of four questionnaires aimed at interviewees including: biological mothers of children under two years (who answered questions related to goal oriented antenatal care including PMTCT); young people aged 15-24 years; women aged 15 to 49 years; and men aged 15 to 54 years. In order to ensure comparability during analysis across the different age groups, each age group category questionnaire possessed HIV&AIDS and TB related indicators. However, each age specific category questionnaire still had question modules that explored specific interests related to that particular age group category being investigated.

The health facility questionnaires assessed service interventions on HTC, PMTCT, ART, diagnosis and treatment of Sexually Transmitted Infections (STIs) and Tuberculosis (TB), Laboratory Services, Antenatal Care, Basic/ Comprehensive Emergency Obstetric Care Services, Adolescent Youth Friendly Services, Health Management Information Systems (HMIS) records and Commodity Management (Drug Stores).

Prior to the training of district LG and CSO personnel, extensive pre-testing of survey questions had taken place within three different Kampala District villages and three different health facilities of different levels. Edits and various adjustments were made to improve these data collection tools before the final printing of these questionnaires could commence.

2.2 Training

As opposed to the 2009 baseline survey which involved training of personnel from only six districts, the 2010 survey involved training 81 participants from nine districts and 4 CSO personnel from FLEP, NACWOLA, Youth Alive Uganda and URHB. Months before the district training could proceed each specific District Health Officer was required to select a total of nine district LG technical staff (these had to include all personnel who had been trained and participated in the 2009 survey) with the largest representation coming from the District Health Department and the rest of the district departments having one or two representatives. Among others, these included representatives from the Community Development and Planning Departments.

2.2.1 Training duration and participants



District trainees committing to random sampling

In order for the training of all the 85 participants from the nine districts to be conducted successfully, participants were divided into 2 groups. This was arranged so that there would be smaller manageable training classes of not more than 50 participants hence the 2 groups. As mentioned earlier, participants consisted of persons from the departments of health and community development services and from the CSO sector in the districts. The first group of trainees comprised five districts that yielded a total of 50 trainees while the second group of trainees came from four districts and consisted of 35 trainees.

The training for each of the two groups took five days that included intensive work. The training participants were men and women drawn from the original six STAR-EC program districts - Bugiri, Mayuge, Kamuli, Kaliro, Iganga and Namutumba; and the three new districts -Buyende carved out of Kamuli, Namayingo carved out of Bugiri and Luuka carved out of Iganga. Group I consisted of all the original districts except for Bugiri which was annexed to the newly created districts' group – a situation that helped the new districts' participants interact with participants who had had earlier LQAS training and experience.

2.2.2 Training Content and Approach

The approved LQAS training guide booklet was used in order to give a full package of information from the authors of the LQAS methodology. Below is what the training entailed.

■ **Module 1: Why should I do a survey and why should I use the LQAS methodology?**

1. Introducing participants and the training survey
2. Uses of surveys
3. Random sampling
4. Using LQAS sampling for surveys
5. Using LQAS for baseline surveys

■ **Module 2: Where should I conduct my survey? (Random Sampling)**

Introducing interview locations

■ **Module 3: Who should I interview?**

1. Selecting households
2. Selecting respondents
3. Field practical for numbering and selecting households

■ **Module 4: What questions do I ask and how do I ask them?**

1. Reviewing the survey questionnaires
2. Interviewing skills
3. Field practical for interviewing
4. Planning for the data collection/survey

■ **Module 5 / 6: What do I do with the information I have collected?**

1. Field work debriefing
2. Tabulating results
3. Analyzing results

2.2.3 Review of questionnaires, field pre-test and feedback

During both Group I and Group II trainings, four categories of household questionnaires (males 15-54 years, females 15-49, young people 15-24 years and biological mothers of children under-two years) and the health facility questionnaire were reviewed. The questions were translated into the local language in order to provide a uniform understanding of how they should be asked.

The field questionnaire was pre-tested and feedback on different participant experiences shared. This activity further gave the opportunity for participants to seek clarifications on some questions under some of the modules and respondent categories. Overall, there were no field pre-test experiences that called for an overhaul of the questionnaires. In cases where it required giving new instructions, it was agreed that participants make mental notes relating to the new instructions such as skip patterns or responses that may not have been catered for.

2.2.4 Participants' evaluation of the training

As a means to establish the knowledge levels of the training participants, pre and end training evaluation exercises were conducted. The questions on which feedback was sought were 'What went well/what new thing did you learn today?' 'What do you want to improve or be repeated?' 'What facilitated you to learn better or

hinder your learning if any?’ Based on the feedback and before a new module could be tackled, facilitators reviewed the topics using a participatory approach to ensure that everyone understood the concepts and application of the LQAS principles. In both training groups, the topics that frequently came up as requiring more explanation included how to calculate average coverage, the process of selecting households with and without a household list and with villages exceeding 30 households; the rationale for the sample of 19 households (not more and not less), calculating the cumulative population; and determining the decision rule number and its importance in LQAS applications.

2.2.5 Practical Sessions during Training

As already observed, practical sessions were a central tool during the training and as such there were one or more practical sessions under each of the six LQAS modules. Key among the practical sessions included 1) random sampling using marbles to demonstrate how sampling allows all elements an equal chance of being selected (representativeness); 2) manual data tabulation and analysis using data collected from the field and picking on some key indicators to equip participants with skills of analyzing data manually, which would



District and CSO trainees attending an LQAS training session at Ntinda Valley Hotel, Iganga District

subsequently inform the planning process and help in identifying where priorities should be made in allocating resources to improve undesirable situations (this exercise involved deriving preliminary survey results); and 3) the practical for questionnaire review and translations as well as the subsequent questionnaire pre-test exercise.

2.3 A brief background to the Lot Quality Assurance Sampling (LQAS) methodology

The LQAS methodology was developed in the USA in the 1920s and widely used in the manufacturing industry for quality control of the goods produced on a production line. This methodology involves taking a small random sample of a manufactured batch (lot) and testing the sampled items for quality. If the number of defective items in the sample exceeds a pre-determined criteria (decision

rule) then the lot is rejected. The decision rule is based on the desired production standards and a statistically determined sample size. This methodology was borrowed by the public health sector. It uses a small sample of 19 respondents that provides an acceptable level of error for making management decisions (samples larger than 19 have practically the same statistical precision as 19 - they do not result in better information, and they cost more⁴). Details of the history and statistics behind the method have been discussed in various literature⁵.

LQAS is a low cost, less time consuming sampling method that can be adapted to the service sector by using “Supervision Areas” instead of production lots to identify poorly performing areas that do not reach an established benchmark. It can also provide an accurate measure of coverage or service system quality at a more aggregate level (e.g. program area). In this survey, existing lower level administrative structures such as counties and sub-counties were used as Supervision Areas and a district as a program area or ‘Supervision Unit’. A minimum of five supervision areas per district was required to obtain an acceptable 95% confidence level in the LQAS survey. Supervision Areas were derived in respect to population size and geographical locations of different sub-counties. The higher the population of a given sub-county or county, the more likely it stood a chance of being selected as a sole Supervision Area. The overall district coverage for the survey indicators was then used as a benchmark against which Supervision Area performance was assessed as either below or above the desired performance and poorly performing areas identified as a priority for improved or enhanced interventions.

As earlier mentioned, there was no need to apply the LQAS survey methodology in selecting health facilities for the health facility survey. Neither of the districts in the EC region had a number of registered health facilities that exceeded 19 units per Supervision Area or 95 health units per district. Subsequently, in every district, all the registered government and private health facilities and those which were found functional at the time of the

4 Valadez J. et al (2003) Assessing Community health programs, Using LQAS for baseline and monitoring

5 Lemeshow S, Taber S. Lot quality assurance sampling: single and double-sampling plans. World Health Statistics Quarterly 44, 115-132

survey were assessed. However, though negligible, there were a few health facilities (especially private ones) that refused to participate in this assessment. It was found that most of them either had expired licenses or probably did not believe the fact that this was purely a survey and not a policing activity.

2.4 Village and Household Sampling

Sampling of villages during the 2010 survey was done in respect to the 2009 survey Supervision Areas (SAs) that had already been formulated and defined during baseline. However, with the participation of their respective district officials, new SAs were created for the three new districts (Buyende, Luuka and Namayingo) as well as their mother districts (Kamuli, Iganga and Bugiri) respectively. SA boundaries were formulated in respect to population size and the geographical location of different sub-counties within each district.

Sampling was executed with each district considered as an independent ‘*Supervision Unit*’ and divided into 5 Supervision Areas (SAs). A two-stage sampling plan, first randomly selected 19 villages per supervision area by use of proportionate to size sampling. Sampling proportionate to size is a sampling technique for use with surveys or mini-surveys in which the probability of selecting a sampling unit (e.g. village, camp) is proportional to the size of its population. It is most useful when the sampling units vary considerably in size because it ensures that those in larger sites have the same probability of getting into the sample as those in smaller sites, and vice versa.

The second step randomly selected a household within the village. This step involved using the village local council household listings or register that is periodically updated when in- or out-migration and movement within the village takes place. This is the most up-to-date household list, and in cases where one was not available, the interviewer compiled a list together with the village leader(s) based on a village map. Interview locations for the household survey were therefore selected using the updated household listings obtained from local authorities.

Community Persons getting involved in the process of random sampling of households for interview



Each of the nine East Central districts in the region were divided into five Supervision Areas as follows:

Table 2: District Supervision Areas and LQAS in the East Central Region – Sept. 2010

| No. | Districts | Supervision Areas |
|-----|-----------|---|
| 1 | Bugiri | Bugiri TC, Bulesa, Bulidha, Buwanga and Muterere sub-counties |
| 2 | Buyende | Bugaya, Buyende, Kagulu, Kidera, and Nkondo sub-counties |
| 3 | Iganga | Bugweri A and B and Kigulu A, B and C |
| 4 | Kaliro | Bumanya, Gadumire, Namwiwa, Nawaikoke and Namugongo sub-counties |
| 5 | Kamuli | Bugabula A ,B and C and Buzaaya A and B |
| 6 | Luuka | Bukanga/Waibuga, Bukooma, Bulongo/ Nawampiti, Ikumbya and Irongo sub-counties |
| 7 | Mayuge | Bunya A, B, C, D and E |
| 8 | Namayingo | Banda, Buswale, Buyinja, Mutumba and Sigulu sub-counties |
| 9 | Namutumba | Bulange, Ivukula, Kibaale & Nsinze, Magada and Namutumba sub-counties |

Source: STAR-EC LQAS Household survey 2010

2.5 Quality Assurance and Control

Quality assurance was taken to be an integral component of the entire survey process and included appropriate preparation and orientation of research assistants to ensure that they were sufficiently trained and familiar with the survey processes and the different questionnaires; provision of adequate support supervision by a team of supervisors⁶ at every stage of the survey with an emphasis on quality data collection; and regular and prompt feedback and reporting to each responsible survey line manager or consultant in each district by the data collectors.

At each survey stage, instant field problem solving as well as the production and constant field editing was exercised by the participants themselves in each district. Fully edited questionnaires would then be given to each respective district LQAS focal person and ultimately their supervisors (district survey consultants) would provide the ultimate technical oversight in the district.

Further, cleaning of collected data still took place at both data entry and analysis levels. Lastly, during the dissemination exercise more of the data, especially the health facility data was cleaned by the district participants themselves.

2.6 Ethical Considerations

2.6.1 Informed Consent

In this survey, every respondent had the right to refuse the interview, or to refuse to answer specific survey questions. In this survey, the interviewers respected this right and verbally administered informed consent before conducting the interview. However, such cases were almost non-existent and very negligible. Most of the intended and randomly selected respondents accepted to be interviewed the very first time they had been approached by an interviewer.

2.6.2 Privacy

It is important for each respondent's interview to be conducted in a manner that is comfortable for them and in which they are able to speak openly and honestly. Therefore, all interviews were conducted in the respondent's home and in a private area. During the interview, no other adult man, woman or older child was present or able to hear the interview. Babies and other younger children in some instances were allowed to be present during the interview. If the respondent indicated that she or he was uncomfortable holding the interview at home, the interview was done at another location of the interviewee's preference.

2.7 Data Sources and Analysis

The data sources of the health facility survey were the health facilities themselves (found within each specific district). Households were the lowest units from which respondents to the household based LQAS survey were obtained.

As already mentioned, the household survey explored the current levels of population knowledge, use of services and behaviors in the community as well as responses from four key index respondents biological mothers of children less than two years of age; young people 15-24 years; women aged between 15 to 49 years; and men aged between 15 and 54 years. The health facility survey covered all health facilities (government and

⁶ The team of supervisors included a total of 8 personnel (2 who provided the overall technical oversight and support supervision) as well as 6 district specific consultants who extended technical assistance to district participants during the execution of this methodology in each district.

Household Survey general information

- 3,420 respondents aged 15-54 years were interviewed from 3,420 households within 855 villages
- Of those interviewed 1,310 (38.3%) were males aged 15-54 years and 2,110 (61.7%) were females aged 15-49 years
- 1,639 (47.9%) were young people aged 15-24 years



A team of district officials editing, cleaning and performing manual analysis of collected data



Interviews were conducted with the utmost privacy

private) from HCs II to hospital level.

Data analysis focused on assessing coverage levels for the different program indicators and comparisons between districts. To a big extent, proportions were computed to determine the status of each indicator and statistical tests (z-test, chi-square and fisher's exact) were applied to assess whether the resultant changes were significant at the 5% level. Desegregation by district, respondent's age and sex, and other key variables were done to some extent in order to understand the possible factors behind the variations. Data was entered using the Epi Data software and STATA statistical software was used to compute the proportions and significance levels.

Health Facility Assessment

Within the entire East Central region, a total of 319 health facilities (HFs) were assessed in 2010 and this was higher when compared to 292 HFs assessed in 2009. This increase could be attributed to many reasons, some of which include the fact that in the 2009 survey: 1) some health facilities had been found closed at the time of survey; 2) some health facilities denied interviewers access and 3) there were some new health facilities created by the time the 2010 survey was conducted.



One of the health facilities that were assessed

Of these health facilities (HF) 40 were assessed from Bugiri District, Buyende - 19, Iganga-69, Kaliro - 18, Kamuli - 51, Luuka - 20, Mayuge - 43, Namayingo - 26 and Namutumba - 33. Additionally, 206 HFs were government owned; 58 NGO run; 34 private sector; 5 CBO, 8 FBO while another 8 HF's ownership was not classified. Table 3 shows these and other health facility details.

Table 3: Health facilities assessed during the survey (by year, district and type)

| District | Year 2009 | | | | | | Year 2010 | | | | | |
|----------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | Health Centre Levels | | | | | | Health Centre Levels | | | | | |
| | District Hospital | HC IV | HC III | HC II | Unknown | Total | District Hospital | HC IV | HC III | HC II | Unknown | Total |
| Bugiri | 1 | 2 | 13 | 39 | 0 | 55 | 1 | 1 | 7 | 30 | 1 | 40 |
| Buyende* | | | | | | | 0 | 1 | 5 | 13 | 0 | 19 |
| Iganga | 1 | 6 | 16 | 58 | 10 | 91 | 1 | 2 | 13 | 47 | 6 | 69 |
| Kaliro | 0 | 1 | 5 | 11 | 0 | 17 | 0 | 1 | 4 | 12 | 1 | 18 |
| Kamuli | 3 | 4 | 12 | 40 | 0 | 59 | 2 | 2 | 10 | 35 | 2 | 51 |
| Luuka* | | | | | | | 0 | 1 | 6 | 13 | 0 | 20 |
| Mayuge | 1 | 2 | 4 | 25 | 5 | 37 | 1 | 3 | 5 | 29 | 5 | 43 |

| Year 2009 | | | | | | | Year 2010 | | | | | |
|-----------------------|----------------------|-----------|-----------|------------|-----------|------------|----------------------|-----------|-----------|------------|-----------|------------|
| District | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | Total |
| | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| Namayingo* | | | | | | | 0 | 1 | 5 | 18 | 2 | 26 |
| Namutumba | 0 | 1 | 6 | 26 | 0 | 33 | 0 | 1 | 6 | 24 | 2 | 33 |
| Regional Total | 6 | 16 | 56 | 199 | 15 | 292 | 5 | 13 | 61 | 221 | 19 | 319 |

Source: STAR-EC Health facility assessments, 2009 and 2010

*New districts that were not existent at the time of the 2009 survey

2.8 Preliminary results dissemination and discussion of results

Like was the situation during the 2009 survey (and in the aftermath of both survey results manual and electronic analysis), STAR-EC conducted district specific disseminations that were held in each of the nine supported districts. Each district sent a total of 15 representatives or discussants that included all the top district decision makers, key informants, local CSO development partners and some of the district participants who were involved in the data collection exercise for this survey. Among the district local government decision makers who participated in each district specific dissemination were the Resident District Commissioner, the Local Council IV chairperson, the Chief Administrative Officer, the District Health Officer and members of the District Health Team who included Health Sub-District Heads, the District Planning and Community Development Officers.

In each district, one of the first four aforementioned persons was invited to chair the proceedings of the discussions to these results. Reasons as to why certain identified gaps existed were brainstormed by participants and action plans drawn in order to address these undesirable situations. Priority district supervision areas (for areas where services were below expectations) were also identified during discussions and earmarked for the next district specific local government annual planning and budgeting activities. The STAR-EC team played a big role in providing technical assistance and guidance during this discussion process. It should therefore be noted that the dissemination and discussion exercise helped to attach a great degree of qualitative information required in the explanation of some of the quantitative findings from both surveys.

3.0 RESULTS

3.1 HIV&AIDS related Indicators

The 2010 health facility assessment and LQAS household surveys were conducted as a follow up to the 2009 baseline survey to establish program progress and the performance of different HIV&AIDS indicators. Some of the main HIV&AIDS indicators assessed included those from various interventions among which comprised: a) HIV Testing and Counseling (HTC); b) Prevention of Mother-to-Child Transmission (PMTCT); c) Anti-Retroviral Therapy (ART); d) Umbrella and Clinical Care Services for People Living with HIV&AIDS; and e) HIV/TB Collaborative Services.

Despite significant differences in the sample size adopted for the 2009 baseline (n = 2280) and 2010 follow-up survey (n =3420), there were hardly any variations related to the respondent's demographics of sex and age. Respondents were predominately female, while median age was 25 years (ranges 15 - 54).

3.1.1 Behavioral Prevention (Abstinence, Being Faithful and Condom Use - (ABC)

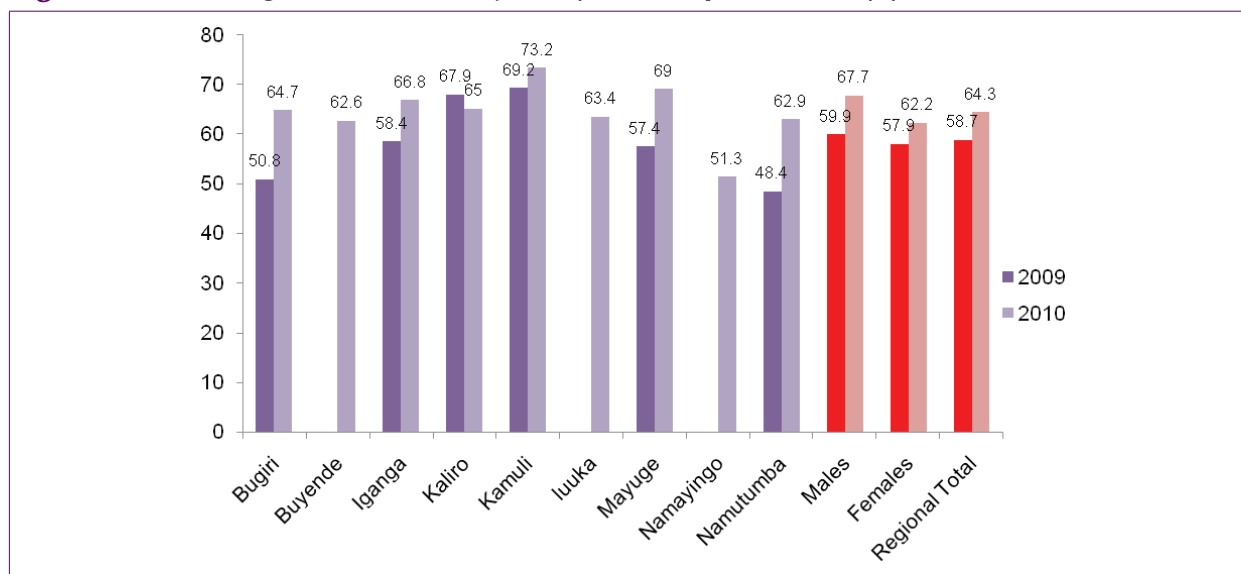
ABC is a major HIV&AIDS prevention intervention that has been promoted in East Central Uganda and the rest of the country over time. The role ABC interventions have played in the prevention and reduction of HIV is very evident and each specific intervention in the 'ABC' approach caters for: A for abstinence (or delayed sexual initiation among youth), B for being faithful (or reducing one's number of sexual partners), and C for correct and consistent condom use especially for casual sexual activity and other high-risk situations. More recently, emphasis has been placed on improving the quality and way in which these messages are imparted to different communities. As opposed to talking to large masses (hundreds and thousands) at one go and imparting messages on ABC to them, the new guidelines promote targeted delivery of messages to a group of not more than 25 individuals such that there can be easy feedback from community participants during question and answer sessions. The household survey therefore did assess certain indicators pertaining to the 'ABC' approach.

Similar to the baseline survey findings, the vast majority of respondents in the 2010 survey (97.2%, n=3,420) were able to mention at least one major HIV prevention method comprising, however not limited to, abstinence, mutual faithfulness and proper condom use. Additionally, 64.3% (n=3,420) of respondents had knowledge of all the three major ways of HIV prevention when compared to (58.7%, n=2,280; 95% CI 56.6 – 60.7) reported in 2009.

