COMMUNITY CARE ANTI-AIDS PROJECT (CCAP)

Pakwach Town Council, Nebbi District

Evaluation Report

Submitted to:

Agency For Accelerated Regional Development (AFARD)

By

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The Consultant for the evaluation of the Community Care Anti-AIDS Project (CCAP) wishes to recognize and acknowledge the contributions of Nebbi District Local Government and Pakwach Town Council community and CCAP staff for the support that enabled us to successfully implement the exercise.

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Finally, we wish to thank all staff of the Agency for Accelerated Regional Development (AFARD) and Total E&P Uganda for coordinating the interviews that ultimately led to the successful completion of this project evaluation.

ACRONYMS

AFARD	Agency for Accelerated Regional Development
AIDS	Acquired Immune Deficiency Syndrome
BCCE	Behavior Change Communication and Education
CCAP	Community Care Anti-AIDS Project
CSW	Commercial Sex Worker
FiCAP	Fisher Anti-AIDS Project
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information, Education, Communication
JOYODI	Jonam Youth Development Initiative
LC	Local Council
LLGs	Lower Local Governments
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
NASON	Nebbi AIDS Services Organization Network
NGO	Non – Governmental Organization
PECs	Peer-Educators and Counsellors
PELUM	Participatory Ecological Land Use and Management
SGBV	Sexual and Gender Based Violence
SPSS	Statistical Package for the Social Scientist
STI	Sexually Transmitted Infections
UGX	Uganda Shillings
UHMG	Uganda Health Marketing Group
UNASO	Uganda National AIDS Services Organizations
UWASNET	Uganda Water and Sanitation NGO Network
VCT	Voluntary Counselling and Testing
VHTs	Village Health Teams
VVS	Village Volunteers
WENDI	West Nile Development Initiative
WHO	World Health Organisation

EXECUTIVE SUMMARY

About the Project

The Agency for Accelerated Regional Development (AFARD) is a home-grown non-governmental organization operating in West Nile region, Uganda. Its vision is a prosperous, healthy and informed people of west Nile with a mission of contributing to the moulding of the region in which the local people (men and women), including those who are marginalized, are able to participate effectively and sustainably and take a lead in the development of the region. Since 2004 AFARD has been engaged in HIV/AIDS activities.

The Community Care Anti-AIDS Project (CCAP), which is being evaluated, was a one-year evidence-informed positive Behaviour Change intervention funded by Total E&P Uganda, abbreviated here as TEPU implemented by Agency For Accelerated Regional Development (AFARD). CCAP targets 1,000 people drawn from the grass root communities, oil and gas staff and contractors in 26 Villages, Puvungu Parish Pakwach Town Council, Nebbi district. The general objective of the project was to design and implement HIV/AIDS prevention activities for TEPU operations in Nebbi district with an aim of contribution to the prevention of new infections and mitigation of effects of HIV/AIDS in Pakwach Town Council.

The Evaluation Objectives and Processes

AFARD commissioned this external evaluation with the main purpose of: (a) assessing the performance of the project and the extent to which the overall objectives were achieved; (b) assessing the main strengths, weaknesses and any constraints to the implementation process and suggest appropriate recommendations; and (c) formulating key recommendations pertinent for future interventions.

In order to achieve the evaluation objectives, a cross-sectional study design using quantitative and qualitative data collection methods was used. Various national and project level reports were reviewed. In addition, data was collected through 18 Key Informants, 7 Focus Group Discussions, and behaviour survey of 224 randomly sampled individuals. Data was also sourced from Pakwach Health Center IV.

While qualitative data was analysed using framework analysis method, qualitative data was analysed using SPSS. These data sources were triangulated to produce a draft report that was finally validated during a stakeholders' meeting attended by officials drawn from TEPU, District Local Government, Pakwach Town Council, business community, religious and opinion leaders as well as community representatives (peer educators, PLWA, and commercial sex workers, among others).

Findings of the Evaluation

Below are the critical findings from the evaluation

Relevance

CCAP was designed with the goal of contributing to the prevention of new infection and mitigation of effects of HIV/AIDs in Pakwach town council. This focus was found to rightly fit the different needs to which the project made invaluable contributions. First, the CCAP baseline study found out that the HIV prevalence rate was 9.2% well above the 7.4% national average. Second, within AFARD, CCAP intervention fitted within its vision of a healthy people of West Nile and its strategic pillar of health security. In the various local government

development plans, the project was rightly aligned to the 5-year development plans of Pakwach Town Council and Nebbi District Local Government HIV/AIDS Strategic Plan. Equally, the project was at synch with TEPU's Corporate Social Responsibility. Finally, CCAP also fitted well into the National HIV/AIDS strategic plan (2011/12-2014/15) whose goal was on the reduction of the incidence rate of HIV by 30%.

Effectiveness

In assessing the effectiveness of CCAP, an analysis was conducted of the extent to which project outputs were achieved as well as the participation of the intended beneficiaries. The findings show that 100% of objective 1 output was achieved as compared to only 50% under objective 2. This gap emanated not from performance capacity but rather from 6% withholding tax that was not initially included in the project cost. Meanwhile, the beneficiaries indicated that they participated to a greater extent in the project implementation. Village Volunteers (VVs), Post Test Club, Pakwach Health Center IV staff, and local government officials all echoed that the project was very participatory.