Significant differences related to awareness of the three major prevention ways were noted among districts for both baseline and follow-up surveys ($p < 0.01$). Overall, the highest coverage reported in 2010 was noted among respondents in Kamuli District (73.2%) while the lowest was found in Namayingo District (51.3%). Further, the 2010 survey reported a significant improvement ($p < 0.001$) in coverage among respondents in Namutumba (48.4% in 2009 Vs. 62.9% in 2010) and Bugiri districts (50.8% in 2009 Vs. 64.7% in 2010)

- Significant differences across districts ($p < 0.001$)
- 83.2% Be-faithful only
- 83.7% Condom use only
- 90.5% knew of place where to obtain condoms (82.4% mentioned a health unit, 45.3% a shop and 7.9% from a VHT)
- 57.1% (2010) compared to 48.3% (2009) rejected all major HIV transmission misconception (HIV transmission through witchcraft, mosquito bite and sharing food)

Figure 1: Knowledge of the three major ways of HIV prevention by year



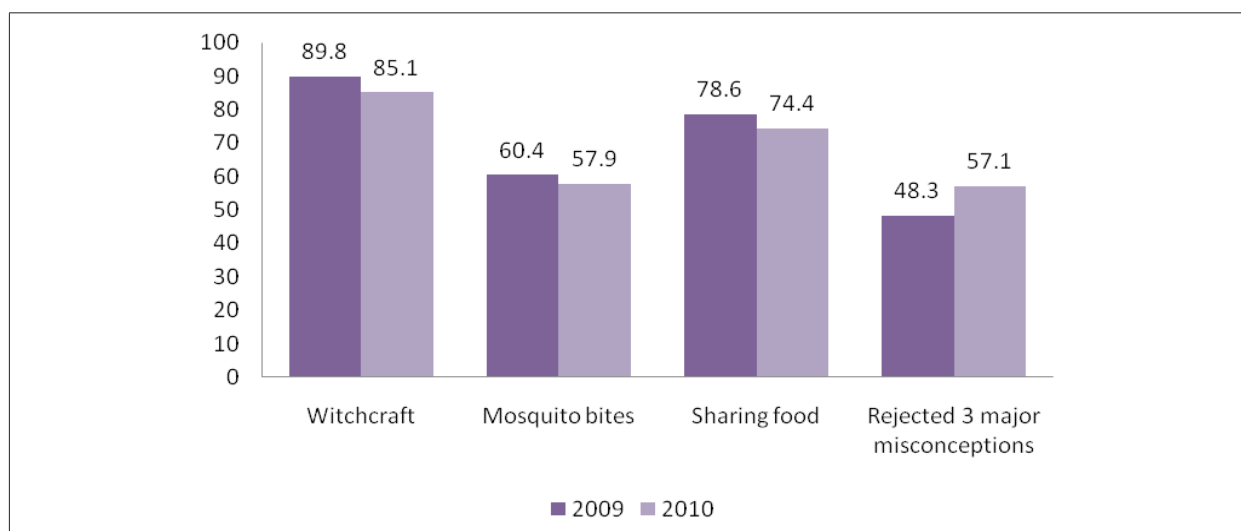
Source: STAR-EC LQAS 2009 and 2010 household surveys

Overall information collected on ABC indicators showed that there was an improvement in the knowledge and awareness of one prevention method i.e. abstinence (83.2%, n=3,390), faithfulness (84.8%, n=3,406) and condom use (83.7%, n=3,390) as major HIV preventive methods compared to the baseline estimates of 78.9% (n=2,270), 77.4% (n=2,276) and 79.7% (n=2,251) respectively.

3.1.2 HIV transmission misconceptions and the proportion of adults(15-54 years) who are able to reject them(by year of survey)

The study primarily focused on investigating beliefs in the three major HIV transmission misconceptions that include the transmission of HIV through mosquito bites, witchcraft and sharing of food with an infected person. With the exception of mosquito bites, there were significant variations between the baseline and 2010 follow-up survey results ($p < 0.01$). Overall, as illustrated in Figure 2, the 2009 (48.3%, n=2,280) and 2010 baseline surveys (42.9%, n=3,420) showed that less than half of the respondents were able to reject the major HIV&AIDS transmission misconceptions. This result shows a significant downward trend (Pearson $\chi^2=15.7$, $p < 0.001$) in the proportion of respondents who were able to reject such misconceptions. For the second year running, most respondents (89.8%, n=2,252) in 2009 and 85.1% (n=3,353) in 2010 were able to reject transmission through witchcraft while less respondents rejected transmission through mosquito bites (60.4%, n=2,256 in 2009 and 57.9%, n=3,362 in 2010)..

Figure 2: HIV transmission misconceptions by year of survey



Source: STAR-EC LQAS 2009 and 2010 household surveys

3.2 Bio-medical Prevention

Safe Male Circumcision (SMC) is one of the newer ways that have been proven to minimize HIV transmission risks. Clinical trial results conducted in three different countries did show an effectiveness of 60% in South Africa, 53% in Rakai-Uganda and 57% effectiveness in Kisumu-Kenya. In March 2007, WHO/UNAIDS recommended SMC as an integral part of HIV prevention strategies following clinical trial results that had been obtained in three different countries. Globally, 30% of men are circumcised and this practice is primarily done for cultural and religious reasons and occasionally for medical reasons. Over 40 observational studies have shown a protective effect of SMC against HIV acquisition and countries with high MC prevalence tend to have low HIV prevalence. The MoH in Uganda is in the process of working out a policy in support of SMC.

During PY2, STAR-EC initiated SMC services in seven health facilities within East Central Uganda. This was preceded by visits to Rakai Health Sciences Project (RHSP) and Makerere University Walter Reed Project (MUWRP) - the two US Government funded flagship projects that provide training on SMC in order to learn about best practices and their experience in rolling out SMC services. STAR-EC participated in joint support supervision pre-visits to Kidera HC IV, Bumanya HC IV, Kigandalo HC IV, Nsinze HC IV and Buyinja HC IV with the SMC training team from MUWRP to assess readiness of theatre before teams of service providers were admitted at the Kayunga training site. The MUWRP also conducted post training follow-up and mentorship visits to sites where teams which had returned to assess implementation and provide support to the sites. Thereafter, the STAR-EC program worked with district and health facility leadership in selecting teams of service providers to be trained in providing SMC services and also conducted a needs assessment exercise for SMC readiness at nine health facilities. This exercise focused on the availability of staff, instruments, equipment and theatre space to roll out SMC services at health facility level. Information generated from the needs assessment was used to benchmark SMC interventions within East Central Uganda and, in particular, to draw facility-specific plans necessary for improving infrastructure and providing equipment and surgical instruments.

Similar to what was done during the 2009 baseline, this survey focused on finding out the proportions of circumcised men between ages 15-54 years that exist in the region. Further, the survey investigated men who had not been circumcised before and whether they were willing to be circumcised once offered the opportunity. There was no significant change ($Pearson\ x = 2.3, p = 0.132$) when comparing the 2 years' findings. Interestingly, however, results suggested a slight drop from 36.5% (n=901) reported in 2009 to 33.4% (n=1,346) of men in the region who had ever been circumcised. Among districts, there were significant findings ($Pearson\ chi2 = 145.7, p < 0.001$) when comparing circumcised males across districts. Bugiri (56.6%), Mayuge (52.2%) and Iganga (48.1%) reported the highest proportions while the least proportions were reported from Buyende (15.8%) and Kaliro (13.1%). Of those who have ever been circumcised, 81.5% of males were circumcised more than 5 years ago while only 3.7% (in 2009) and 7.8% (in 2010) were circumcised in the last 1 year prior to the survey.

Figure 3: Percentage of males 15-54 years who have ever been circumcised



Source: STAR-EC LQAS 2009 and 2010 household surveys

Of the total 450 men between 15-54 years who reported having been circumcised, 80.2% reported being circumcised for religious or cultural reasons (69.8% religious and 10.4% cultural). 14.3% mentioned that part of their circumcision was done for HIV/STI prevention purposes. The high proportion of findings among men who reported being circumcised for religious reasons can probably be explained by the fact that East Central Uganda is one of the geographical regions in Uganda with a high concentration of Muslims, a religion that practices male circumcision. Like was the case during the baseline, this survey assessed the places or service providers that executed these circumcisions. Only 19.6% reported having been circumcised from a health facility while 41.7% reported being circumcised from a cultural/religious setting or by a cultural/religious person and 36.6% from other non-medical settings – a finding that seems to suggest the need of promoting quality circumcision through setting up more health facilities with SMC services and trained SMC service providers.

Of those men who reported that they have never been circumcised, seven in every ten (72.7%, n=865) reported that they would take up the opportunity once free circumcision services were offered at a health facility. Unlike in the baseline findings, there were significant differences to this response across the nine districts ($p=0.011$). Of those who reported that they would still not undergo circumcision even if they were offered a free chance at a health facility: 29.2% reported that circumcision is against their religion or faith; 38.8% that it is too painful and 32.1% gave many other reasons among which included the existence of poor quality circumcision services and/or that the service still has some hidden costs even if it were provided free.

3.3 HIV Testing and Counseling (HTC)

HIV testing and counseling service provision forms a nexus that helps to link an individual who has undergone this service in acquiring other different services. When an individual is counseled and tested for HIV, then depending on their results, informed decisions about their livelihood will be made by them themselves. Interventions encourage one who is negative to stay negative by adhering to abstinence, being faithful or proper and consistent condom use. Among other things, one who is HIV positive is encouraged to live a positive life and seek for proper medication. This makes HTC the first step of referral to umbrella/clinical care and support services including screening or testing for TB.

Respondents were asked whether they knew where HIV testing services were offered in their respective areas. Results show that 82.4% (n=2,280) adults (15-54 years) knew where they could take an HIV test. There were no significant differences ($Pearson\ chi^2 = 17.2, p=0.071$) when comparing districts. The highest proportion was found in Mayuge District (87.9%) while the lowest was found in Bugiri at 78.7%.

Similar to the baseline (82.5%, n=2,277), the vast majority of respondents (aged 15-54 years) in the 2010 survey (83.2%, n=3,401; 95% CI 81.9 – 84.4) knew where they could take an HIV test. Further, significant differentials in coverage were noted by district for both baseline and 2010 surveys ($p < 0.01$). The majority of respondents who knew such places were found in the districts of Mayuge (88.4%) and Kamuli (88.3%) while the least performing were found in Namayingo (78.8%) and Luuka (76.4%) districts.

3.3.1 Ever tested for HIV

Respondents were asked whether they have ever taken an HIV test in their entire life. Results showed that respondents in 2010 (51.3%, n=3,401; 95% CI 49.5 – 52.9) were more likely to have been tested ($p=0.013$); when compared to the 2009 baseline (47.9%, n = 2,266). Similar to findings in the baseline survey, significant differentials in the estimates were noted by gender and district ($p < 0.01$); where, a higher proportion of females (51.3% in 2009 vs. 54.7% in 2010) compared to the males (42.5% in 2009 vs. 45.8% in 2010) reported having ever been tested for HIV.

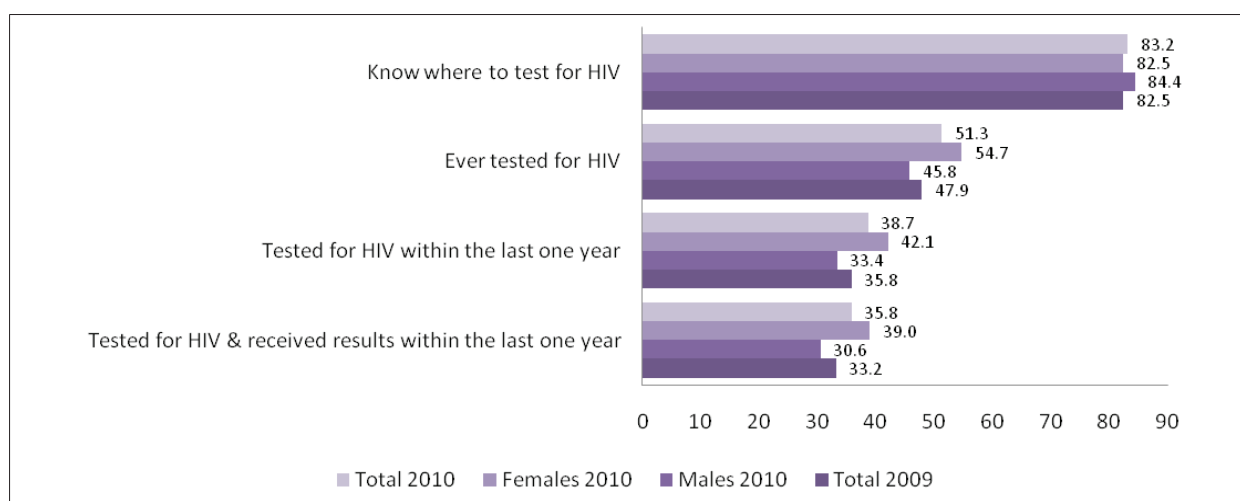
Among districts, Kamuli (63.7%) and Mayuge (63.9%) reported the highest coverage while the least was found in Luuka (37.6%) and Buyende (38.3%). When compared to baseline findings, results indicate the same coverage in Mayuge and an increased coverage in Iganga and Kamuli districts (which had previously been ranked among the least).

- 203(63.6) health facility any form, referrals or HIV testing itself
- Only a quarter (24.8%) of health facilities reported counselling HIV+ clients on TB prevention and treatment
- 22.3% HF reported that an organisation or higher/other health facility supports and uses their HF as an outreach site
- Only 22.6% Hf s reported that they are currently carrying out hct outreach services

3.3.2 HIV testing within one year prior to the survey

It is always desirable that over certain periods of time, one should test for HIV more than once especially if they have been practising risky sexual behavior. Testing once for HIV (especially for those that turn out to be negative) may never be helpful as one's status may change over time. As earlier stated, it is therefore advisable that one tests at subsequent time periods especially if they know that they have been practicing a risky sexual behavior or in cases where they doubted their partner(s)' faithfulness. Routine HTC is therefore very paramount. This survey therefore involved a series of questions on HIV testing among respondents within the last year prior to the survey.

Figure 4: HIV counseling and testing results by year and gender (percentages)



Source: STAR-EC LQAS 2009 and 2010 household surveys

Respondents were asked whether they had ever taken an HIV test. Most importantly, the proportion of adults (15 years and above) who had tested and received their results within the past one year prior to the survey, increased from 33.2%, (n=2,280) during baseline to 35.8% (n=3,420) in 2010. The changes, however, were not significant (Pearson $\chi^2 = 4.0$, $p = 0.138$). Similar to the baseline findings, estimates in 2010 varied significantly (Pearson $\chi^2 = 29.5$, $p < 0.001$) by gender where a higher proportion of females (36.8% in 2009 vs. 39.0% in 2010) than males (27.5% in 2009 vs. 30.6% in 2010) were noted to have taken an HIV test. Significant differences ($p < 0.001$) among districts were noted in 2010 with Kamuli (51.3%) and Mayuge (43.4%) reporting the highest coverage while the least was in Luuka (24.2%) and Buyende (19.2%).

Table 4: HIV Testing and Counseling (HTC) indicators and outcomes

| | Know where testing services are offered | | Have ever tested | | Tested and received HIV results in one year prior to the survey | |
|---------------------|---|----------------|-------------------|-------------------|---|-------------------|
| | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 |
| Age in Years | | | | | | |
| 15-24 | 81.5 | 81.6 | 42.0 | 47.0 | 30.9 | 33.0 |
| 25-34 | 83.0 | 85.5 | 55.3 | 57.5 | 37.4 | 40.1 |
| 35-54 | 84.0 | 83.9 | 50.9 | 52.7 | 33.0 | 36.4 |
| <i>p value</i> | <i>p=0.416</i> | <i>p=0.034</i> | <i>p<0.001</i> | <i>p<0.002</i> | <i>p=0.001</i> | <i>p=0.003</i> |
| Sex | | | | | | |
| Males | 84.9 | 84.4 | 42.5 | 45.8 | 27.5 | 30.6 |
| Females | 81.0 | 82.5 | 51.3 | 54.7 | 36.8 | 39.0 |
| <i>p value</i> | <i>p=0.019</i> | <i>p=0.150</i> | <i>p<0.001</i> | <i>p<0.001</i> | <i>p<0.001</i> | <i>p<0.001</i> |

| Year of Survey | Know where testing services are offered | | Have ever tested | | Tested and received HIV results in one year prior to the survey | |
|------------------|---|-------------------|-------------------|-------------------|---|-------------------|
| | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 |
| Districts | | | | | | |
| Bugiri | 78.9 | 85.6 | 50.9 | 57.3 | 34.2 | 40.8 |
| Buyende | | 79.4 | | 37.6 | | 19.2 |
| Iganga | 82.6 | 87.0 | 41.5 | 51.2 | 27.9 | 34.5 |
| Kaliro | 81.3 | 83.2 | 44.9 | 44.5 | 26.6 | 30.0 |
| Kamuli | 84.5 | 88.3 | 48.0 | 63.7 | 36.6 | 51.3 |
| Luuka | | 76.4 | | 38.3 | | 24.2 |
| Mayuge | 87.9 | 88.4 | 56.9 | 63.9 | 41.6 | 43.4 |
| Namayingo | | 78.8 | | 50.1 | | 38.7 |
| Namutumba | 80.0 | 81.8 | 45.1 | 54.6 | 32.4 | 39.7 |
| <i>p value</i> | <i>p=0.015</i> | <i>p<0.001</i> | <i>p<0.001</i> | <i>p<0.001</i> | <i>p<0.001</i> | <i>p<0.001</i> |
| Totals | 82.5 | 83.2 | 47.9 | 51.3 | 33.2 | 35.8 |

Source: STAR-EC LQAS household surveys, 2009 and 2010

Findings showed that about three quarters (76.5%, n=1,732) of those who had ever tested for HIV had taken an HIV test within one year prior to the survey while close to six in every ten (57.9%, n=2,819) of those who knew where to take an HIV test had actually ever taken an HIV test and 77.9% (n=1,627) of those who knew where to take an HIV test had taken one within 12 months prior to the survey. Within HIV testing and counseling programs, emphasis is placed on the importance of HIV status disclosure among HIV-infected clients, particularly to their sexual partners. Disclosure is an important public health goal for a number of different reasons. First, disclosure may motivate sexual partners to seek testing, change behavior and ultimately decrease transmission of HIV. In addition, disclosure has a number of potential benefits for the individual including increased opportunities for social support, improved access to necessary medical care including antiretroviral treatment, increased opportunities to discuss and implement HIV risk reduction with partners, and increased opportunities to plan for the future (WHO 2004 report). As part of this survey, partner disclosure was investigated for respondents who had tested within one year prior to the survey. Overall, 94.2% (n=931) of those respondents who had partners at the time of HIV testing reported that they disclosed and discussed their results with their partners. There were significant ($p=0.016$) differences between districts with Kaliro (98.8%) reporting the highest while the lowest was noted in Namayingo (86.2%).

3.3.3 Young People and HTC

Among the young people aged 15-24 years (n = 1,635), about 81.6% (n=1,635; 95% CI; 80.1% – 83.0%) reported knowledge of a place where one could go for an HIV test; the coverage did not vary significantly when compared to the baseline (81.5%, n=1,086). No significant gender differentials were noted on this very indicator for both the baseline and the 2010 follow-up survey ($p > 0.05$). On the other hand, the odds of taking an HIV test among the young people aged 15-24 years were 22% higher in the 2010 survey compared to the baseline (OR = 1.22, $p < 0.05$); also, this hypothesis is evidenced by an increase in proportions from 42% (n = 454) in 2009 to 47% (n = 765) in the 2010 survey.

Similar to the findings of the 2009 baseline, the 2010 survey showed evidence of significant gender and age differentials HIV&AIDS on HIV testing among young people. More females (50.0%) than males (42.1%) reported having ever taken an HIV test (Pearson $\chi^2 = 9.5$, $p=0.002$), while, a significantly bigger proportion (Pearson $\chi^2 = 25.8$, $p < 0.01$) of older adolescents aged 20-24 years (57.5%, n=2,530) had tested for HIV when compared to their younger counterparts aged 15-19 years (47.0%, n=2,530). Survey findings also suggest that 35.8%

(n=1,639) and 33.0% (n=1,639) of young people aged 15-24 years reported that they had taken an HIV test and received their results respectively in the last year prior to the survey.

Among districts, there were significant differences in the coverage of young people who tested for HIV and received their results within one year prior to the survey. (Pearson $\chi^2 = 43.2$, $p < 0.01$) The highest proportions were noted in Kamuli (44.5%) and Namayingo (40.9%) while the lowest were reported in Buyende (19.4%) and Luuka (24.9%) districts. Overall, following a logistic regression, the estimated likelihood of testing by age and sex showed that the odds of testing were higher for female and older respondents ($p < 0.01$).

3.4 Reproductive Health

Areas assessed under reproductive health during this survey comprised mainly of aspects that were related to family planning utilization and goal oriented antenatal care. Results on family planning showed that the proportion of respondents aged 15-49 years using any method during the baseline was 25.3% (n=2,217) and 23.6%, (n=3,327) during the 2010 follow-up survey. Further assessments were conducted on women who use modern family planning methods and results seem to show no improvements on this indicator but rather a slight drop from 22.1% (n=2,217) in 2009 to 21.6% (n=3,327). This finding is not significantly different from the national estimates of 19.6%⁷

Other indicators assessed comprised those related to goal oriented antenatal care. Women who had given birth to children two years prior to the survey were asked questions related to goal oriented antenatal care. Other questions entailed their last pregnancies' related experiences, practices and behaviors.

Similar to the baseline findings of 92.1% (n=570), the vast majority of women in the 2010 survey (91.4%, n=855) reported attending ANC at least once during their last pregnancy. However, though not significant (Pearson $\chi^2 = 7.5$, $p = 0.279$) there was a reduction in the proportion of women attending ANC at least four times during their last pregnancies from 49.1% (n=570) reported in 2009 to 44.8% (n=855) in 2010. 35.4% (n=855) reported that they were accompanied by their husbands or partners to the health facility during ANC in 2010. This result also indicates a decrease from what was reported in 2009 (38.3%, n=570). It is also not clear whether women were accompanied into ANC wards at health facilities or their partners stopped outside the health facility premises.

The study also sought for information on deliveries that took place at the health facility or those that were attended to by health facility providers two years prior to the survey. There was a slight decrease (Pearson $\chi^2 = 4.8$, $p = 0.090$) in the proportion of pregnant women who delivered from health facilities where 69.1% (n=570) were reported in 2009 while 66.3% (n=855) were reported in 2010. Among districts, there were significant differences (Pearson $\chi^2 = 77.8$, $p < 0.01$); Kamuli (85.3%) and Iganga (79.0%) reported the highest proportions while the lowest were from Bugiri (50.5%) and Namayingo (40.0%).

3.5 Prevention of Mother to Child Transmission of HIV (PMTCT)

PMTCT of HIV is an important strategy promoted by the MoH and other development partners in the fight against pregnant women infecting their unborn babies with HIV during pregnancy, delivery and after birth while breast feeding. Without treatment, many babies born to HIV positive women can become infected with HIV through the three aforesaid transmission ways. Uganda was among the first countries in sub-Saharan Africa to initiate a pilot clinical PMTCT program in the year 2000. Back then, PMTCT services were given as a routine service to consenting HIV-positive women at delivery. Educating women that PMTCT is of benefit to them and their babies was another approach that has been adopted. This is a diversion to the earlier approach where

- 44.0% of women were tested, received and disclosed their results to their partners
- 44.7% of adults (15-54 years) were able to identify all the 3 MTCT ways

% of respondents 15-54 years who knew that HIV can be transmitted to a baby through;

| | Female | Male |
|----------------|--------|-------|
| Pregnancy | 63.0% | 61.1% |
| Delivery | 86.9% | 86.3% |
| Breast feeding | 71.1% | 68.0% |

⁷ Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. Uganda Demographic and Health Survey 2006. Calverton, Maryland, USA: UBOS and Macro International Inc

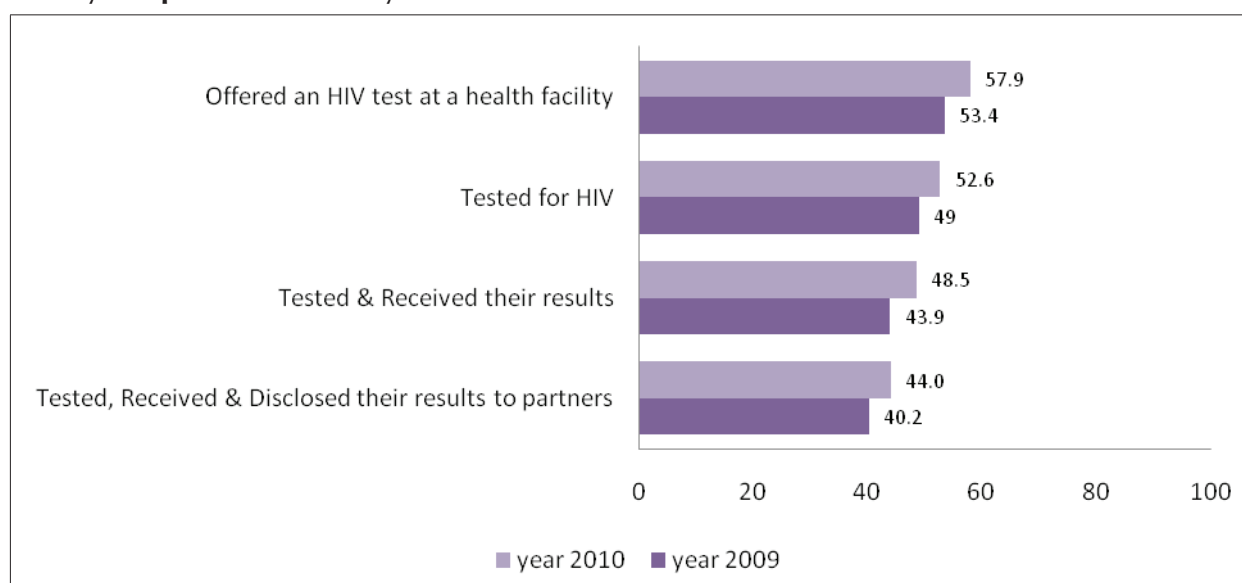
PMTCT services were a part of the birth delivery package, given as a routine offer for those who tested HIV positive during prenatal clinic visits.

Information regarding PMTCT practices was sought from women aged 15-49 years who had given birth to children two years prior to the 2010 survey. Additionally, knowledge of PMTCT was assessed from the aforementioned group including males and females in the reproductive age groups 15-54 years and 15-49 years respectively.

Though not significant (Pearson $\chi^2 = 0.76$, $p=0.385$), women (45.3%) seem to have more knowledge than men (43.7%) when comparisons were drawn on all the three ways of mother to children transmission (MTCT) of HIV. Knowledge on any one MTCT way was found to be high for both survey years among all respondents. Overall, an average of 95.5% (n=2,280) and 93.7% (n=3,420) of individuals mentioned having knowledge of any one MTCT way. The 2010 survey reported significant differences (Pearson $\chi^2 = 21.2$, $p = 0.007$) in coverage at district level. Kamuli (96.3%) and Namutumba (96.1%) reported the highest proportions while the lowest was reported from Kaliro District (89.5%).

Most respondents mentioned transmission through breastfeeding (86.3% males and 86.9% females) followed by breastfeeding (71.1% females and 68.0% males) while 'during pregnancy' was the least mentioned transmission way (63.0% females and 61.1% males).

Figure 5: PMTCT cascade: Percentage of pregnant women receiving PMTCT services within the last 2 years prior to the survey



Source: STAR-EC LQAS 2009 and 2010 household surveys

About six in every ten (57.9%, n=855) of pregnant women in the 2010 survey reported that they had been offered an HIV&AIDS test during ANC; there was no significant variation (Pearson $\chi^2 = 2.8$ $p = 0.094$). in the estimates when compared to the 2009 baseline findings of 53.4%. Subsequently, though not significant (Pearson $\chi^2 = 3.1$, $p = 0.214$), there was an increase from 43.9% (n=570) in 2009 to 48.5% (n=855) in 2010 when assessing the proportion of pregnant women who tested and received their results during ANC.

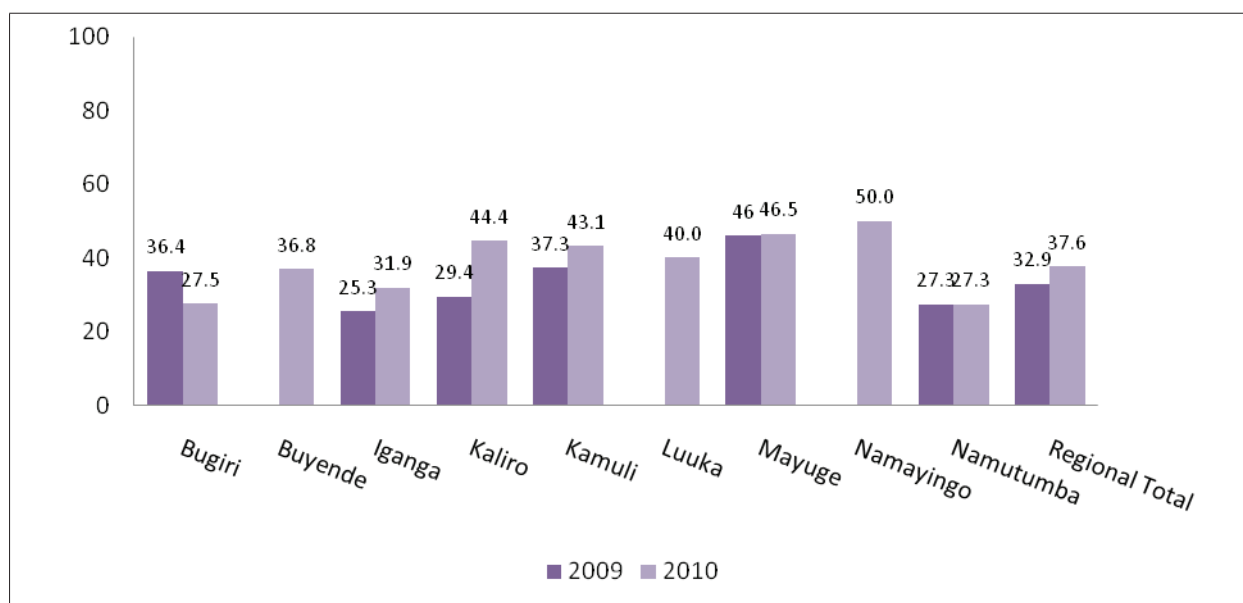
Significant differences (Pearson $\chi^2 = 52.7$ $p < 0.001$) were noted among districts with Mayuge (66.3%) and

- 170 health facilities were found to be offering any form of PMTCT services i.e. Counselling, referrals or HIV testing itself
- 25.1% (80 out of 319) in 2010 compared to 19.2% (56 out of 292) in 2009 of health facilities reported that HIV+ mothers receive ARVs for PMTCT purposes
- Only 9.4% (30 in 2010) a drop from 10.9% (32 in 2009) HF reported that they follow up on HIV + pregnant women who have just delivered for ARVs and other services
- Only 5.3% HFs in 2010 reported following the HIV + mothers' babies on taking a PCR-DNA test

Kamuli (65.3%) reporting the highest proportions while the lowest were noted from Kaliro (34.7%) and Buyende (31.6%).

Further, an improvement was noted in the proportion who disclosed their results to their partners from 40.2% (n = 570) during 2009 to 44.0% (n = 855) during the 2010 survey. Additionally, almost all (95.4%) of the pregnant women who attended ANC at least 4 times during the last pregnancy reported testing and receiving their HIV results in 2010.

Figure 6: Percent of health facilities where pregnant women are routinely offered HIV tests as part of the ANC package



Source: STAR-EC LQAS 2009 and 2010 household surveys

3.6 Anti-Retroviral Therapy

Treatment activities for PLHIVs in Uganda includes the provision of ART services, which are strongly supported by laboratory infrastructure development. Uganda, with support from the USG, is making significant progress towards its target of providing ART to 250,000 people. The country is in the process of revising the National ART policy, which will increase the number of people in need of ART from 250,000 to over 350,000. Though few, the procurement of CD4 count machines has increased the accessibility of ART to the poorer segments of the country's population. Additionally, community follow-up and support is essential for maintaining high levels of adherence to ART. Health facilities providing ART need external support for their community follow-up activities and resource mobilization. The use of peer support groups to support adherence on ART and community follow up for clients on treatment is vital. Adherence to HIV treatment regimens means taking the medicines in all the prescribed doses at the right time, in the right dosage and the right method. By September 2007, there were 106,000 active clients on ART, of whom 11,000 were HIV positive children. (UNGASS country progress report, Uganda: UAC, January 2008).

The household survey set out to find respondents' knowledge and thoughts on ART while the health facility assessment centered on investigating the number of ART service sites as well as their service coverage.

As a result of various ART baseline findings, the STAR-EC program was able to rapidly scale up ART services from four hospitals to 26 facilities (four hospitals, 12 HCs IV, 10 HCs III) that are equitably distributed among the nine supported districts. Additionally there was a scale up to three more sites, two of which are lower level health facilities that offer services in an outreach form. However, when the survey was conducted in the entire region a total of 31 health facilities were found to be providing ART services (5 district hospitals, 12 HCs IV, 13 HCIII and 1 HC II).

Table 5: Number and names of ART sites in the East Central Region

| Districts | Number of Health Facilities offering ART services | | Names of Health Facilities offering ART services | |
|-----------------------|---|-----------|--|---|
| | 2009 | 2010 | 2009 | 2010 |
| Bugiri | 2 | 3 | Bugiri Hospital and Nankoma HC IV | Bugiri Hospital, Nankoma HC IV and Buluguyi HC III |
| Buyende | | 2 | -- | Bugaya HCIII & Kidera HC IV |
| Iganga | 5 | 6 | Iganga Hospital, HCs IV (Bugono & Kiyunga) and HCs III (Namungalwe & Busesa) | Iganga Hospital, HCs IV (Bugono & Busesa) and HCs III (Namungalwe, Busowobi & Busembatya) |
| Kaliro | 2 | 3 | Bumanya HC III and Nawaikoke HC III | Bumanya HC IIV and Nawaikoke HC III, Namugongo HC III |
| Kamuli | 2 | 5 | Kamuli Mission Hospital and Kamuli District Hospital | Kamuli Mission Hospital, Kamuli District Hospital, Nankandulo HC IV, Namwendawa HC IV, Butansi HC III |
| Luuka | | 1 | -- | Kiyunga HC IV |
| Mayuge | 3 | 5 | Buluba Hospital, HC IVs (Kigandalo and Kityerera) | Buluba Hospital, Kigandalo and Kityerera HCs IV, Wabulungu HCIII and Mayuge HCIII |
| Namayingo | | 3 | Buyinja HC IV | Sigulu HC III, Buyinja HCIV and Banda HC III |
| Namutumba | 2 | 3 | HC IIIs (Nsinze and Bukonte) | Ivukula HC III, Nsinze HC IV and Bukonte HCIII |
| Regional Total | 16 | 31 | | |

Source: STAR-EC health facility assessments, 2009 and 2010

The STAR-EC 2010 Baseline Survey in the nine districts covered by the program explored various ART knowledge perceptions, beliefs and service provision aspects. A total of 3,420 adults (males 15-54 and females 15-49 years) were asked several questions on their perceptions about ARVs. A proportion of 58.8% (n=3,420) reported that they knew of a place (government or private health facility) where they could obtain ARVs in case a PLHIV was in need of them. This finding was akin to the 2009 finding of 58.0% (n=2,238).

Table 6: Knowledge of ART access

| Districts | % who know of a place to obtain ARV drugs (government and private HFs) | |
|-----------|--|------|
| | 2009 | 2010 |
| Bugiri | 66.8 | 64.1 |
| Buyende | - | 43.8 |
| Iganga | 56.0 | 71.9 |
| Kaliro | 55.2 | 59.0 |
| Kamuli | 51.9 | 49.9 |
| Luuka | - | 59.7 |

| Districts | % who know of a place to obtain ARV drugs (government and private HFs) | |
|----------------|--|------|
| | 2009 | 2010 |
| Mayuge | 57.1 | 73.1 |
| Namayingo | - | 42.7 |
| Namutumba | 61.5 | 64.9 |
| Regional Total | 58.0 | 58.8 |

Source: STAR-EC Health Facility Baseline Assessment, 2010

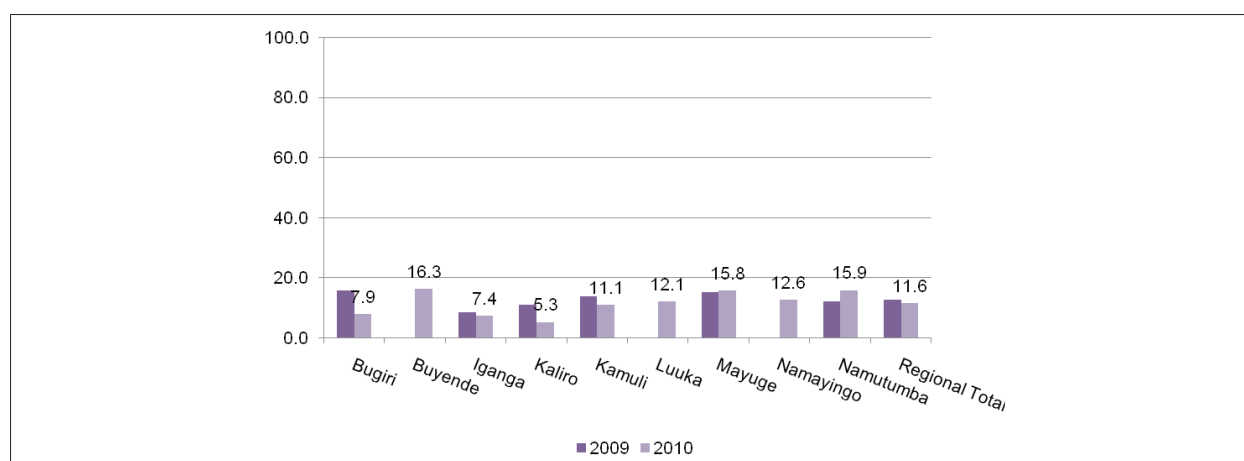
3.7 Care and support

The survey asked questions on both community and clinical care with respect to the various HIV&AIDS and/or related indicators. Due to stigma related issues, it is not possible to get an actual measure of the number/proportions of PLHIV at the household level or the actual measure of PLHIVs in need of palliative care. Most people would fear or opt not to reveal whether they are HIV positive. Again, people would still fear to mention if someone in their household were HIV positive. Survey findings did prove this aforementioned elucidation for the second year running. About two thirds (65.6%, n=2,276 in 2009 and 62.6%, n=3,404 in 2010) of the respondents reported that they would want to keep it a secret if a family member were found to be HIV positive.

In order to minimize bias in response, therefore, the survey opted to adopt a proxy question that would help to measure the existence of PLHIVs and their need for care services. Thus, respondents were asked whether they had a sick and bedridden person (including the respondent) or someone who had died after being sick or bedridden for more than three months. Despite a decline in coverage during the 2010 survey (11.6%), no significant changes in proportion of households reporting having existence of such persons were noted when compared to the baseline findings of 12.7%: (Pearson $\chi^2 = 1.1$, $p = 0.586$). Unlike in the baseline, the 2010 survey revealed significant district differentials in coverage of terminally ill persons (Fisher's exact test = 0.017). The highest proportions among districts were noted in Buyende (16.3%) while the lowest were found in Kaliro (5.3%), Bugiri (7.9%) and Iganga (7.5%).

About half of the households (54.0%, n=198) reported receiving home care and support for the terminally ill person(s). Among districts, the highest findings were reported from Namayingo (79.2%) and Kaliro (70%) while the lowest were reported from Buyende District at 25.8%. The survey also established that almost all respondents' households (96.7%, n=194) with terminally ill persons reported their willingness to care for a PLHIV in their own home.

Figure 7: Percentage distribution of terminally ill persons at household level



Source: STAR-EC LQAS 2009 and 2010 household surveys

3.8 Tuberculosis (TB)

Uganda ranks 16th on the list of 22 high-burden Tuberculosis (TB) countries in the world and in 2007, the country had almost 102,000 new TB cases, with an estimated incidence rate of 330 cases per 100,000 population. The DOTS (the internationally recommended strategy for TB control) case detection and treatment success rates (51 and 70%, respectively) for new sputum smear-positive (SS+) cases are still below the World Health Organization's (WHO) global targets of 70 and 85%, respectively. These low rates are mainly due to insufficient case reporting, non-adherence to TB treatment, poor access to health care services, and a limited number of skilled staff and diagnostic facilities. In addition to these challenges, Uganda has the highest default rate of any high-burden country. For the East Central Ugandan region, the high prevalence of HIV infection, at 6.5%, further exacerbates the problem of TB control.

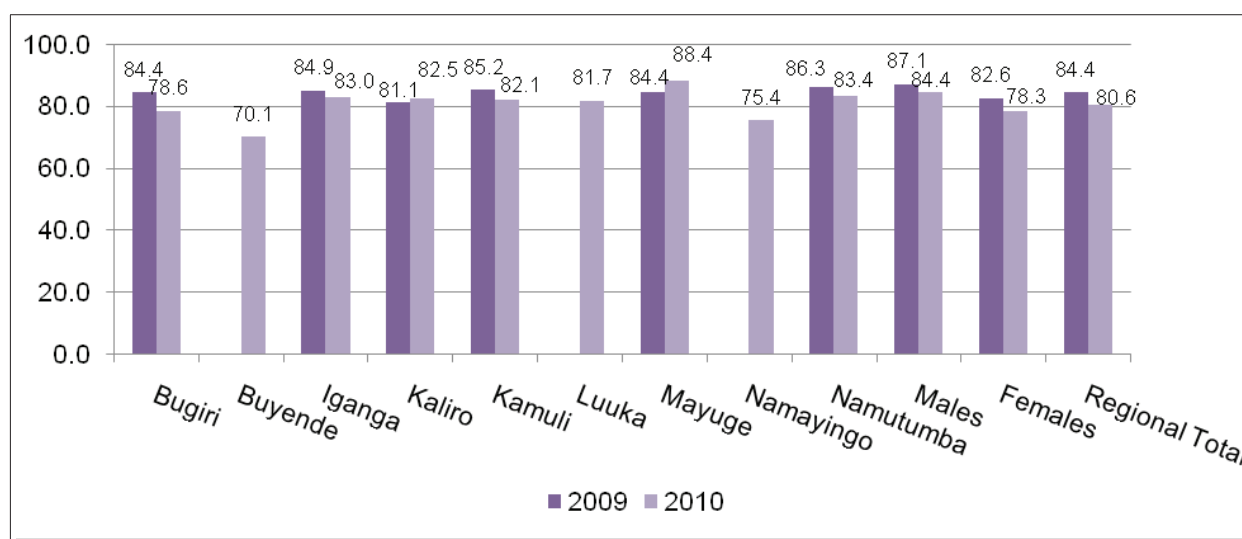
However, while the TB incidence rate is still quite high, it fell by 5.7% between 2006 and 2007, and TB mortality has declined over the past four years. Collaborative TB/HIV&AIDS activities are expanding slowly. In 2006, only one-quarter of TB patients were tested for HIV. According to WHO, around 38.7% of new TB patients are HIV positive (WHO, Global Tuberculosis Control: Epidemiology Strategy Financing 2009).

As part of the household survey, knowledge and awareness on TB within the various East Central region communities were investigated. During the 2010 survey, about 80.6% (n=3,401) of adults (males 15-54 and females 15-49 years) reported that they knew of any signs and/or symptoms of TB. Significant differences (Pearson $\chi^2 = 19.5$, $p < 0.001$) were noticed among males (84.4%) and females (78.3%). However, analysis shows that the 2010 findings were significantly lower (Pearson $\chi^2 = 19.1$, $p < 0.001$) than the 2009 findings of 84.4% (n=2,254). Among districts, the highest proportions were noted in Mayuge (88.4%) with the lowest in Buyende at 70.1%.

Similar to the 2009 Baseline survey (81.9%), the majority of adults in the 2010 survey (80.8%) reported that it is possible for a person to have TB and HIV at the same time. No significant differences were noted between baseline and the 2010 follow-up surveys (Pearson $\chi^2 = 1.2$, $p = 0.549$). However, the estimates varied significantly by gender for both surveys; males were more likely to be aware of the subject at hand.

About half 53.1% (95% CI 51.4 – 54.7) of adults during the 2010 survey mentioned that TB is a curable disease. Compared to the baseline, a decline from 55.4% was noted. Significant differences on gender were noted for both baseline (Pearson $\chi^2 = 46.5$, $p < 0.01$) and 2010 follow-up surveys (Pearson $\chi^2 = 42.5$, $p < 0.01$). Similar to the baseline, more males (60.4%) than females (48.6%) in the 2010 survey were noted to be aware of TB as a curable disease. These findings call for more BCC and IEC messages to be directed particularly towards females.

Figure 8: Percent of adults 15-54 years who knew of the signs and symptoms of TB



Source: STAR-EC LQAS 2009 and 2010 household surveys

Respondents were also asked about what they would do in the event that they found out a family member had

TB. Though results registered a significant drop (Pearson $\chi^2 = 7.7$, $p = 0.005$) between baseline findings (78.1%, $n = 2,280$) and the 2010 findings (74.9%, $n = 3,420$), the majority of respondents in 2010 mentioned they would take the TB suspect to a healthy facility. Overall, most of the TB knowledge indicators seem to suggest a slight decline when compared to the baseline year.

BCC and IEC are also an important component in the success of TB interventions hence respondents were asked whether they had heard or received any TB messages within three months prior to the survey. Despite an increase in the proportion of respondents receiving such messages from 39.9% in 2009 to 41.8% in the 2010 survey, the difference was not significant (Pearson $\chi^2 = 2.1$, $p = 0.356$). Similar to the baseline survey findings, differences were noted among districts in 2010 on the proportion of respondents receiving TB messages. Highest proportions for both surveys were noted in Kaliro (48.3% in 2009 vs. 57.6% in 2010) while the lowest were in Mayuge District (29.2% in 2009 vs. 38.7% in 2010) and Namayingo (27.4% in 2010).

Table 7: Percentage distribution of respondents receiving TB messages in baseline and 2010 survey

| Survey year | Sample size | Whether received TB messages | | |
|-------------|-------------|------------------------------|------|------------|
| | | Yes | No | Don't Know |
| 2009 | 2268 | 39.9 | 58.9 | 1.2 |
| 2010 | 3401 | 41.7 | 57.3 | 1.0 |

Pearson $\chi^2 = 2.1$, $p = 0.356$

Source: STAR-EC LQAS household surveys, 2009 and 2010

4.0 CHALLENGES AND LESSONS LEARNED

4.1 Challenges

Challenges to the execution of this survey continue to suffice in an almost similar way every year. Except for the fact that there was re-districting that affected the setting of this survey, the rest of the challenges still remained the same.

Three of the original STAR-EC supported districts (Bugiri, Iganga and Kamuli) were affected by the national re-districting exercise that realized the formation of three new districts that included Namayingo, Luuka and Buyende respectively. This meant increased survey costs and time as both old and new districts had to be taken as separate entities. Additionally, the number of CSO participants was reduced to balance costs within the old districts were also changed thus making comparison of results over the years by SA inconsistent.

Other new factors that were a challenge included political party primary elections. During this period, election campaigns for the NRM party primaries interfered with the data collection exercise in that interviewers were in some cases mistaken to be election campaigners thereby having to make a lot of explanations before being accepted in villages.

In some supervision areas, it was discovered that some of the sampled villages had their names changed and this would cost interviewers a lot of time and money in trying to trace for such villages. However, these would later on be located with the help of the Local guides and the objectives of the survey were not compromised.

Other challenges remained as mentioned during the baseline report as elucidated below;

Most of the training participants complained of the length of time it took to find a randomly selected village as well as the time taken to randomly select the first household. This was an experience shared by the participants in both the pre-test exercise and the actual data collection. Other participants also experienced challenges with the time it took to find a member of a given village local council. A village local council member is very necessary in introducing the interviewer to the village as this helps the village populace to build trust in the intentions of the survey exercise.

The LQAS methodology suggests that after the first randomly selected household in a village has been identified, one moves to the next nearest household that is directly opposite the door of the aforementioned household for the first interview in that village. For this very point, the methodology probably works best in areas where households are located along well defined streets.

The poor state of some roads in the region characterized with huge pot holes also slowed transportation and in some areas data collectors had to walk for miles on foot as there was no easy navigation of roads. Similar to some areas within Uganda, most of the roads in East Central Uganda are seasonal and when it rains, they become wet and impassable. Though it did not rain so much during the time of the survey, rains in different districts posed a challenge during the data collection exercise as work would come to a standstill. The worst scenario was found in Sigulu, Jaguzi and other islands that are situated on Lake Victoria. First, it is hard to access them as interviewers take long hours travelling on the lake. Additionally, there are few or no roads on these islands thus making it hard to access sampled villages on these islands. Further, there are hardly any vehicles on these islands thus interviewers had to walk for long hours on foot to reach sampled villages.

In some districts, most or all the district officials who were selected by the different District Health Officers were very quick at conceptualizing the methodology, committed to the exercise and did show high levels of engagement and involvement. However to a limited extent, some district officials were either not very committed to the LQAS exercise or were simply not competent to carry out this exercise. These were noted and their respective DHOs advised accordingly. In other cases, trainers would pay more attention to trainees who had been identified as not performing to the desired standards and some of these were later on seen to improve.

It is STAR-EC's desire that all the trained district participants will continue with the execution of this activity on an annual basis. However, STAR-EC is not certain that the same personnel that were trained will be the very ones to continue with the execution of this exercise during the subsequent years. Capacity building for any given task is never a one off event but a continuous one. Therefore, it is very imperative that the same individuals who received this initial training are the very individuals who should turn up for the subsequent follow on activities

as this will enhance their individual and district capacities. It is a challenge that the ever increasing staff turnover affects all the East Central districts and it could also contribute to hiccups in subsequent trainings and surveys.

4.2 Lessons Learned

Involvement of both junior and senior district officers in this exercise has additional advantages when compared to the sole utilization of senior officers. The senior officers help to give stewardship to the junior officers. Additionally, they get to interface with district specific gaps first hand as they are collecting this data. This was very evident especially during the collection of data from health facilities. Owing to their experiences during the survey, the senior district officials thereafter become empowered to become better planners and managers based on evidence obtained from collected data. Junior officers are more likely to be involved in all the nitty-gritty of the execution of this methodology. They are more readily available given the fact that they have fewer district roles to play when compared to the senior district officials who are at times called upon mid way through the survey exercise to attend to some other district activities.

The 'boda boda' (motorcycle taxi) hire mechanism is very effective in helping data collectors reach randomly sampled villages at a relatively cheaper cost. Additionally, if the participating District Local Governments could provide their motorcycles for the data collectors and they are fueled by STAR-EC during the data collection exercise, then this would help to cut costs further and in a way help in the promotion of a spirit of partnership.

District involvement in the planning and execution of LQAS activities helps to promote ownership of the activity by the district. Partnership between districts and STAR-EC has also been enhanced by all districts providing their staff in the utilization of the entire methodology thus providing some answers to making LQAS activities sustainable.

Supporting district LQAS focal persons was found to be very helpful as they are continuously being groomed into the future leaders of this exercise in every district. These focal persons not only helped during the survey exercise but in the mobilization of the district authorities to discuss results and come up with action plans during the LQAS dissemination.

The continuity of the LQAS exercise can only be ensured if districts and their program staff can be fully trained to understand and utilize the results that are generated by the survey in their annual planning.

Building rapport especially with the local authorities is very important and builds confidence in the local community sharing their ideas freely.

Training of district and CSO staff in the LQAS methodology has empowered them in the deeper conceptualization of community programs, how they operate, what affects them and insights on how to alleviate undesirable issues

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Overall, the 2010 follow-up survey revealed an increment in the performance of quite a number of the key program indicators when compared to the baseline. However, the increase in some of the indicators was not significant. Further, differences in a number of these indicators as presented in prior sections, were among others noted by respondent's demographics of age, sex and district. In the analysis, significant improvements were noted for the following key indicators: 1) knowledge of the three major ways of HIV prevention; 2) willingness to accept circumcision; 3) ever taken an HIV-test; 4) coverage of respondents aware of any signs and/or symptoms of TB; 5)

On the other hand, increase in coverage of the following indicators during the 2010 survey was not significant 1) knowledge of where one could take an HIV test; 2) HIV testing one year prior to the survey; 3) proportion of adults (15 years and above) testing and receiving their results; 4) proportion of young people (ages 15-24) aware of place where one could go for HIV test; 5) willingness to disclose HIV results among adults (15 year and above); 6) proportion using Family planning and/or modern method; 7) coverage of pregnant women who were offered an HIV&AIDS test during ANC; 8) uptake of ART for HIV positive patients; 9) households reporting having terminally ill or bedridden persons;

Despite the existence of non-significant changes noted in some of the aforementioned indicators, the results affirm positive impact of STAR-EC and other development partner program interventions. Nevertheless, one year may be quite a short period of time to achieve significant changes in most of these indicators. Thus, quite a number of suggested conclusions and recommendations during the baseline still hold, however findings of target groups by sex, age and district may differ.

5.2 Recommendations

Based on the results of the 2010 survey, the study suggests the following recommendations:

- Scaling up measures to educate respondents on HIV&AIDS prevention methods with focus on females and respondents mainly from Namayingo District. These were less likely to know the three major prevention methods. In addition, BCC interventions should target reducing the proportion of individuals who still believe in the three major HIV transmission misconceptions that include the belief of HIV transmission through mosquito bites, witchcraft and sharing of food with an infected person
- Though on the increase, only half of adults have ever tested for HIV while seven in every ten of these tested within the last year prior to the survey. This is an indication that the majority of persons testing within the last one year have ever tested for HIV and therefore a suggestion that the majority of individuals currently testing have ever tested before. There is, therefore, need to reach out to the other half of individuals who have never taken an HIV test. Also, in view of the low coverage of respondents who have ever tested for HIV, there is need to encourage individuals to know their status and this remains urgent particularly among the young people aged (15-24 years); the males; and respondents in Luuka and Buyende districts. There is also need to promote TB, PMTCT and ART service scale up in all or most of the districts. Further, counseling of all pregnant women during ANC and increasing male involvement in PMTCT programs is paramount. Though not significant, results seem to suggest a downward trend on reproductive health indicators and ANC indicators – a situation worth working on by both STAR-EC and other implementing partners.
- Increased partnership and collaboration of the district local government and the private sector is highly recommended as a big number of private health facilities assessed were found to serve a sizeable number of clients that cannot be neglected. The USAID supported SDS project could be used to help foster and strengthen this desired collaboration and partnership.
- The success garnered during the execution of this LQAS methodology training, data collection, manual tabulation and analysis should be followed up with each respective district LQAS focal persons in the promotion of evidence based planning and decision making within each District. This will help in directing resources and planning for the neediest supervision areas. In addition, newly trained district personnel from the 3 new districts of Namayingo, Luuka and Buyende need to be followed up closely in the application of LQAS (since they are applying this methodology for the very first time in their districts).

6.0 APPENDICES

Appendix 1: Adults 15-54 years household survey results 2009/2010

| Indicator definitions | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | | |
|--|------------------|--------|------|---------|------|--------|------|--------|------|--------|------|-------|---------------------------------|--------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|------|--|
| | Year of Survey | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | |
| | | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| REPRODUCTIVE HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of pregnant women attending ANC at least once during the last pregnancy | 92.6 | 90.5 | 91.6 | 95.8 | 89.5 | 92.6 | 92.6 | 87.4 | 99.0 | 94.7 | 92.6 | 91.6 | 77.9 | 91.6 | 94.7 | 92.1 | 91.4 | | | | | | | | | | |
| % of pregnant women attending ANC at least 4 times during the last pregnancy | 50.5 | 40.0 | 43.2 | 51.6 | 48.4 | 41.1 | 42.1 | 42.1 | 46.3 | 45.3 | 60.0 | 45.3 | 45.3 | 49.5 | 51.6 | 49.1 | 44.8 | | | | | | | | | | |
| % of pregnant women attending ANC that were accompanied by their partners | 31.6 | 35.8 | 34.7 | 28.4 | 30.5 | 43.2 | 40.0 | 40.0 | 39.0 | 41.1 | 36.8 | 36.8 | 26.3 | 49.5 | 43.2 | 38.3 | 35.4 | | | | | | | | | | |
| % of women receiving two or more doses of IPT during their last pregnancy | 63.2 | 64.2 | 71.6 | 64.2 | 68.4 | 76.8 | 65.3 | 64.2 | 64.2 | 63.2 | 64.2 | 62.1 | 64.2 | 67.4 | 64.2 | 66.8 | 66.2 | | | | | | | | | | |
| % of women who received any IPT | 71.6 | 74.7 | 82.1 | 76.8 | 77.9 | 85.3 | 82.1 | 75.8 | 73.7 | 73.7 | 77.9 | 71.6 | 72.6 | 75.8 | 77.9 | 78.3 | 76.4 | | | | | | | | | | |
| % of women who received only two IPT doses | 37.9 | 36.8 | 32.6 | 29.5 | 28.4 | 21.1 | 30.5 | 27.4 | 22.1 | 22.1 | 28.4 | 22.1 | 43.2 | 24.2 | 23.2 | 28.6 | 29.1 | | | | | | | | | | |
| % of deliveries (in the last 2 years) that took place in a health facility | 47.4 | 50.5 | 65.3 | 77.9 | 79.0 | 68.4 | 76.8 | 85.3 | 85.3 | 71.6 | 67.4 | 65.3 | 40.0 | 76.8 | 74.7 | 69.1 | 66.3 | | | | | | | | | | |
| % of women currently using family planning methods | 26.3 | 25.1 | 15.8 | 26.9 | 24.2 | 23.8 | 24.5 | 24.5 | 24.5 | 26.5 | 23.6 | 24.4 | 26.6 | 26.5 | 28.8 | 25.3 | 23.6 | | | | | | | | | | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | |
|--|----------------|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|--|-----------|--|-------|--|---------|--|-------|------|------|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | |
| % of women 15-49 years using modern family methods | Total | 22.2 | 19.0 | 12.8 | 23.6 | 22.6 | 21.4 | 15.3 | 20.2 | 23.7 | 23.5 | 20.9 | 23.9 | 26.0 | 24.4 | 27.2 | | | | | | | | | 22.1 | 21.6 |
| PMICT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of women who were offered an HIV test during ANC in last 2 years | Total | 60.2 | 52.6 | 35.8 | 51.1 | 62.1 | 45.7 | 43.6 | 47.4 | 73.7 | 61.7 | 64.2 | 71.6 | 59.6 | 51.6 | 60.0 | | | | | | | | | 53.4 | 57.9 |
| % of women tested for HIV during ANC in last 2 years | Total | 52.6 | 48.4 | 32.6 | 46.3 | 56.8 | 41.1 | 37.9 | 44.2 | 67.4 | 55.8 | 61.1 | 70.5 | 50.5 | 48.4 | 53.7 | | | | | | | | | 49.0 | 52.6 |
| % of women tested and received their HIV test results during ANC in last 2 years | Total | 47.4 | 46.3 | 31.6 | 42.1 | 51.6 | 29.5 | 34.7 | 43.2 | 65.3 | 48.4 | 61.1 | 66.3 | 45.3 | 40.0 | 47.4 | | | | | | | | | 43.9 | 48.5 |
| % of women tested, received and disclosed their results to their partners | Total | 42.1 | 42.1 | 29.5 | 42.1 | 43.2 | 27.4 | 31.6 | 37.9 | 63.2 | 43.2 | 55.8 | 59.0 | 40.0 | 35.8 | 44.2 | | | | | | | | | 40.2 | 44.0 |
| (Of those women who were offered an HIV test during ANC in last 2 years) % who tested and received their results | Total | 90.0 | 91.7 | 96.7 | 93.0 | 90.7 | 73.7 | 94.3 | 97.6 | 98.4 | 86.8 | 100.0 | 94.0 | 89.6 | 82.6 | 90.0 | | | | | | | | | 90.3 | 92.4 |
| (Of those women tested for HIV during ANC in last 2 years) % who did not receive their results | Total | 10.0 | 6.5 | 3.2 | 7.0 | 9.3 | 26.3 | 5.7 | 2.4 | 1.6 | 13.2 | 0.0 | 6.0 | 10.4 | 17.4 | 10.0 | | | | | | | | | 9.8 | 7.4 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | |
|---|---------------------|------------------|-------|--------|------|--------|------|--------|------|-------|-------|--------|-------|---------------------------------|------|-----------|------|-------|------|---------|------|-------|------|
| | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | |
| (Of those pregnant women who attended ANC at least 4 times during the last pregnancy) % who tested and received their HIV results | 2010 | 95.5 | 100.0 | 91.7 | 96.6 | 2010 | 96.0 | 73.7 | 92.0 | 96.0 | 100.0 | 88.5 | 100.0 | 2010 | 96.0 | 2010 | 90.6 | 95.4 | 2009 | 90.6 | 60.4 | 60.4 | 59.4 |
| | 2009 | 90.0 | 66.3 | 66.3 | 60.0 | 2009 | 52.6 | 55.8 | 56.8 | 55.8 | 68.4 | 56.8 | 56.8 | 2009 | 84.6 | 2009 | 60.0 | 60.0 | 62.1 | 62.1 | 62.1 | 59.4 | 59.4 |
| % of pregnant women who were counselled about PMTCT | Total | 63.2 | 48.4 | 66.3 | 60.0 | 2010 | 64.2 | 64.2 | 77.9 | 77.9 | 79.0 | 79.0 | 79.0 | 2010 | 52.6 | 2010 | 60.0 | 60.0 | 62.1 | 62.1 | 62.1 | 59.4 | 59.4 |
| | Total | 59.0 | 45.3 | 70.5 | 63.2 | 2009 | 55.8 | 55.8 | 64.2 | 64.2 | 68.4 | 68.4 | 68.4 | 2009 | 48.4 | 2009 | 60.0 | 60.0 | 62.1 | 62.1 | 62.1 | 59.4 | 59.4 |
| % of pregnant women who were counselled about HIV prevention (things to do) | Total | 89.4 | 96.3 | 95.1 | 89.8 | 2010 | 73.5 | 73.5 | 93.8 | 93.8 | 97.0 | 97.0 | 97.0 | 2010 | 90.4 | 2010 | 90.8 | 92.6 | 90.8 | 90.8 | 90.8 | 92.6 | 92.6 |
| | Total | 66.1 | 70.4 | 51.9 | 61.9 | 2009 | 68.1 | 68.1 | 65.3 | 65.3 | 62.2 | 62.2 | 62.2 | 2009 | 62.4 | 2009 | 61.3 | 63.0 | 61.3 | 61.3 | 61.3 | 63.0 | 63.0 |
| Proportion of women who know a mother can transmit HIV to her infant during: | Preg-nancy Delivery | 87.5 | 80.8 | 89.3 | 88.9 | 2010 | 84.3 | 84.3 | 80.1 | 80.1 | 90.8 | 91.7 | 91.7 | 2010 | 86.4 | 2010 | 88.8 | 86.9 | 88.8 | 88.8 | 88.8 | 86.9 | 86.9 |
| | Breast-feeding | 78.0 | 63.4 | 70.0 | 71.3 | 2009 | 74.0 | 74.0 | 66.7 | 66.7 | 72.4 | 72.8 | 72.8 | 2009 | 69.6 | 2009 | 74.8 | 71.1 | 74.8 | 74.8 | 74.8 | 71.1 | 71.1 |
| Proportion of men who know a mother can transmit HIV to her infant during: | Preg-nancy Delivery | 69.4 | 70.8 | 63.0 | 68.4 | 2010 | 62.1 | 62.1 | 66.0 | 66.0 | 53.0 | 52.9 | 52.9 | 2010 | 57.3 | 2010 | 59.3 | 61.1 | 59.3 | 59.3 | 59.3 | 61.1 | 61.1 |
| | Breast-feeding | 89.6 | 81.9 | 85.5 | 81.8 | 2009 | 84.1 | 84.1 | 82.4 | 82.4 | 92.6 | 90.7 | 90.7 | 2009 | 93.3 | 2009 | 88.0 | 86.3 | 88.0 | 88.0 | 88.0 | 86.3 | 86.3 |
| % of adults who know at least one MICT way | Total | 93.4 | 92.6 | 95.26 | 93.4 | 2010 | 92.4 | 92.4 | 89.5 | 89.5 | 96.1 | 96.3 | 96.3 | 2010 | 96.1 | 2010 | 95.1 | 93.7 | 95.1 | 95.1 | 95.1 | 93.7 | 93.7 |
| | Total | 49.5 | 47.9 | 40.0 | 45.3 | 2009 | 49.2 | 49.2 | 46.1 | 46.1 | 43.2 | 41.8 | 41.8 | 2009 | 47.9 | 2009 | 47.5 | 43.7 | 47.5 | 47.5 | 47.5 | 43.7 | 43.7 |
| WATER AND SANITATION | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | |
|--|--|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|-----|-----|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | | |
| % of house holds main source of drinking water | Piped into dwelling | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.4 | 0.3 | 0.3 | 0.3 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 0.5 | 0.4 | 0.5 |
| | Piped into yard/plot | 1.1 | 1.6 | 1.4 | 0.3 | 1.4 | 0.4 | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 | 0.5 | 0.6 | 0.5 |
| | public tap | 0.7 | 1.6 | 0.7 | 1.1 | 0.7 | 1.1 | 0.0 | 0.0 | 0.8 | 4.3 | 0.8 | 4.3 | 0.0 | 1.1 | 0.0 | 0.0 | 0.0 | 1.1 | 0.0 | 0.0 | 0.0 | 0.0 | 1.4 | 2.0 | 1.4 | 2.0 |
| | Bore hole | 50.0 | 62.1 | 95.1 | 95.0 | 87.3 | 92.6 | 84.4 | 71.8 | 57.1 | 29.5 | 82.0 | 81.0 | 77.5 | 73.9 | 6.1 | 5.6 | 6.1 | 5.6 | 6.1 | 5.6 | 6.1 | 5.6 | 7.6 | 8.4 | 7.6 | 8.4 |
| | Protected well/spring | 10.5 | 13.4 | 0.4 | 0.5 | 0.4 | 1.4 | 1.1 | 5.8 | 6.9 | 13.7 | 14.5 | 13.8 | 11.3 | 11.4 | 13.8 | 11.3 | 11.4 | 13.8 | 11.3 | 11.4 | 13.8 | 11.3 | 0.1 | 0.3 | 0.1 | 0.3 |
| | unprotected well/spring | 11.2 | 15.3 | 1.1 | 2.1 | 1.1 | 3.2 | 2.4 | 6.9 | 6.9 | 13.7 | 14.5 | 13.8 | 11.3 | 11.4 | 13.8 | 11.3 | 11.4 | 13.8 | 11.3 | 11.4 | 13.8 | 11.3 | 0.1 | 0.3 | 0.1 | 0.3 |
| | Rain water | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 0.7 | 0.0 | 0.0 | 0.0 | 0.4 | 0.4 | 0.0 | 1.4 | 0.4 | 0.0 | 1.4 | 0.4 | 0.0 | 1.4 | 0.4 | 0.0 | 0.1 | 0.3 | 0.1 | 0.3 |
| | Cart with tank/drum | 0.00 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 0.8 | 0.0 | 0.0 | 0.0 | 0.3 | 0.3 | 0.0 | 1.6 | 0.3 | 0.0 | 1.6 | 0.3 | 0.0 | 1.6 | 0.3 | 0.0 | 0.1 | 0.3 | 0.1 | 0.3 |
| | Surface Water (River,Stream,Dam,Lake,Canal,Irrigation Channel) | 26.1 | 5.8 | 1.4 | 1.1 | 1.4 | 5.3 | 1.1 | 1.9 | 1.9 | 3.3 | 9.5 | 51.9 | 0.0 | 0.3 | 9.5 | 51.9 | 0.0 | 0.3 | 9.5 | 51.9 | 0.0 | 0.3 | 6.1 | 8.7 | 6.1 | 8.7 |
| | bottled water | 26.0 | 0.3 | 1.4 | 0.0 | 1.4 | 5.3 | 0.0 | 0.0 | 0.0 | 3.2 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 6.0 | 0.1 | 6.0 | 0.1 |
| | other | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.00 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.0 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | |
|---|---------------------------|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|------|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| % of households re-porting use of different water storage facilities | Jerrican | 10.6 | 4.3 | 3.3 | 6.4 | 12.7 | 1.4 | 1.3 | 6.7 | 5.6 | 4.6 | 6.7 | 8.6 | 17.9 | 3.2 | 4.5 | | | | | | | | | 5.8 | 7.0 |
| | Clay pot | 88.3 | 94.9 | 96.2 | 92.9 | 85.4 | 98.6 | 98.7 | 92.7 | 94.4 | 95.4 | 93.3 | 88.8 | 81.3 | 96.8 | 95.5 | | | | | | | | | 93.8 | 92.3 |
| | Water guard | 1.1 | 0.0 | 0.6 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.9 | 0.5 | 0.0 | 0.0 | | | | | | | | | 0.2 | 0.4 |
| % of households with functional toilet | Total | 85.1 | 91.5 | 84.4 | 92.1 | 89.4 | 86.3 | 88.7 | 92.2 | 87.0 | 88.3 | 94.4 | 87.0 | 66.8 | 91.1 | 91.0 | | | | | | | | | 90.2 | 86.0 |
| | VIP | 5.1 | 3.9 | 2.0 | 9.3 | 11.9 | 4.2 | 8.8 | 0.8 | 1.6 | 3.4 | 6.4 | 1.2 | 2.9 | 3.2 | 0.3 | | | | | | | | | 4.9 | 4.0 |
| | Toilet with concrete slab | 8.9 | 17.2 | 19.9 | 29.5 | 31.6 | 14.3 | 18.5 | 30.6 | 28.6 | 25.5 | 16.2 | 23.4 | 15.5 | 16.8 | 19.1 | | | | | | | | | 19.6 | 22.3 |
| Toilet without concrete slab | Total | 84.3 | 78.6 | 77.8 | 60.9 | 56.2 | 80.7 | 72.4 | 68.6 | 65.4 | 66.6 | 77.4 | 75.4 | 81.2 | 78.0 | 80.3 | | | | | | | | | 74.8 | 72.4 |
| | Flush toilet | 0.0 | 0.0 | 0.0 | 0.4 | 0.3 | 0.4 | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | 0.1 | 0.1 |
| | Other | 1.7 | 0.3 | 0.3 | 0.0 | 0.0 | 0.4 | 0.0 | 0.0 | 4.4 | 4.3 | 0.0 | 0.0 | 0.4 | 2.0 | 0.3 | | | | | | | | | 0.7 | 1.1 |
| HIV/AIDS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of adults (15 years and above) who have ever taken an HIV test | Total | 50.9 | 57.3 | 37.6 | 41.5 | 51.2 | 44.9 | 44.5 | 48.0 | 63.7 | 38.3 | 56.9 | 63.9 | 50.1 | 45.1 | 54.6 | 42.5 | 45.8 | 51.3 | 54.7 | 47.9 | 51.3 | | | 47.9 | 51.3 |
| | Female | 55.7 | 61.8 | 42.0 | 45.9 | 57.3 | 46.0 | 44.9 | 51.3 | 69.6 | 40.2 | 64.0 | 67.9 | 50.9 | 44.0 | 57.4 | | | | | | | | | 51.2 | 54.7 |
| | Male | 43.1 | 49.7 | 30.6 | 34.3 | 39.9 | 43.1 | 43.8 | 43.0 | 53.6 | 35.2 | 44.6 | 58.4 | 49.0 | 46.7 | 50.3 | | | | | | | | | 42.5 | 45.8 |
| % of adults (15 years and above) who have tested for HIV in last 1 year | Total | 36.8 | 44.2 | 21.1 | 29.7 | 38.2 | 30.5 | 31.3 | 37.9 | 54.0 | 25.5 | 44.0 | 47.1 | 44.2 | 36.1 | 43.2 | 30.1 | 33.4 | 39.5 | 42.1 | 35.8 | 38.7 | | | 35.8 | 38.7 |
| | Female | 40.4 | 49.4 | 24.3 | 36.5 | 42.5 | 31.1 | 33.9 | 41.3 | 59.6 | 26.2 | 51.3 | 51.8 | 46.0 | 35.8 | 45.2 | | | | | | | | | 39.5 | 42.1 |
| | Male | 31.0 | 35.5 | 15.9 | 19.1 | 30.1 | 29.7 | 27.5 | 32.7 | 44.3 | 24.5 | 31.4 | 40.7 | 41.3 | 36.4 | 40.0 | | | | | | | | | 30.1 | 33.4 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | |
|---|----------------|------------------|------|--------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|------|-----------|------|-------|------|---------|--|-------|--|--|--|
| | | Buyende | | Bugiri | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | |
| (Of those adults (15+ years) who have ever taken an HIV test) % who had an HIV test in last 1 year | 2009 | 72.5 | 78.9 | 72.9 | 74.7 | 68.6 | 70.8 | 79.6 | 85.8 | 68.3 | 77.7 | 74.0 | 89.4 | 81.6 | 79.2 | 71.8 | 73.6 | 77.1 | 78.0 | 75.3 | 76.5 | | | | | | |
| | 2010 | 57.6 | 40.8 | 27.9 | 34.5 | 26.6 | 30.0 | 36.6 | 51.3 | 24.2 | 41.6 | 43.4 | 38.7 | 32.4 | 39.7 | 27.5 | 30.6 | 36.8 | 39.0 | 33.2 | 35.8 | | | | | | |
| % of adults (15 years and above) who have tested and received their HIV test results in last 1 year | Total | 34.2 | 44.8 | 33.9 | 38.9 | 26.4 | 33.5 | 40.4 | 57.1 | 25.3 | 49.2 | 47.3 | 40.1 | 32.3 | 41.7 | | | | | | | | | | | | |
| | Female | 38.3 | 34.0 | 18.4 | 26.3 | 26.9 | 24.8 | 30.7 | 41.4 | 22.4 | 28.6 | 38.3 | 36.4 | 32.5 | 36.7 | | | | | | | | | | | | |
| % of adults (15+ years) who know where they can be tested for HIV | Total | 78.9 | 85.6 | 82.6 | 87.0 | 81.3 | 84.5 | 88.3 | 88.3 | 76.4 | 87.9 | 88.4 | 78.8 | 80.0 | 81.8 | 84.9 | 84.4 | 81.0 | 82.5 | 82.5 | 83.2 | | | | | | |
| | Total | 58.7 | 62.6 | 48.7 | 57.5 | 50.8 | 50.6 | 55.0 | 69.1 | 47.7 | 61.5 | 68.7 | 59.0 | 53.5 | 61.6 | 47.8 | 51.5 | 59.3 | 61.9 | 54.8 | 57.9 | | | | | | |
| (Of those who know where they can be tested for HIV) % that has actually ever tested | Total | 72.7 | 82.2 | 72.9 | 76.1 | 70.7 | 73.0 | 80.1 | 86.4 | 69.6 | 78.5 | 75.7 | 89.1 | 81.5 | 79.6 | 72.4 | 74.8 | 78.3 | 79.6 | 76.2 | 77.9 | | | | | | |
| | Total | 45.5 | 38.4 | 32.6 | 50.8 | 33.7 | 37.9 | 41.6 | 30.5 | 41.1 | 31.3 | 41.6 | 33.7 | 31.8 | 27.6 | 39.1 | 59.6 | 34.2 | 67.6 | 36.1 | 64.5 | | | | | | |
| % of adults (15+ years) who believe that HIV patients should take ARV drugs | Total | 66.8 | 64.1 | 56.0 | 71.9 | 55.2 | 59.0 | 51.9 | 49.9 | 59.7 | 57.1 | 73.1 | 42.7 | 61.5 | 64.9 | 64.2 | 62.7 | 54.2 | 56.4 | 58.0 | 58.8 | | | | | | |
| | Total | 66.8 | 64.1 | 56.0 | 71.9 | 55.2 | 59.0 | 51.9 | 49.9 | 59.7 | 57.1 | 73.1 | 42.7 | 61.5 | 64.9 | 64.2 | 62.7 | 54.2 | 56.4 | 58.0 | 58.8 | | | | | | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | |
|---|-------------------------------|------------------|------|-----------|------|--------|------|-------|------|--------|------|--------|------|---------------------------------|------|---------|------|--------|------|-------|------|--|------|------|
| | | Namutumba | | Namayingo | | Mayuge | | Luuka | | Kamuli | | Kaliro | | Iganga | | Buyende | | Bugiri | | TOTAL | | | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | | | |
| (Of those adults (15+ years) who know a place to get ARV drugs for HIV patients) % that mentioned health unit or private clinic | Total | 90.7 | 94.4 | 90.0 | 96.2 | 96.2 | 97.3 | 96.4 | 97.2 | 93.2 | 88.7 | 88.7 | 87.5 | 93.6 | 92.1 | 97.9 | | | | | | | 92.2 | 94.5 |
| % of adults (15+ years) who know a place to obtain condoms | Total | 79.7 | 81.8 | 84.2 | 84.0 | 78.2 | 91.0 | 86.3 | 90.6 | 89.9 | 84.5 | 90.5 | 74.2 | 84.4 | 89.0 | 89.0 | | | | | | | 82.8 | 90.5 |
| (Of those adults (15+ years) who know a place to obtain condoms) % that mentioned; | Health unit or private clinic | 83.5 | 81.8 | 84.3 | 84.0 | 89.2 | 91.0 | 84.8 | 90.6 | 89.9 | 84.4 | 90.5 | 74.2 | 86.3 | 89.0 | 89.0 | | | | | | | 85.4 | 82.4 |
| | Shop | 47.9 | 45.0 | 46.7 | 49.2 | 48.2 | 56.3 | 48.2 | 30.4 | 50.7 | 53.6 | 47.8 | 48.6 | 37.2 | 42.0 | 42.0 | | | | | | | 46.9 | 45.3 |
| | Village health worker | 15.5 | 16.9 | 7.5 | 3.3 | 10.1 | 3.7 | 9.8 | 5.0 | 4.9 | 5.3 | 12.8 | 8.2 | 3.8 | 7.4 | 7.4 | | | | | | | 8.6 | 7.9 |
| % of adults who can mention at least one major way of HIV&AIDS prevention | Total | 91.8 | 95.0 | 96.6 | 97.1 | 96.6 | 95.3 | 96.6 | 99.0 | 97.6 | 90.3 | 98.4 | 97.1 | 90.5 | 98.2 | 98.2 | | | | | | | 93.7 | 97.2 |
| % of adults who can mention the 3 major ways of HIV&AIDS prevention | Total | 50.8 | 64.7 | 58.4 | 66.8 | 67.9 | 65.0 | 69.2 | 73.2 | 63.4 | 57.4 | 69.0 | 51.3 | 48.4 | 62.9 | 62.9 | | | | | | | 58.7 | 64.3 |
| | Female | 46.0 | 59.8 | 60.1 | 66.8 | 67.2 | 65.6 | 68.7 | 73.8 | 60.8 | 58.3 | 67.0 | 49.0 | 46.9 | 60.0 | 60.0 | | | | | | | 57.9 | 62.2 |
| | Male | 58.6 | 73.1 | 55.8 | 66.9 | 69.0 | 64.1 | 70.0 | 72.1 | 67.8 | 55.7 | 71.6 | 55.2 | 50.7 | 67.3 | 67.3 | | | | | | | 59.9 | 67.7 |
| (Of those adults who can mention at least 3 or more major ways of HIV&AIDS prevention) % who know where to access condoms | Total | 83.4 | 88.9 | 86.9 | 93.2 | 79.1 | 95.6 | 86.7 | 97.8 | 92.9 | 88.5 | 94.3 | 89.2 | 86.4 | 93.3 | 93.3 | | | | | | | 89.5 | 92.5 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | |
|---|----------------|------------------|------|--------|------|--------|------|--------|------|-------|------|--------|------|---------------------------------|------|-----------|------|-------|------|---------|------|-------|------|------|
| | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| (Of those adults who can mention at least 3 or more major ways of HIV&AIDS prevention) % who tested and received results in the last 1 year | | 95.4 | 91.5 | 93.1 | 90.2 | 86.9 | 97.6 | 97.0 | 96.1 | 95.6 | 91.9 | 96.7 | 88.8 | 82.5 | 90.9 | 91.5 | 93.2 | 91.5 | 91.5 | 93.2 | 91.5 | 93.2 | 91.5 | 93.2 |
| % of adults who can mentioning major ways of HIV&AIDS prevention | | 73.1 | 84.1 | 79.7 | 84.1 | 85.8 | 82.6 | 82.0 | 86.8 | 82.0 | 78.7 | 90.8 | 74.1 | 73.9 | 81.1 | 79.5 | 84.9 | 78.5 | 82.1 | 78.9 | 78.9 | 82.1 | 78.9 | 83.2 |
| Being faithful | | 75.3 | 84.1 | 81.8 | 85.4 | 81.6 | 84.2 | 85.5 | 90.5 | 86.1 | 69.0 | 81.1 | 81.1 | 71.2 | 89.2 | 79.2 | 86.7 | 76.2 | 83.6 | 77.4 | 84.8 | 83.6 | 77.4 | 84.8 |
| Condom use | | 72.8 | 83.9 | 78.7 | 84.0 | 84.4 | 80.0 | 88.1 | 88.4 | 86.2 | 80.9 | 90.5 | 77.3 | 73.4 | 81.6 | 80.6 | 86.9 | 79.2 | 81.7 | 79.7 | 83.7 | 81.7 | 79.7 | 83.7 |
| % of adults (15+) able to reject all the major HIV&AIDS misconceptions | | 44.7 | 35.8 | 46.3 | 47.1 | 44.7 | 51.6 | 52.4 | 43.2 | 37.4 | 49.7 | 47.9 | 36.8 | 51.6 | 50.0 | 52.6 | 48.6 | 45.5 | 39.4 | 48.3 | 42.9 | 39.4 | 48.3 | 42.9 |
| % of adults (15+) able to reject each of the major HIV&AIDS misconceptions | | 83.6 | 85.4 | 92.0 | 90.1 | 93.3 | 86.6 | 89.4 | 82.0 | 79.2 | 91.8 | 88.1 | 81.1 | 88.9 | 92.3 | 91.6 | 88.8 | 88.7 | 82.7 | 89.8 | 85.1 | 82.7 | 89.8 | 85.1 |
| Witchcraft | | 58.6 | 48.5 | 58.2 | 58.5 | 56.4 | 65.7 | 66.7 | 62.5 | 62.1 | 58.3 | 58.4 | 56.2 | 64.3 | 59.8 | 65.0 | 63.7 | 57.6 | 54.3 | 60.4 | 57.9 | 54.3 | 60.4 | 57.9 |
| Mosquito bites | | 76.9 | 74.9 | 79.9 | 76.4 | 70.1 | 71.7 | 80.6 | 72.0 | 67.7 | 79.8 | 76.5 | 73.4 | 84.4 | 85.5 | 81.5 | 78.1 | 76.8 | 72.2 | 78.6 | 74.4 | 72.2 | 78.6 | 74.4 |
| Sharing food | | 69.4 | 67.4 | 75.7 | 77.5 | 72.8 | 69.1 | 65.1 | 77.7 | 75.3 | 75.5 | 80.5 | 65.9 | 69.7 | 75.3 | 70.0 | 73.3 | 72.2 | 74.8 | 71.4 | 74.2 | 74.8 | 71.4 | 74.2 |
| Total | | 68.4 | 68.1 | 70.6 | 67.2 | 73.6 | 79.7 | 64.2 | 54.6 | 79.0 | 68.6 | 73.1 | 73.7 | 72.1 | 75.2 | 66.5 | 72.4 | 71.7 | 72.1 | 69.7 | 72.2 | 72.1 | 69.7 | 72.2 |
| To part-close HIV test results if ever went for test | | 39.2 | 46.9 | 38.1 | 42.0 | 42.8 | 34.9 | 41.5 | 27.0 | 32.4 | 37.6 | 42.3 | 36.8 | 43.8 | 41.3 | 47.1 | 44.5 | 36.4 | 32.8 | 40.4 | 37.2 | 32.8 | 40.4 | 37.2 |
| Family member | | 8.0 | 6.4 | 10.5 | 2.4 | 4.4 | 3.8 | 6.5 | 4.8 | 4.3 | 6.6 | 11.5 | 7.7 | 10.6 | 9.8 | 11.7 | 8.8 | 5.4 | 5.2 | 7.8 | 6.6 | 5.2 | 7.8 | 6.6 |
| Friends | | 8.0 | 6.4 | 10.5 | 2.4 | 4.4 | 3.8 | 6.5 | 4.8 | 4.3 | 6.6 | 11.5 | 7.7 | 10.6 | 9.8 | 11.7 | 8.8 | 5.4 | 5.2 | 7.8 | 6.6 | 5.2 | 7.8 | 6.6 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | |
|---|------------------------------|------------------|------|-----------|------|--------|------|-------|------|--------|------|--------|------|---------------------------------|------|---------|------|--------|------|-------|------|---------|------|-------|------|------|
| | | Namutumba | | Namayingo | | Mayuge | | Luuka | | Kamuli | | Kaliro | | Iganga | | Buyende | | Bugiri | | Males | | Females | | TOTAL | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| (Of those adults (15+ years) who have tested and received their HIV test results in last 1 year) % who say would be willing to disclose their results to: | Any one | 78.5 | 88.4 | 71.2 | 83.0 | 81.7 | 81.7 | 78.2 | 75.4 | 84.2 | 64.6 | 81.5 | 81.0 | 81.2 | 81.0 | 42.4 | 42.4 | 81.0 | 81.0 | 79.3 | 80.1 | 80.4 | 77.4 | 80.1 | 80.1 | 78.3 |
| | Family member/friend | 37.7 | 29.7 | 34.3 | 26.4 | 32.1 | 25.7 | 25.7 | 25.4 | 29.5 | 21.0 | 44.6 | 28.5 | 42.4 | 39.5 | 33.3 | 33.3 | 41.7 | 38.4 | 37.9 | 26.6 | 32.0 | 30.4 | 30.4 | 33.9 | |
| | Partner | 57.7 | 78.1 | 54.8 | 69.8 | 64.9 | 67.3 | 67.3 | 67.5 | 62.6 | 48.7 | 66.3 | 64.6 | 68.5 | 64.0 | 64.2 | 64.2 | 61.6 | 61.6 | 63.6 | 65.2 | 63.8 | 63.8 | 64.1 | 63.7 | |
| | Total | 95.5 | 96.7 | 94.3 | 98.1 | 97.9 | 97.9 | 97.9 | 96.0 | 99.5 | 97.6 | 95.9 | 98.1 | 97.6 | 89.2 | 98.6 | 98.6 | 98.1 | | | | | | | 98.0 | 95.9 |
| % of adults who know what to do if family member were HIV positive | Take them to health facility | 90.8 | 88.2 | 89.5 | 93.4 | 88.4 | 93.4 | 93.4 | 92.6 | 91.6 | 75.0 | 90.5 | 96.3 | 92.6 | 88.2 | 93.7 | 93.7 | 92.9 | 95.1 | 91.9 | 92.0 | 86.6 | 93.2 | 93.2 | 88.7 | |
| | Traditional healer/herbalist | 1.6 | 1.8 | 2.4 | 0.5 | 1.1 | 1.1 | 1.1 | 1.3 | 7.9 | 1.8 | 0.8 | 0.3 | 1.6 | 2.4 | 1.1 | 1.1 | 0.8 | 2.2 | 1.2 | 2.0 | 1.8 | 2.1 | 1.6 | 1.6 | |
| | Faith healing | 2.1 | 2.4 | 2.4 | 1.3 | 2.9 | 1.3 | 1.3 | 5.8 | 1.8 | 2.1 | 4.0 | 1.3 | 9.7 | 6.3 | 0.8 | 0.8 | 0.0 | 1.7 | 4.4 | 1.3 | 3.7 | 1.5 | 4.0 | 4.0 | |
| | Give family care/support | 38.7 | 22.9 | 33.4 | 41.8 | 47.6 | 45.8 | 45.8 | 54.0 | 39.5 | 24.5 | 39.0 | 24.7 | 33.4 | 20.3 | 32.4 | 32.4 | 37.6 | 36.6 | 36.4 | 37.5 | 33.7 | 37.2 | 34.7 | 34.7 | |
| % who would not keep it secret if they found out that a family member were HIV positive | Total | 36.8 | 35.0 | 41.3 | 29.3 | 34.7 | 32.1 | 32.1 | 40.5 | 42.4 | 32.5 | 34.9 | 30.8 | 33.4 | 42.1 | 32.4 | 32.4 | 36.6 | 37.5 | 40.4 | 31.7 | 34.5 | 34.0 | 36.7 | 36.7 | |
| % who say female teacher HIV positive should be allowed to continue teaching | Total | 62.9 | 58.7 | 48.4 | 58.0 | 61.6 | 49.6 | 49.6 | 53.5 | 65.6 | 66.4 | 55.3 | 65.5 | 63.5 | 61.3 | 57.3 | 57.3 | 58.9 | 62.8 | 59.8 | 58.0 | 58.0 | 59.8 | 58.7 | 58.7 | |
| CARE AND SUPPORT | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | |
|---|----------------|------------------|------|--------|-------|--------|-------|--------|-------|-------|-------|--------|------|---------------------------------|------|-----------|------|-------|------|---------|------|-------|------|
| | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | |
| % of households with a person who is very sick or bed ridden for a period of three or more months, or anyone who died after being sick for more than three months | 2009 | 15.8 | 7.9 | 8.5 | 7.4 | 11.1 | 5.3 | 13.7 | 11.1 | 12.1 | 15.3 | 15.8 | 12.6 | 12.1 | 12.1 | 15.9 | 13.4 | 9.8 | 12.7 | 11.6 | 96.9 | 27.7 | 21.7 |
| | 2010 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 | 16.3 |
| (Of those affected households) % of households receiving care and support for a sick bedridden person or someone who died after being sick or bed-ridden for more than 3 months (Home-based care) | 2009 | 56.7 | 66.7 | 75.0 | 42.9 | 81.0 | 70.0 | 53.9 | 57.1 | 60.9 | 34.5 | 50.0 | 79.2 | 47.8 | 53.3 | 50.0 | 50.0 | 59.5 | 55.9 | 54.0 | 96.4 | 22.6 | 22.6 |
| | 2010 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 | 25.8 |
| (Of those with terminal ill persons) % of respondents who reported they would be willing to care for a terminally ill person | 2009 | 100.0 | 93.3 | 100.0 | 100.0 | 100.0 | 100.0 | 96.2 | 100.0 | 95.7 | 100.0 | 100.0 | 95.7 | 100.0 | 96.6 | 96.4 | 96.4 | 97.6 | 99.3 | 96.9 | 96.4 | 20.8 | 20.8 |
| | 2010 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 | 93.1 |
| % of households with any children under 18 years whose father, mother, or both parents died (orphans) | 2009 | 31.6 | 26.3 | 22.8 | 17.1 | 28.4 | 16.8 | 23.7 | 19.5 | 24.9 | 30.0 | 22.8 | 20.1 | 29.8 | 23.9 | 22.6 | 22.6 | 20.8 | 27.7 | 21.7 | 22.6 | 20.8 | 20.8 |
| | 2010 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 |

| Indicator definitions | DISTRICT RESULTS | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | | | | |
|--|------------------|---------|------|--------|------|--------|-------|--------|-------|--------|---------------------------------|-------|------|--------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|------|--|
| | Year of Survey | Buyende | | Bugiri | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | |
| | | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| (Of those affected households) % of households receiving care and support because of the presence of an orphan | Total | 16.7 | 8.0 | 4.4 | 18.6 | 21.9 | 31.5 | 31.3 | 6.7 | 8.1 | 10.6 | 15.8 | 18.6 | 21.1 | 23.2 | 17.8 | 14.1 | 14.1 | 15.8 | 19.1 | 14.9 | 15.8 | 19.1 | 14.9 | 15.8 | 19.1 | |
| % of households with an orphan aged 6-17 years that currently in schools | Total | 88.5 | 88.9 | 89.7 | 95.1 | 92.6 | 100.0 | 92.3 | 77.5 | 82.9 | 100.0 | 94.6 | 97.5 | 90.0 | 91.7 | 97.4 | 95.1 | 95.1 | 89.7 | 91.0 | 92.5 | 89.7 | 91.0 | 92.5 | 89.7 | 91.0 | |
| % of households with an orphan who was tested for HIV | Total | 10.3 | 16.3 | 26.3 | 27.9 | 12.5 | 11.1 | 10.3 | 11.4 | 8.1 | 9.5 | 8.7 | 23.8 | 7.9 | 13.7 | 19.1 | 14.9 | 14.9 | 15.5 | 13.5 | 15.2 | 15.5 | 13.5 | 15.2 | 15.5 | 13.5 | |
| % of households with an orphan who was tested for HIV and received results | Total | 57.1 | 57.1 | 66.7 | 84.6 | 71.4 | 27.3 | 66.7 | 100.0 | 66.7 | 50.0 | 80.0 | 66.7 | 40.0 | 87.5 | 77.8 | 77.8 | 77.8 | 53.1 | 69.4 | 61.8 | 53.1 | 69.4 | 61.8 | 53.1 | 69.4 | |
| TUBERCULOSIS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of adults (15+ years) who know that it is possible for a person to have TB and HIV at the same time | Total | 82.9 | 78.9 | 76.7 | 83.1 | 80.4 | 85.3 | 83.7 | 81.2 | 81.3 | 83.9 | 78.4 | 88.9 | 72.3 | 80.4 | 80.8 | 84.4 | 84.4 | 78.2 | 81.9 | 80.8 | 78.2 | 81.9 | 80.8 | 78.2 | 81.9 | |
| % of adults (15+ years) who know that TB is a curable disease | Total | 60.9 | 59.5 | 38.7 | 58.8 | 53.0 | 43.0 | 58.2 | 58.5 | 51.1 | 49.3 | 59.7 | 62.7 | 56.2 | 51.7 | 49.2 | 64.3 | 64.3 | 48.7 | 49.9 | 53.1 | 48.7 | 49.9 | 53.1 | 48.7 | 49.9 | |
| % of adults (15+ years) who know of the signs and symptoms of TB | Total | 84.4 | 78.6 | 70.1 | 84.9 | 83.0 | 81.1 | 82.5 | 85.2 | 82.1 | 81.7 | 84.4 | 88.4 | 75.4 | 86.3 | 83.4 | 87.1 | 84.4 | 78.3 | 84.4 | 80.6 | 78.3 | 84.4 | 80.6 | 78.3 | 84.4 | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS) | | | | | | | | | |
|--|---|------------------|-------|--------|------|--------|------|--------|------|-------|------|--------|------|----------------------------------|------|-----------|------|-------|------|---------|------|-------|------|
| | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 |
| % of adults (15+ years) who know what to do if they suspect family member of TB | take them to health unit | 80.0 | 73.95 | 77.6 | 75.0 | 75.3 | 78.4 | 78.2 | 74.0 | 73.2 | 77.9 | 83.2 | 70.3 | 79.7 | 79.5 | 83.5 | 80.1 | 74.7 | 71.7 | 78.1 | 74.9 | 78.1 | 74.9 |
| | provide continuous family care | 10.5 | 10.5 | 12.9 | 11.8 | 14.0 | 21.8 | 17.1 | 8.2 | 9.5 | 9.2 | 19.0 | 8.4 | 15.0 | 16.1 | 12.6 | 11.6 | 13.4 | 12.2 | 13.1 | 12.0 | 13.1 | 12.0 |
| | take preventive measures against TB at home | 16.3 | 16.8 | 24.5 | 30.0 | 21.3 | 26.6 | 17.1 | 15.8 | 16.8 | 13.2 | 16.3 | 16.8 | 16.8 | 19.7 | 17.3 | 19.2 | 20.9 | 18.8 | 19.5 | 19.0 | 19.5 | 19.0 |
| BEHAVIORAL CHANGE AND COMMUNICATION | | | | | | | | | | | | | | | | | | | | | | | |
| % of households that received at least one message about HIV/AIDS prevention in the last 3 months | Total | 62.1 | 56.6 | 80.7 | 71.4 | 64.1 | 69.2 | 64.6 | 73.7 | 51.1 | 48.5 | 60.5 | 42.6 | 58.4 | 69.2 | | | | | | | 63.1 | 60.0 |
| | Advert/radio spot | 20.8 | 33.0 | 37.6 | 32.2 | 34.6 | 42.2 | 23.3 | 25.4 | 31.4 | 43.1 | 27.0 | 19.8 | 36.5 | 23.6 | | | | | | | 32.4 | 29.8 |
| | Song | 9.3 | 7.4 | 3.6 | 3.0 | 10.3 | 19.0 | 10.6 | 5.4 | 4.1 | 7.7 | 7.4 | 17.9 | 2.7 | 6.8 | | | | | | | 7.3 | 8.1 |
| (Of those households that received at least one radio message about HIV/AIDS prevention in the last 3 months) % by format: | Radio talk show | 58.5 | 44.2 | 55.2 | 54.4 | 61.7 | 69.2 | 58.8 | 40.0 | 61.9 | 37.6 | 60.4 | 49.4 | 42.3 | 64.3 | | | | | | | 53.2 | 57.3 |
| | VHT/peer educator | 36.4 | 36.7 | 14.7 | 14.8 | 35.0 | 30.4 | 26.5 | 17.5 | 17.0 | 33.2 | 27.0 | 39.5 | 32.9 | 24.0 | | | | | | | 28.9 | 24.7 |
| | Health Facility | 7.2 | 5.1 | 5.9 | 7.4 | 6.6 | 4.6 | 2.5 | 2.9 | 6.7 | 3.3 | 4.8 | 4.9 | 3.6 | 5.3 | | | | | | | 5.0 | 5.2 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | |
|--|-------------------|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|------|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| Of those who rejected major HIV misconceptions) % who received atleast one message about the prevention of HIV in the last 3 months. | Total | 65.3 | 64.8 | 54.4 | 83.5 | 80.5 | 68.2 | 81.6 | 69.4 | 70.7 | 52.8 | 52.2 | 63.7 | 45.0 | 61.7 | 72.6 | | | | | | | | | 66.6 | 66.5 |
| | Total | 57.9 | 51.3 | 43.2 | 72.6 | 59.5 | 54.1 | 66.3 | 56.7 | 60.4 | 47.6 | 43.7 | 57.1 | 38.5 | 50.0 | 54.5 | | | | | | | | | 55.9 | 53.2 |
| % of households that received at least one radio message about HIV&AIDS care and treatment in the last 3 months | Advert/radio spot | 23.6 | 34.4 | 29.3 | 38.0 | 33.2 | 30.7 | 45.6 | 20.0 | 28.4 | 28.2 | 42.3 | 23.0 | 17.1 | 34.2 | 25.6 | | | | | | | | | 31.3 | 30.2 |
| | Song | 8.6 | 5.6 | 4.3 | 2.5 | 4.4 | 9.8 | 17.9 | 10.2 | 4.8 | 2.2 | 6.1 | 7.8 | 13.0 | 2.1 | 8.2 | | | | | | | | | 6.5 | 7.8 |
| (Of those households that received at least one message about HIV&AIDS care and treatment in the last 3 months) % by format: | Radio talk show | 60.5 | 47.7 | 75.6 | 51.8 | 54.0 | 59.0 | 70.2 | 64.2 | 34.5 | 61.9 | 41.1 | 56.2 | 54.1 | 42.1 | 52.2 | | | | | | | | | 53.7 | 55.9 |
| | VHT/peer educator | 30.5 | 33.9 | 14.6 | 14.9 | 14.6 | 37.6 | 26.6 | 22.8 | 11.4 | 17.7 | 31.3 | 23.5 | 37.0 | 31.1 | 31.4 | | | | | | | | | 27.1 | 23.0 |
| % of households that received at least one message about TB in the last 3 months | Health Facility | 5.5 | 4.6 | 4.3 | 5.4 | 7.1 | 5.9 | 6.4 | 2.8 | 2.2 | 7.2 | 3.7 | 5.5 | 4.1 | 4.7 | 5.3 | | | | | | | | | 4.7 | 5.2 |
| | Total | 42.9 | 40.0 | 36.1 | 42.7 | 48.2 | 48.3 | 57.6 | 40.5 | 46.8 | 36.4 | 29.2 | 38.7 | 27.4 | 35.5 | 44.2 | | | | | | | | | 39.9 | 41.7 |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | |
|---|--|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|------|-----------|--|-------|--|---------|--|-------|------|------|------|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | |
| (Of those households that received at least one message about TB in the last 3 months) % by format: | 2009 | 20.9 | 37.5 | 30.7 | 31.5 | 30.6 | 27.9 | 47.5 | 15.7 | 33.2 | 29.7 | 49.5 | 27.2 | 14.4 | 41.5 | 26.2 | | | | | | | | | 29.8 | 32.1 | |
| | 2010 | 8.6 | 4.0 | 2.2 | 0.6 | 1.6 | 7.7 | 18.7 | 10.5 | 2.8 | 2.2 | 7.3 | 6.8 | 10.6 | 2.2 | 1.8 | | | | | | | | | 6.2 | 6.0 | |
| | VHT/peer educator | 2009 | 23.9 | 29.6 | 12.4 | 13.6 | 13.7 | 32.2 | 22.4 | 24.8 | 16.3 | 12.3 | 25.7 | 19.7 | 37.5 | 28.9 | 22.0 | | | | | | | | | 24.9 | 20.1 |
| | | 2010 | 7.4 | 4.6 | 2.9 | 3.7 | 6.0 | 7.7 | 6.4 | 2.6 | 3.9 | 7.3 | 6.4 | 4.8 | 7.7 | 4.4 | 4.8 | | | | | | | | | 5.4 | 5.3 |
| | Health Facility | 2009 | 41.8 | 38.7 | 35.8 | 46.4 | 48.2 | 46.2 | 60.0 | 38.1 | 36.8 | 36.1 | 33.5 | 43.4 | 25.0 | 37.1 | 39.0 | | | | | | | | | 40.6 | 40.3 |
| | | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 2009 | 23.3 | 39.5 | 25.0 | 30.1 | 31.2 | 30.3 | 44.7 | 16.7 | 31.4 | 33.6 | 43.2 | 27.9 | 16.8 | 34.8 | 26.4 | | | | | | | | | 29.4 | 32.1 |
| | | 2010 | 6.3 | 4.8 | 2.2 | 2.3 | 2.7 | 8.6 | 19.3 | 13.2 | 5.7 | 1.5 | 4.8 | 6.7 | 4.2 | 1.4 | 2.0 | | | | | | | | | 6.1 | 6.3 |
| | (Of those households that received at least one message about ART treatment in the last 3 months) % by format: | 2009 | 56.0 | 53.1 | 80.9 | 61.4 | 55.7 | 60.0 | 68.0 | 61.1 | 47.9 | 55.5 | 41.6 | 54.6 | 57.9 | 40.4 | 59.5 | | | | | | | | | 54.2 | 59.5 |
| | | 2010 | 28.3 | 32.7 | 14.0 | 9.7 | 13.1 | 34.3 | 24.6 | 30.6 | 14.3 | 19.0 | 31.2 | 21.8 | 36.8 | 27.7 | 27.7 | | | | | | | | | 26.5 | 22.1 |
| VHT/peer educator | 2009 | 5.7 | 3.4 | 2.9 | 5.1 | 8.7 | 6.9 | 8.3 | 1.4 | 5.7 | 8.8 | 2.4 | 6.1 | 8.4 | 5.0 | 4.1 | | | | | | | | | 4.6 | 6.4 | |
| | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Facility | 2009 | 60.3 | 49.2 | 31.3 | 70.8 | 53.4 | 56.3 | 58.2 | 57.4 | 52.8 | 41.4 | 45.0 | 40.7 | 33.5 | 61.8 | 44.2 | | | | | | | | | 58.6 | 45.0 | |
| | 2010 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator definitions | DISTRICT RESULTS | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | | | |
|--|------------------------|--------|------|---------|------|--------|------|--------|------|--------|---------------------------------|-------|------|--------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|------|
| | Year of Survey | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | |
| (Of those households that received at least one message on AB in the last 3 months) % by format: | Advert/ra- dio spot | 17.5 | 34.8 | 9.3 | 28.3 | 33.7 | 23.1 | 43.9 | 20.1 | 43.5 | 29.9 | 45.3 | 25.3 | 17.3 | 31.8 | 25.6 | | | | | | | | | 26.9 | 31.2 |
| | Song | 8.1 | 4.3 | 3.4 | 4.4 | 2.0 | 7.5 | 19.0 | 6.9 | 3.0 | 4.5 | 7.9 | 6.5 | 16.5 | 0.5 | 3.6 | | | | | | | | | 5.8 | 7.0 |
| | Radio talk show | 62.6 | 50.3 | 81.4 | 57.1 | 48.0 | 58.8 | 69.7 | 59.2 | 39.0 | 56.7 | 42.5 | 57.1 | 52.8 | 45.0 | 54.8 | | | | | | | | | 54.7 | 55.7 |
| | VHT/peer educator | 31.3 | 31.0 | 11.9 | 12.5 | 15.8 | 31.3 | 23.1 | 28.2 | 16.0 | 17.8 | 30.2 | 31.2 | 39.4 | 30.2 | 25.6 | | | | | | | | | 27.2 | 23.2 |
| | H-Health Facility | 6.1 | 5.0 | 3.6 | 1.5 | 4.9 | 4.7 | 7.1 | 1.4 | 2.4 | 4.6 | 2.9 | 1.7 | 4.9 | 3.0 | 1.9 | | | | | | | | | 3.2 | 3.9 |
| | Total | 60.3 | 53.2 | 37.1 | 71.0 | 65.5 | 56.6 | 67.1 | 57.7 | 66.3 | 45.9 | 45.8 | 64.0 | 37.9 | 61.8 | 71.3 | | | | | | | | | 58.9 | 56.5 |
| (Of those households that received at least one message on other HIV (OP) methods in the last 3 months) % by format: | Advert/ra- dio spot | 18.8 | 33.7 | 25.7 | 30.1 | 29.2 | 34.1 | 42.0 | 24.3 | 39.3 | 31.0 | 45.6 | 24.3 | 22.2 | 40.0 | 19.9 | | | | | | | | | 31.6 | 30.1 |
| | Song | 8.7 | 3.0 | 2.9 | 3.7 | 3.2 | 9.8 | 20.8 | 8.7 | 4.8 | 4.0 | 5.3 | 5.8 | 15.3 | 3.4 | 4.8 | | | | | | | | | 6.5 | 7.2 |
| | Radio talk show | 56.8 | 48.5 | 80.0 | 53.2 | 51.8 | 60.8 | 63.9 | 50.9 | 47.2 | 59.2 | 42.7 | 58.9 | 53.5 | 40.4 | 63.5 | | | | | | | | | 51.1 | 57.8 |
| | VHT/peer educator | 29.7 | 37.1 | 12.9 | 11.9 | 15.8 | 31.3 | 29.0 | 28.9 | 14.7 | 14.9 | 33.9 | 24.7 | 38.2 | 26.8 | 26.6 | | | | | | | | | 26.3 | 23.7 |
| | H-Health Facility | 5.7 | 5.0 | 4.3 | 4.5 | 7.3 | 5.1 | 7.8 | 1.4 | 2.8 | 7.5 | 2.3 | 5.8 | 6.9 | 3.4 | 3.3 | | | | | | | | | 3.8 | 5.5 |
| | Total | 46.9 | 43.6 | 25.3 | 50.5 | 43.7 | 51.3 | 61.1 | 50.3 | 43.7 | 38.6 | 32.0 | 43.7 | 51.6 | 43.8 | 43.3 | | | | | | | | | 45.8 | 43.9 |
| % of households that received at least one BCC message/IEC about the prevention of HIV&AIDS from a place of worship in the last 3 months | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | |
|---|----------------|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|--------|------|-----------|------|---------------------------------|------|-------|------|---------|------|-------|------|------|------|------|------|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | | | | |
| (Of those households that received at least one BCC message/IEC about the prevention of HIV&AIDS in the last 3 months) % who know where to access condoms | 84.8 | 88.3 | 80.5 | 87.6 | 88.1 | 84.4 | 87.5 | 91.4 | 91.6 | 84.7 | 85.1 | 93.0 | 82.6 | 93.2 | 92.8 | | | | | | | | | | | 87.8 | 88.3 | | |
| MALE CIRCUMCISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % Males who have been circumcised | 42.2 | 56.6 | 15.8 | 42.8 | 48.1 | 16.5 | 13.1 | 28.7 | 19.5 | 30.3 | 60.1 | 52.2 | 25.5 | 31.2 | 41.6 | | | | | | | | | | | | 36.5 | 33.5 | |
| less than 12 months | 1.6 | 3.7 | 15.0 | 1.6 | 6.3 | 4.0 | 20.0 | 11.6 | 16.1 | 4.7 | 2.3 | 6.1 | 8.1 | 4.3 | 8.5 | | | | | | | | | | | | 3.7 | 7.8 | |
| 12-23 months | 3.3 | 6.2 | 5.0 | 1.6 | 0.0 | 12.0 | 5.0 | 7.0 | 9.7 | 7.0 | 1.2 | 6.1 | 13.5 | 0.0 | 1.7 | | | | | | | | | | | | 3.1 | 5.5 | |
| 24-59 months | 4.9 | 4.9 | 5.0 | 6.6 | 1.6 | 4.0 | 10.0 | 4.7 | 3.2 | 7.0 | 7.0 | 8.5 | 5.4 | 4.3 | 3.4 | | | | | | | | | | | | 5.6 | 5.3 | |
| 5yrs+ | 90.2 | 85.2 | 75.0 | 90.2 | 92.2 | 80.0 | | 76.7 | 71.0 | 81.4 | 89.5 | 79.3 | 73.0 | 91.5 | 86.4 | | | | | | | | | | | | 87.6 | 81.5 | |
| of those circumcised, % of males circumcised and the reasons they were circumcised | 65.0 | 67.5 | 81.0 | 88.5 | 88.7 | 83.3 | 50.0 | 81.0 | 83.9 | 75.0 | 78.5 | 63.3 | 32.4 | 67.4 | 76.2 | | | | | | | | | | | | | 76.9 | 69.8 |
| Religious | 23.3 | 14.3 | 4.8 | 1.6 | 1.6 | 0.0 | 0.0 | 2.4 | 0.0 | 2.3 | 8.9 | 15.2 | 43.2 | 6.5 | 4.8 | | | | | | | | | | | | | 8.3 | 10.4 |
| Cultural | 10 | 5.2 | 4.8 | 8.2 | 4.8 | 4.2 | 0.0 | 11.9 | 3.2 | 9.1 | 8.9 | 7.6 | 0.0 | 15.2 | 1.6 | | | | | | | | | | | | | 9.9 | 4.6 |
| Minimizing HIV risks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prevention of STIs | | 6.5 | 4.8 | | 0.0 | | 35.0 | | 6.5 | 11.4 | | 7.6 | 21.6 | | 12.7 | | | | | | | | | | | | | | 9.7 |
| Cleanliness | | 2.6 | 4.8 | | 0.0 | | 10.0 | | 3.2 | 2.3 | | 2.5 | 2.7 | | 3.2 | | | | | | | | | | | | | | 2.8 |
| Others | 1.7 | 3.9 | 0.0 | 1.6 | 4.8 | 12.5 | 5.0 | 4.8 | 3.2 | 0.0 | 3.8 | 3.8 | 0.0 | 10.9 | 1.6 | | | | | | | | | | | | 4.8 | 2.8 | |

| Indicator definitions | Year of Survey | DISTRICT RESULTS | | | | | | | | | | | | TOTAL AGGREGATED REGION RESULTS | | | | | | | | | | | | | | |
|---|-------------------------------|------------------|------|---------|------|--------|------|--------|------|--------|------|-------|------|---------------------------------|------|-----------|------|-----------|------|-------|------|---------|------|-------|------|------|------|------|
| | | Bugiri | | Buyende | | Iganga | | Kaliro | | Kamuli | | Luuka | | Mayuge | | Namayingo | | Namutumba | | Males | | Females | | TOTAL | | | | |
| | | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | | | |
| of those who have ever been circumcised, % of males circumcised and where they got circumcised | Gov't Health Facility | 16.7 | 14.8 | 5.0 | 7.8 | 14.3 | 13.0 | 20.0 | 7.0 | 10.3 | 9.3 | 5.1 | 14.8 | 21.6 | 16.7 | 1.7 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | | |
| | Private Health Facility | 5.0 | 3.7 | 0.0 | 2.0 | 23.8 | 4.4 | 5.0 | 11.6 | 0.0 | 11.6 | 11.5 | 9.9 | 10.8 | 5.6 | 6.7 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | | |
| of those who have never been circumcised, % of males who say they would accept to undergo circumcision in case they were offered a chance at a health facility | cultural/religious | 50.0 | 55.6 | 35.0 | 56.9 | 38.1 | 34.8 | 45.0 | 48.8 | 51.7 | 27.9 | 35.9 | 39.5 | 62.2 | 38.9 | 23.3 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | Others | 28.3 | 25.9 | 60.0 | 33.3 | 23.8 | 47.8 | 30.0 | 32.6 | 37.9 | 51.2 | 47.4 | 35.8 | 5.4 | 38.9 | 68.3 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| of those who have never been circumcised, % of males who say they would accept to undergo circumcision in case they were offered a chance at a health facility | Total | 69.4 | 81.0 | 68.9 | 60.7 | 70.6 | 67.7 | 77.4 | 65.2 | 59.1 | 75.0 | 62.5 | 75.6 | 70.1 | 66.4 | 82.0 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | Against ones religion/culture | 36.8 | 44.4 | 20.0 | 59.3 | 50.0 | 42.4 | 36.7 | 15.2 | 35.0 | 23.5 | 18.8 | 23.5 | 25.0 | 44.8 | 6.7 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| of those who have never been circumcised, % of males who say they would not accept to undergo circumcision in case they were offered a chance at a health facility and the reason why | its too painful | 36.8 | 44.4 | 42.9 | 33.3 | 22.2 | 33.3 | 23.3 | 54.6 | 20.0 | 41.2 | 56.3 | 52.9 | 67.9 | 48.3 | 53.3 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | No funds | 0.0 | 0.0 | 0.0 | 3.7 | 0.0 | 3.0 | 0.0 | 0.0 | 2.5 | 0.0 | 6.3 | 0.0 | 0.0 | 0.0 | 0.0 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| % of persons with multiple concurrent sexual partners | poor quality services | 0.0 | 0.0 | 2.9 | 0.0 | 0.0 | 3.0 | 0.0 | 9.1 | 5.0 | 0.0 | 0.0 | 5.9 | 7.1 | 0.0 | 0.0 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | Others | 26.3 | 11.1 | 34.3 | 3.7 | 27.8 | 18.2 | 36.7 | 21.2 | 37.5 | 35.3 | 18.8 | 17.7 | 0.0 | 6.9 | 40.0 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | Total | 12.0 | 9.4 | 10.0 | 7.1 | 20.2 | 5.6 | 12.2 | 9.4 | 6.0 | 9.6 | 5.7 | 5.5 | 13.6 | 7.9 | 8.3 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |

Appendix 2: Young People -2010 household results

| Indicator definitions | | AGGREGATED NINE DISTRICTS RESULTS | | | | | | | | | | TOTAL | |
|--|--------|-----------------------------------|---------|--------|--------|--------|-------|--------|-----------|-----------|-------|-------|---------|
| | | Bugiri | Buyende | Iganga | Kaliro | Kamuli | Luuka | Mayuge | Namayingo | Namutumba | Males | | Females |
| % of young people(15-24 years) who have ever taken an HIV test | Total | 51.8 | 39.3 | 42.9 | 45.1 | 54.7 | 36.6 | 56.7 | 46.7 | 49.1 | 42.1 | 50.0 | 47.0 |
| | Female | 56.4 | 42.9 | 49.2 | 44.7 | 60.6 | 40.2 | 60.0 | 44.4 | 53.3 | | 50.0 | 50.0 |
| | Male | 43.7 | 33.3 | 28.8 | 45.6 | 45.5 | 30.2 | 53.0 | 50.8 | 42.7 | 42.1 | | 42.1 |
| % young people(15-24 years) who have had an HIV test in last 1 year | Total | | | | | | | | | | | | 35.8 |
| (Of those young people(15-24 years) who have ever taken an HIV test) % who had an HIV test in last 1 year | Total | 38.4 | 22.2 | 31.9 | 30.8 | 46.8 | 27.7 | 41.9 | 43.6 | 38.7 | 31.2 | 38.5 | 76.0 |
| % of young people(15-24 years) who have tested and received their HIV test results in last 1 year | Total | 34.3 | 19.4 | 31.4 | 28.6 | 44.5 | 24.9 | 37.4 | 40.9 | 35.8 | 28.8 | 35.5 | 33.0 |
| | Female | 37.8 | 20.2 | 35.2 | 34.2 | 48.6 | 26.3 | 39.0 | 39.5 | 40.0 | | | 35.5 |
| | Male | 28.2 | 18.2 | 22.0 | 19.1 | 37.9 | 22.2 | 35.7 | 43.3 | 29.4 | | | 28.8 |
| % of young people(15-24 years) who know where they can be tested for HIV | Total | 83.3 | 77.8 | 84.3 | 84.6 | 82.5 | 76.1 | 85.5 | 78.0 | 82.1 | 82.8 | 80.9 | 81.6 |
| (Of those young people(15-24 years) who know where they can be tested for HIV) % that has actually ever tested | Total | 57.1 | 45.7 | 49.7 | 50.7 | 61.2 | 45.9 | 61.8 | 55.9 | 57.0 | 48.1 | 57.6 | 54.0 |
| (Of those young people(15-24 years) who know where they can be tested for HIV) % that has actually ever tested in the last 1 year | Total | 80.2 | 60.3 | 76.3 | 71.8 | 88.2 | 78.7 | 75.5 | 92.6 | 80.3 | 75.9 | 80.1 | 78.7 |
| (Of those young people(15-24 years) who know where they can be tested for HIV) % that has actually ever tested and received their results in the last 1 year | Total | 94.4 | 82.5 | 95.2 | 94.6 | 96.0 | 89.6 | 94.2 | 96.0 | 92.3 | 94.0 | 93.1 | 93.4 |
| % of young people(15-24 years) who believe that HIV patients should take ARV drugs | Total | 35.4 | 16.1 | 48.7 | 41.2 | 34.1 | 41.2 | 32.4 | 30.1 | 21.4 | 36.1 | 32.0 | 66.4 |
| % of young people(15-24 years) who know a place to get ARV drugs for HIV patients | Total | 65.8 | 50.3 | 69.3 | 62.2 | 46.0 | 61.8 | 71.0 | 43.8 | 67.7 | 62.6 | 58.4 | 60.0 |
| % of young people(15-24 years) who know a place to obtain condoms | Total | 82.2 | 91.7 | 78.6 | 89.0 | 88.2 | 92.8 | 91.5 | 73.5 | 89.1 | 91.2 | 89.1 | 92.3 |
| % of young people(15-24 years) who can mention at least one major way of HIV/AIDS prevention | Total | 96.5 | 95.6 | 99.5 | 95.1 | 98.8 | 97.7 | 99.4 | 97.3 | 98.3 | 98.5 | 97.0 | 97.6 |

| Indicator definitions | | AGGREGATED NINE DISTRICTS RESULTS | | | | | | | | | Males | Females | TOTAL |
|---|----------------|-----------------------------------|---------|--------|--------|--------|-------|--------|-----------|-----------|-------|---------|-------|
| | | Bugiri | Buyende | Iganga | Kaliro | Kamuli | Luuka | Mayuge | Namayingo | Namutumba | | | |
| % of young people(15-24 years) who can mention the 3 major ways of HIV/AIDS prevention | Total | 65.7 | 60.6 | 68.1 | 67.6 | 70.5 | 66.1 | 67.6 | 50.5 | 62.4 | 69.0 | 61.5 | 64.3 |
| | Female | 59.8 | 53.5 | 66.7 | 68.4 | 70.1 | 60.5 | 66.3 | 49.6 | 60.0 | | | 61.5 |
| | Male | 76.1 | 72.7 | 71.2 | 66.2 | 71.2 | 76.2 | 69.1 | 52.2 | 66.2 | | | 69.0 |
| (Of those young people(15-24 years) who can mention at least 3 or more major ways of HIV/AIDS prevention) % who know where to access condoms | Total | | | | | | | | | | 98.8 | 90.7 | 94.0 |
| (Of those young people(15-24 years) who can mention at least 3 or more major ways of HIV/AIDS prevention) % who tested and received their HIV results | Total | 91.2 | 89.7 | 97.6 | 97.4 | 96.5 | 91.2 | 93.9 | 92.3 | 87.5 | 92.1 | 93.8 | 93.3 |
| % of young people(15-24 years) who can mention major ways of HIV/AIDS prevention | Abstinence | 82.8 | 81.7 | 85.3 | 84.0 | 86.1 | 84.4 | 90.5 | 73.5 | 79.2 | 85.8 | 81.4 | 83.1 |
| | Being faithful | 82.2 | 81.5 | 87.4 | 84.6 | 89.6 | 86.9 | 79.9 | 78.5 | 88.4 | 86.5 | 82.9 | 84.3 |
| | Condom use | 85.4 | 84.6 | 86.2 | 82.9 | 87.3 | 87.7 | 91.0 | 79.8 | 83.2 | 88.4 | 83.5 | 85.3 |
| % of young people(15-24 years) able to reject all the major HIV/AIDS misconceptions | Total | 35.4 | 36.7 | 45.0 | 55.5 | 42.2 | 40.7 | 50.8 | 41.4 | 55.5 | 49.7 | 41.7 | 44.7 |
| % of young people(15-24 years) able to reject each of the major HIV/AIDS misconceptions | Witchcraft | 82.1 | 87.9 | 87.2 | 88.8 | 80.8 | 80.6 | 91.6 | 85.6 | 92.4 | 90.7 | 83.7 | 86.3 |
| | Mosquito bites | 50.3 | 47.7 | 59.6 | 68.0 | 64.3 | 63.6 | 62.4 | 57.7 | 65.6 | 64.6 | 56.9 | 59.7 |
| | Sharing food | 68.9 | 75.7 | 72.0 | 74.7 | 69.2 | 70.4 | 77.3 | 74.2 | 86.6 | 77.8 | 72.1 | 74.2 |
| % of young people(15-24 years) who feel able to disclose HIV test results if ever went for test | Total | 75.3 | 66.3 | 74.9 | 68.9 | 74.3 | 69.5 | 75.4 | 59.3 | 67.6 | 68.7 | 71.2 | 70.2 |

Appendix 3: Health Facility Survey Results for the East Central Ugandan Region 2009 and 2010

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|---|------------------------------|----------------------|-----------|-----------|------------|-----------|------------|----------------------|-----------|-----------|------------|-----------|------------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| GENERAL INFORMATION | | | | | | | | | | | | | |
| Number of health facilities surveyed by type: | Bugiri | 1 | 2 | 13 | 39 | 0 | 55 | 1 | 1 | 7 | 30 | 1 | 40 |
| | Buyende | | | | | | | 0 | 1 | 5 | 13 | 0 | 19 |
| | Iganga | 1 | 6 | 16 | 58 | 10 | 91 | 1 | 2 | 13 | 47 | 6 | 69 |
| | Kaliro | 0 | 1 | 5 | 11 | 0 | 17 | 0 | 1 | 4 | 12 | 1 | 18 |
| | Kamuli | 3 | 4 | 12 | 40 | 0 | 59 | 2 | 2 | 10 | 35 | 2 | 51 |
| | Luuka | | | | | | | 0 | 1 | 6 | 13 | 0 | 20 |
| | Mayuge | 1 | 2 | 4 | 25 | 5 | 37 | 1 | 3 | 5 | 29 | 5 | 43 |
| | Namayingo | | | | | | | 0 | 1 | 5 | 18 | 2 | 26 |
| | Namutumba | 0 | 1 | 6 | 26 | 0 | 33 | 0 | 1 | 6 | 24 | 2 | 33 |
| | Regional Total | 6 | 16 | 56 | 199 | 15 | 292 | 5 | 13 | 61 | 221 | 19 | 319 |
| Number of Health Facilities by Operating Authority | Government | 5 | 15 | 51 | 115 | 0 | 186 | 4 | 13 | 53 | 135 | 1 | 206 |
| | Non-Government Organisation | 0 | 0 | 3 | 45 | 0 | 48 | 0 | 0 | 6 | 48 | 4 | 58 |
| | Private Sector | 0 | 1 | 2 | 20 | 15 | 38 | 0 | 0 | 0 | 21 | 13 | 34 |
| | Community Based Organisation | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 5 |
| | Faith Based Organisation | 1 | 0 | 0 | 14 | 0 | 15 | 1 | 0 | 1 | 6 | 0 | 8 |
| | Unknown | | | | | | 4 | 0 | 0 | 1 | 6 | 1 | 8 |
| Number of Health Facilities by location | Unknown | 0 | 1 | 0 | 3 | 1 | 5 | 1 | 0 | 3 | 11 | 2 | 17 |
| | Urban | 4 | 2 | 8 | 23 | 9 | 46 | 3 | 1 | 5 | 22 | 8 | 39 |
| | Rural | 2 | 13 | 48 | 173 | 5 | 241 | 1 | 12 | 53 | 188 | 9 | 263 |
| HEALTH FACILITY INDICATORS | | | | | | | | INDICATORS | | | | | |
| % of health facilities with newly recruited staff in the last 12 months | Total | 50 | 62.5 | 37.5 | 36.7 | 26.7 | 38 | 60.0 | 38.5 | 59.0 | 19.2 | 15.8 | 28.5 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|--|-----------------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|-------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | Total | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | | |
| % of health facilities whose staff were posted to work in other health facilities in the last 12 months | Total | 50 | 50 | 42.9 | 18.1 | 26.7 | 25.7 | 60.0 | 38.5 | 59.0 | 19.2 | 15.8 | 28.5 |
| (Of those health facilities whose staff were posted) % of health facilities whose staff were posted to work in other health facilities in the last 12 months; and have been replaced | Total | 33.3 | 62.5 | 45.8 | 63.9 | 100 | 50.7 | 33.3 | 80.0 | 61.1 | 59.1 | 66.7 | 60.4 |
| % of health facilities with a staff housing structure within the grounds of the health facility | Total | 100 | 68.8 | 73.2 | 44.2 | 13.3 | 50.7 | 100.0 | 92.3 | 77.1 | 46.6 | 57.9 | 55.8 |
| % of health facilities and the current description / state of staff housing structure | In good condition | 33.3 | 56.3 | 41.1 | 31.7 | 13.3 | 33.9 | 60.0 | 61.5 | 49.2 | 35.3 | 47.4 | 40.1 |
| | Dilapidated condition | 33.3 | 12.5 | 16.1 | 5.5 | 0 | 8.2 | 40.0 | 15.4 | 16.4 | 5.4 | 5.3 | 8.5 |
| | Under construction | 0 | 0 | 7.1 | 4 | 0 | 4.1 | 0.0 | 7.7 | 9.8 | 4.1 | 0.0 | 5.0 |
| % of health facilities and the current description / state of their Out Patient Department (OPD) | In good condition | 83.3 | 81.2 | 85.7 | 70.9 | 66.7 | 74.3 | 60.0 | 76.9 | 77.1 | 74.2 | 73.7 | 74.6 |
| | Dilapidated condition | 0 | 6.3 | 8.9 | 9.6 | 0 | 8.6 | 40.0 | 0.0 | 6.6 | 12.2 | 0.0 | 10.3 |
| | Under construction | 0 | 6.3 | 1.8 | 6.5 | 0 | 5.1 | 0.0 | 15.4 | 8.2 | 2.7 | 0.0 | 4.1 |
| | Does not exist | 0 | 0 | 0 | 3 | 20 | 3.1 | 0.0 | 0.0 | 3.3 | 1.8 | 10.5 | 2.5 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | |
|--|-----------------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | Total |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| % of health facilities and the current description / state of their maternity unit | In good condition | 66.7 | 68.8 | 76.8 | 42.7 | 33.3 | 50.7 | 60.0 | 76.9 | 68.9 | 35.8 | 63.2 | 45.8 |
| | Dilapidated condition | 33.3 | 0 | 10.7 | 6.5 | 6.7 | 7.5 | 40.0 | 7.7 | 11.5 | 5.9 | 0.0 | 7.2 |
| | Under construction | 0 | 0 | 7.1 | 3 | 0 | 3.4 | 0.0 | 0.0 | 6.6 | 1.8 | 0.0 | 2.5 |
| | Does not exist | 0 | 6.3 | 0 | 32.7 | 26.7 | 24 | 0.0 | 0.0 | 6.6 | 7.2 | 0.0 | 6.3 |
| % of health facilities and the current description / state of their health facility drug store | In good condition | 100 | 68.8 | 75 | 69.9 | 13.3 | 68.5 | 80.0 | 61.5 | 75.4 | 61.5 | 52.6 | 63.9 |
| | Dilapidated condition | 0 | 12.5 | 12.5 | 8.5 | 6.7 | 9.3 | 20.0 | 15.4 | 6.6 | 10.4 | 5.3 | 9.7 |
| | Under construction | 0 | 6.3 | 0 | 3 | 0 | 2.4 | 0.0 | 0.0 | 3.3 | 3.2 | 5.3 | 3.1 |
| | Does not exist | 0 | 0 | 1.8 | 9.1 | 73.3 | 10.3 | 0.0 | 7.7 | 0.0 | 9.1 | 21.1 | 7.8 |
| % of health facilities that have a fridge | Total | 100 | 93.8 | 94.6 | 37.7 | 20 | 52.1 | 100.0 | 92.3 | 95.1 | 31.2 | 21.1 | 46.4 |
| % of health facilities that have a fridge and power to run it. | Total | 83.3 | 81.3 | 78.6 | 28.6 | 13.3 | 41.4 | 60.0 | 69.2 | 59.0 | 19.5 | 21.1 | 29.8 |
| (of those health facilities with a fridge) % of health facilities that have a fridge and power to run it | Total | 83.3 | 86.7 | 83 | 74.7 | 66.7 | 79 | 60.0 | 75.0 | 62.1 | 62.3 | 100.0 | 64.2 |
| % of health facilities that have any member of the VHT reporting to them | Total | 33.3 | 25 | 33.9 | 42.2 | 0 | 37.3 | 40.0 | 23.1 | 23.0 | 24.9 | 5.3 | 23.5 |
| No. of health facilities that are offering any form of PMTCT services | Total | 5 | 15 | 55 | 126 | 5 | 206 | 5 | 13 | 60 | 88 | 4 | 170 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|--|--------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| % of health facilities where pregnant women are routinely offered HIV tests as part of the ANC package | Total | 83.3 | 81.3 | 85.7 | 15.1 | 0 | 32.9 | 100.0 | 100.0 | 88.5 | 20.4 | 15.8 | 37.6 |
| % of health facilities that advise all pregnant women to be offered HIV counseling and testing | Upon request | 0 | 0 | 1.8 | 2.5 | 0 | 2.1 | 0.0 | 0.0 | 9.8 | 1.4 | 0.0 | 2.8 |
| | Required | 33.3 | 12.5 | 30.4 | 10.1 | 0 | 14 | 20.0 | 30.8 | 19.7 | 9.1 | 0.0 | 11.6 |
| | Recommended | 50 | 75 | 64.3 | 17.6 | 0 | 29.5 | 80.0 | 69.2 | 65.6 | 19.9 | 21.1 | 31.7 |
| % of health facilities where HIV+ mothers receive ARVs for PMTCT | Total | 83.3 | 87.5 | 57.1 | 2.5 | 0 | 19.2 | 100.0 | 84.6 | 82.0 | 6.3 | 0.0 | 25.1 |
| % of health facilities that have a support group for HIV+ pregnant mothers | Total | 50 | 25 | 17.9 | 2 | 0 | 7.2 | 100.0 | 61.5 | 23.0 | 1.8 | 0.0 | 9.7 |
| % of health facilities that have private space for the delivery of PMTCT services | Total | 50 | 68.8 | 58.9 | 10.1 | 0 | 23 | 80.0 | 61.5 | 55.7 | 11.8 | 10.5 | 23.2 |
| % of health facilities that have clinical guidelines for the delivery of PMTCT services | Total | 66.7 | 62.5 | 35.7 | 8.5 | 0 | 17.5 | 60.0 | 61.5 | 57.4 | 5.9 | 5.3 | 18.8 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | |
|---|-------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | Total |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| % of health facilities that reported being supported by an organization that uses their health facility as its PMTCT outreach | Total | 0 | 18.8 | 23.2 | 6.5 | 0 | 9.9 | 60.0 | 15.4 | 32.8 | 7.2 | 0.0 | 12.9 |
| % of health facilities that reported providing PMTCT outreach services | Total | 0 | 6.3 | 7.1 | 3 | 0 | 3.8 | 60.0 | 23.1 | 24.6 | 2.7 | 5.3 | 8.8 |
| % of health facilities with a register for PMTCT services | Total | 83.3 | 75 | 44.6 | 6.5 | 0 | 18.8 | 80.0 | 84.6 | 70.5 | 7.7 | 15.8 | 24.5 |
| % of health facilities with a register that is currently being used for PMTCT services | Total | 83.3 | 81.3 | 69.6 | 12.1 | 6.7 | 28.1 | 100.0 | 100.0 | 88.5 | 12.7 | 15.8 | 32.3 |
| % of health facilities that sometimes refer HIV positive pregnant women who have just delivered for ARVs and other services | Total | 50 | 25 | 82.1 | 23.1 | 6.7 | 34.3 | 60.0 | 38.5 | 70.5 | 24.4 | 15.8 | 33.9 |
| % of health facilities that follow up on HIV positive pregnant women who have just delivered for ARVs and other services | Total | 16.7 | 18.8 | 28.6 | 6 | 0 | 11 | 20.0 | 30.8 | 23.0 | 5.0 | 0.0 | 9.4 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|--|-----------------------------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|-------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | Total | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | | |
| % of health facilities that follow up on HIV positive pregnant women who have just delivered, (for different reasons); | Protection against breast feeding | 16.7 | 18.8 | 26.8 | 4.5 | 0 | 9.6 | 20.0 | 23.1 | 18.0 | 3.6 | 0.0 | 7.2 |
| | Counseling on baby's nutrition | 16.7 | 6.3 | 8.9 | 0 | 0 | 2.4 | 0.0 | 23.1 | 13.1 | 0.5 | 0.0 | 3.8 |
| | PCR-DNA test | 16.7 | 6.3 | 17.9 | 1.5 | 0 | 5.1 | 0.0 | 15.4 | 18.0 | 1.8 | 0.0 | 5.3 |
| | Family Planning | 0 | 6.3 | 14.3 | 3 | 0 | 5.1 | 0.0 | 7.7 | 14.8 | 0.9 | 0.0 | 3.8 |
| Table 10: Health facilities offering HCT services | | | | | | | | | | | | | |
| No. of health facilities that are offering any form of HCT services | Total | 5 | 16 | 55 | 178 | 14 | 268 | 5 | 13 | 60 | 117 | 8 | 203 |
| % of health facilities with HCT guidelines/ protocols | Yes seen | 50 | 75 | 30.4 | 11.6 | 13.3 | 19.5 | 60.0 | 69.2 | 39.3 | 8.1 | 10.5 | 17.6 |
| | Yes not seen | 16.7 | 0 | 21.4 | 9.1 | 6.7 | 11 | 20.0 | 15.4 | 16.4 | 5.9 | 5.3 | 8.5 |
| | No | 16.7 | 18.7 | 42.9 | 26.1 | 33.3 | 29.1 | 20.0 | 15.4 | 37.7 | 25.8 | 15.8 | 27.0 |
| % of health facilities with private space or any room that can be converted and used as private space for the delivery of HCT services | Yes seen | 83.3 | 87.5 | 66.1 | 31.7 | 46.7 | 43.2 | 80.0 | 76.9 | 57.4 | 25.8 | 21.1 | 34.5 |
| | Yes not seen | 0 | 0 | 7.1 | 3 | 13.3 | 4.1 | 0.0 | 7.7 | 3.3 | 2.3 | 0.0 | 2.5 |
| | No | 0 | 12.5 | 25 | 54.2 | 33.3 | 44.2 | 20.0 | 15.4 | 37.7 | 24.0 | 21.1 | 26.0 |
| % of health facilities that currently have a partner who is supporting them with the provision of HCT services | Total | 66.7 | 43.8 | 51.8 | 18.6 | 6.7 | 26.7 | 100.0 | 100.0 | 88.5 | 21.3 | 5.3 | 37.6 |
| % of health facilities with private space for HCT services | Yes seen | 83.3 | 81.3 | 57.1 | 13.6 | 26.7 | 27.7 | 80.0 | 46.2 | 47.5 | 17.2 | 15.8 | 25.1 |
| | Yes not seen | 0 | 0 | 1.8 | 3 | 6.7 | 2.7 | 0.0 | 0.0 | 3.3 | 1.8 | 0.0 | 1.9 |
| | No | 0 | 12.5 | 37.5 | 29.2 | 20 | 28.8 | 20.0 | 53.9 | 47.5 | 22.2 | 15.8 | 27.9 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|--|----------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|-------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | Total | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | | |
| % of health facilities where providers encourage disclosure of sero-status to partners | Total | 83.3 | 93.8 | 89.3 | 35.2 | 46.7 | 50.3 | 100.0 | 100.0 | 91.8 | 35.8 | 36.8 | 50.2 |
| % of health facilities where supervisor review the conduct of counseling sessions | Total | 33.3 | 56.3 | 53.6 | 18.6 | 13.3 | 27.4 | 40.0 | 46.2 | 45.9 | 17.2 | 10.5 | 23.8 |
| % of health facilities with a post test club/support group for HIV patients | Total | 33.3 | 43.7 | 46.4 | 4 | 0 | 14.7 | 40.0 | 69.2 | 26.2 | 2.7 | 0.0 | 10.3 |
| % of health facilities with a functional post test club/support group for HIV patients | Total | 16.7 | 31.3 | 35.7 | 4 | 0 | 11.6 | 40.0 | 69.2 | 21.3 | 3.2 | 0.0 | 9.7 |
| % of health facilities in which post-test counseling sessions are for HIV-clients are one-on-one sessions | One - to - one | 66.7 | 68.8 | 80.4 | 29.7 | 53.3 | 43.5 | 80.0 | 69.2 | 73.8 | 27.6 | 31.6 | 39.2 |
| | Group sessions | 0 | 6.3 | 7.1 | 3.5 | 0 | 4.1 | 0.0 | 7.7 | 8.2 | 1.4 | 0.0 | 2.8 |
| | Both | 16.7 | 12.5 | 7.1 | 7 | 0 | 7.2 | 0.0 | 23.1 | 16.4 | 7.7 | 0.0 | 9.4 |
| % of health facilities in which the laboratory submitted samples for quality control testing in the last quarter | Total | 33.3 | 50 | 28.5 | 2.5 | 6.7 | 11 | 40.0 | 15.4 | 32.8 | 2.7 | 10.5 | 10.0 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|--|---------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|-------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | Total | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | | |
| % of health facilities in which staff counsel HIV+ clients on TB prevention and treatment | Total | 83.3 | 87.5 | 89.3 | 2.5 | 6.7 | 25.7 | 100.0 | 92.3 | 83.6 | 4.1 | 10.5 | 24.8 |
| % of health facilities that report the availability of cotrimoxazole prophylaxis | All the time | 50 | 25 | 21.4 | 18.1 | 46.7 | 21.2 | 40.0 | 61.5 | 55.7 | 20.8 | 15.8 | 29.2 |
| | Sometimes | 33.3 | 68.7 | 69.6 | 24.6 | 6.7 | 34.9 | 40.0 | 38.5 | 34.4 | 16.3 | 15.8 | 21.0 |
| | Never | 0 | 0 | 1.8 | 2 | 0 | 1.7 | 0.0 | 0.0 | 4.9 | 2.3 | 0.0 | 2.5 |
| % of health facilities that begin HIV+ clients on cotrimoxazole prophylaxis | Total | 83.3 | 87.5 | 76.8 | 19.1 | 20 | 35.3 | 80.0 | 100.0 | 85.3 | 19.9 | 21.1 | 36.7 |
| % of health facilities with HCT registers | Yes, seen | 83.3 | 81.3 | 80.4 | 15.1 | 26.7 | 33.2 | 80.0 | 100.0 | 82.0 | 20.4 | 15.8 | 36.1 |
| | Yes, not seen | 0 | 0 | 5.4 | 8 | 13.3 | 7.2 | 0.0 | 0.0 | 6.6 | 5.9 | 0.0 | 5.3 |
| | No | 0 | 12.5 | 8.9 | 22.1 | 13.3 | 18.2 | 20.0 | 0.0 | 6.6 | 13.1 | 21.1 | 11.9 |
| (Of those with registers) % of health facilities currently using HCT registers | Total | 100 | 100 | 95.6 | 93.3 | 75 | 94.9 | 100.0 | 100.0 | 98.0 | 88.9 | 66.7 | 93.9 |
| % of health facilities reporting that they sometimes refer clients who come for HCT services | Total | 33.3 | 62.5 | 75 | 44.2 | 53.3 | 51.4 | 20.0 | 38.5 | 67.2 | 36.7 | 36.8 | 42.3 |
| % of health facilities (HC IIs and IIIs) reporting that they sometimes refer clients who come for HCT services | Total | | | 75 | 44.2 | | 51 | | | 67.2 | 36.7 | | 43.3 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | |
|--|---------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | Total |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| % of health facilities which have a register where HCT referrals are recorded | Yes, seen | 16.7 | 43.7 | 28.6 | 12.6 | 26.7 | 18.2 | 0.0 | 23.1 | 19.7 | 8.6 | 0.0 | 10.7 |
| | Yes, not seen | 0 | 6.3 | 8.9 | 10.1 | 6.7 | 9.3 | 0.0 | 7.7 | 8.2 | 7.2 | 0.0 | 6.9 |
| | No | 16.7 | 12.5 | 37.5 | 21.1 | 20 | 23.6 | 20.0 | 7.7 | 39.3 | 20.8 | 36.8 | 24.8 |
| % of health facilities which have a register where HCT referrals are recorded and the register is currently being filled | Total | 16.7 | 50 | 35.7 | 17.6 | 26.7 | 23.3 | 0.0 | 23.1 | 23.0 | 10.0 | 0.0 | 12.2 |
| % of health facilities that conduct follow ups on clients who have been referred for other services such as STI diagnosis, further blood tests, PMTCT, TB etc. | Total | 0 | 37.5 | 46.4 | 16.1 | 6.7 | 22.3 | 20.0 | 15.4 | 24.6 | 13.1 | 5.3 | 15.1 |
| % of health facilities reporting that any organization or higher/ other health facility supports and uses their health facility as its HCT outreach site | Total | 50 | 37.5 | 51.8 | 15.6 | 6.7 | 24 | 40.0 | 46.2 | 49.2 | 14.9 | 0.0 | 22.3 |
| % of health facilities reporting that they are currently carrying out HCT outreach services | Total | 66.7 | 37.5 | 35.7 | 8 | 0 | 15.8 | 60.0 | 92.3 | 62.3 | 7.7 | 10.5 | 22.6 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|---|-------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|-------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | Total | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | | |
| % of health facilities that provide manual removals of placenta | Total | 83.3 | 68.8 | - | - | - | 72.7 | 80 | 69.23 | - | - | - | 72.22 |
| % of health facilities that provide assisted vaginal delivery | Total | 66.7 | 62.5 | - | - | - | 63.6 | 60 | 15.38 | - | - | - | 27.78 |
| % of health facilities that provide surgery or caesarian section | Total | 83.3 | 6.3 | - | - | - | 27.3 | 80 | 7.69 | - | - | - | 27.78 |
| % of health facilities that provide blood transfusion | Total | 83.3 | 0 | - | - | - | 22.7 | 80 | 7.69 | - | - | - | 27.78 |
| % of health facilities that provide intravenous fluids | Total | 83.3 | 56.3 | - | - | - | 63.6 | - | - | - | - | - | - |
| Subtotal | | | | | | | | | | | | | |
| % of health facilities that have in stock, anti-malarials | Total | 83.3 | 62.5 | 67.9 | 70.9 | 66.7 | 69.9 | 100 | 100 | 93.44 | 78.73 | 52.63 | 81.19 |
| % of health facilities that have ORS in stock | Total | 83.3 | 31.3 | 33.9 | 54.8 | 60 | 50.3 | 60 | 76.92 | 93.44 | 88.69 | 52.63 | 86.52 |
| % of health facilities reporting no stock-out of condoms and pills/ injectables during the previous 3 months by public/private sector | Total | 66.7 | 56.3 | 26.8 | 35.2 | 20 | 34.6 | 60 | 15.38 | 19.67 | 33.03 | 31.58 | 30.09 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|---|---------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|-------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | Total | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | | |
| %Of facilities with stock-outs of HIV TEST KITS in the last 3 months. | Determine | 0 | 31.3 | 37.5 | 20.1 | 20 | 23.6 | 20 | 46.15 | 34.43 | 14.03 | 15.79 | 19.44 |
| | Stat pak | 0 | 31.3 | 33.9 | 21.1 | 40 | 24.7 | 20 | 30.77 | 24.59 | 12.67 | 15.79 | 15.99 |
| | Unigold | 0 | 18.8 | 46.4 | 20.1 | 40 | 25.7 | 0 | 38.46 | 39.34 | 13.57 | 15.79 | 19.44 |
| % of health facilities that offer ARVs to eligible HIV+ clients | Total | 83.3 | 50 | 5.4 | 0 | 0 | 5.5 | 100 | 92.31 | 21.31 | 0.45 | 0 | 9.72 |
| % of health facilities with clinical guidelines/ protocols for provision of TB services | Yes, seen | 60 | 87.5 | 33.3 | - | - | 68.8 | 40.0 | 46.2 | 41.0 | 1.4 | 5.3 | 11.6 |
| | Yes, not seen | 40 | 12.5 | 0 | - | - | 18.8 | 40.0 | 15.4 | 18.0 | 0.9 | 0.0 | 5.3 |
| | No | 16.7 | 18.8 | 33.9 | 1.5 | 13.3 | 9.6 | 20.0 | 30.8 | 26.2 | 2.7 | 0.0 | 8.5 |
| % of health facilities that use any visual aides when providing TB services to clients | Total | 66.7 | 68.8 | 57.1 | 0.5 | 0 | 16.4 | 40.0 | 69.2 | 60.7 | 3.2 | 0.0 | 17.2 |
| % of health facilities with staff that counsel HIV+ clients on TB prevention | Total | 83.3 | 87.5 | 89.3 | 2.5 | 6.7 | 25.7 | 100.0 | 92.3 | 83.6 | 4.1 | 10.5 | 24.8 |
| % of health facilities where all patients diagnosed with TB were tested for HIV | Total | 83.3 | 87.5 | 69.6 | 2.5 | 0 | 21.6 | 100.0 | 84.6 | 75.4 | 2.7 | 10.5 | 21.9 |
| % of health facilities where all HIV+ patients were screened for TB | Total | 66.7 | 81.3 | 58.9 | 2.5 | 0 | 18.8 | 100.0 | 92.3 | 75.4 | 3.6 | 10.5 | 22.9 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | Total |
|--|--------------------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| % of health facilities with register or other record where information on clients who receive TB services is recorded | Total | 83.3 | 87.5 | 87.5 | 1 | 6.7 | 24.3 | 100.0 | 92.3 | 83.6 | 2.7 | 10.5 | 23.8 |
| % of health facilities with a private space for delivering TB services | Total | 50 | 31.3 | 23.2 | 0.5 | 6.7 | 7.9 | 80.0 | 30.8 | 16.4 | 0.5 | 0.0 | 6.0 |
| % of health facilities that receive staff or technical support from partner organizations for provision of TB services | Total | 16.7 | 31.3 | 21.4 | 1 | 0 | 6.9 | 100.0 | 84.6 | 67.2 | 3.2 | 0.0 | 20.1 |
| Family Planning Services | | | | | | | | | | | | | |
| Proportion of health facilities and the nature of family planning services being provided | Static | 50 | 93.8 | 91.1 | 70.4 | 73.3 | 75.3 | 80 | 92.31 | 86.89 | 64.71 | 42.11 | 68.97 |
| | Both (static & outreach) | 0 | 0 | 8.9 | 6.5 | 0 | 6.2 | 0 | 7.69 | 9.84 | 3.62 | 0 | 4.7 |
| % of health facilities with at least 2 staff trained in Goal Oriented ANC (including IPT) | Total | 33.3 | 62.5 | 58.9 | 11.1 | 0 | 23 | 40 | 46.15 | 31.15 | 9.5 | 5.26 | 15.36 |

| Indicator Definition | | Year 2009 Results | | | | | | Year 2010 Results | | | | | |
|--|------------------|----------------------|-------|--------|-------|---------|-------|----------------------|-------|--------|-------|---------|-------|
| | | Health Centre Levels | | | | | Total | Health Centre Levels | | | | | Total |
| | | District Hospital | HC IV | HC III | HC II | Unknown | | District Hospital | HC IV | HC III | HC II | Unknown | |
| % of health facilities regularly supervised by the DHO's Office: | Monthly | 0 | 40 | 50.9 | 31.4 | 12.5 | 34.8 | 20.0 | 23.1 | 37.3 | 23.6 | 20.0 | 26.4 |
| | Quarterly | 80 | 60 | 41.5 | 56 | 62.5 | 53.9 | 40.0 | 76.9 | 52.5 | 62.4 | 50.0 | 60.0 |
| | Bi-annually | 0 | 0 | 0 | 2.9 | 0 | 2 | 0.0 | 0.0 | 1.7 | 4.5 | 10.0 | 3.8 |
| | Once a year | 0 | 0 | 3.7 | 6.3 | 12.5 | 5.5 | 0.0 | 0.0 | 5.1 | 3.4 | 0.0 | 3.4 |
| | More than a year | 0 | 0 | 0 | 0.6 | 12.5 | 0.8 | 0.0 | 0.0 | 0.0 | 1.1 | 10.0 | 1.1 |
| % of health facilities receiving yellow star supervision during last quarter | Total | 100 | 75 | 76.8 | 63.8 | 26.7 | 65.8 | 80.0 | 84.6 | 67.2 | 53.4 | 5.3 | 54.9 |
| % of health facilities with at least 4 or more HUMC meetings in the past 12 months | Total | 16.7 | 68.7 | 37.5 | 42.2 | 0 | 40.1 | 80.0 | 30.8 | 50.8 | 33.9 | 15.8 | 36.7 |





Kampala Liaison Office
STAR-EC

4th Floor, Nakawa House | Plot 3-7 Port Bell Road | P.O Box 40070, Kampala, Uganda
Tel : (+256) 414 222864, (+256) 312 262164

STAR-EC Headquarters

Plot 10 Kiira Lane, Mpumudde Division, P.O Box 829, Jinja
Tel: +256 434 120225, +256 434 120277, +256 332 260182, +256 332 260183
Fax: +256 434 120232
www.starecuganda.org