Efficiency

Using a unit cost approach, the evaluation also found CCAP was generally efficient. It surpassed the planned population in its services delivery using multi-channel approach to HIV/AIDS prevention and mitigation. Thus, the project cost analysis presents a dismal per capita cost of UGX 17,414 per person reached in the year; computations that fits well within the World Health Organization and Uganda Civil Society Fund costing guidelines.

Impact

Given the short duration of the project, impact analysis was focussed on outcome analysis. The evaluation found out that there were marked reductions in risky behaviours. For instance, there was a 2% reduction in abstinence, 18% "sticking" to steady sexual partners, and 10% and 58% reduction in transactional and intergenerational sex respectively. Consistent condom use also increased by 54%.

Other gains scored by CCAP included the marked increase in comprehensive knowledge about HIV/AIDS especially in the aspects of PMTCT, signs of STI, and symptoms unrelated to loss of weight. Likewise, stigma and discrimination especially in living with PLWA and OVCs improved remarkably. As a result, there was increased uptake of biomedical services. HCT and PMTCT remained notable. For instance, in a span of one year and within just on ward, 4,941 people tested for HIV; 120 undertook SMCs; and 859 mothers delivered in health facilities. These are outputs that the staff of Pakwach Health center IV confessed they had not attained since the facility started providing HIV-related services.

Sustainability

In order to ensure continuity of the benefits realized from the project CCAP has strengthened Bed Kuwengi Post Test Club to provide continued HIV/AIDS education as well as to support PLWA. It has also built dependable and working linkages with Pakwach Health Centre IV for continued access to biomedical services.

Best practices

CCAP provides a number of best practices for HIV/AIDS project management, namely: Building community own resources persons as behaviour change agents; Regular monitoring at both individual VV and project levels to direct implementation and enhance accountability; Good cooperation with government authorities to leverage resources (skills, supplies, and

regulations); and Working with different social categories in their distinct settings as a way of enabling free and open peer discussions/learning.

Challenges faced and Recommendations

The critical challenges and recommendations to improve future programming are below:

- *NGO Financing*: TEPU's use of 6% withholding tax meant lost funds and project outputs. *It is recommended that, 6% withholding tax be included in project budgets of future NGO financing.*
- *Project life span:* Behaviour change cannot be rushed within one year. It takes time for people to learn, internalize and practices positive behaviours. *It is recommended that TEPU undertake at least 3 years project.*
- *Project outreach:* CCAP actively targeted 1,000 people fewer than the entire population of the project parish. Yet these people also freely mingle with other people in the town council in ways that increase their exposure to infections. *It is recommended that TEPU should consider up scaling the project to other wards in the Town Council.*
- *Access to TEPU staff:* It was also hard for the VVs and AFARD staff to access the oil and gas workers. *It is recommended that TEPU plan "day off" for HIV awareness and access to critical services.*
- *Education without inputs is limited capacity building:* Creating awareness is good to the extent that it is accompanied by positive changes in practices. Economic empowerment is critical for HIV prevention and mitigation. *It is recommended that TEPU balance economic empowerment with behaviour change communication and education.*
- *Unreliable supplies of biomedical inputs.* CCAP relied heavily on supplies from DMO for HCT, SMCs, and condoms. These supplies, as usual in government systems, were always in short supply and thus limited the uptake levels. *It is recommended that TEPU co-finance procurement of biomedical supplies.*
- Lack of a proper referral system i.e. poor or no documentation of referrals by the VVs. *It is recommended that AFARD set up a clear referral system.*

Conclusion

Overall, the evaluation found that CCAP was very successful. This is because it achieved all of its planned outputs (after revision to take care of the 6% withholding tax). These outputs were delivered cost-efficiently (at dismal per capita cost). And the project outputs ably translated into the achievements of planned outcomes. Besides, sustainability structures and relationships are in place. AFARD has demonstrated its capability in managing tight scheduled project and therefore provides an important opportunity for TEPU a private sector company to partner with it in enhancing community development.

1.0 INTRODUCTION

This chapter presents the background to the end-line evaluation, its overall objectives and the critical activities conducted.

1.1 ABOUT AFARD

The Agency For Accelerated Regional Development (AFARD) is a home-grown not-for-profit, non-denominational, non-governmental organization (Reg. No. S.5914/3753 and Reg. No. 45170). Its vision is a "prosperous, healthy, and informed people of West Nile" and its mission is to contribute to the moulding of the region in which the local people (men and women), including those who are marginalized, are able to participate effectively and sustainably and take a lead in the development of the region.

AFARD has been engaged in HIV/AIDS activities since 2004. Programmatically, in the last 5-years, they have executed a number of projects. These include (a) Lakeshore AIDS Project; (b) Youth Anti-AIDS Project; (c) Fisher Anti-AIDS Project (FiCAP); (d) Fisher folk Anti-AIDS Project (FAP); and (e) the Community Care Anti-AIDS Project (CCAP), which is hereby being evaluated, among many others projects in which HIV/AIDS programming is mainstreamed.

1.2 BACKGROUND TO THE COMMUNITY CARE ANTI-AIDS PROJECT (CCAP)

Community Care Anti-AIDS Project (CCAP) was a one year evidence-informed positive Behaviour Change intervention funded by Total E&P Uganda (abbreviated here as TEPU) and was implemented by AFARD. It targeted 1,000 people drawn from the grassroots communities, oil and gas staff and contractors in 26 Villages, Puvungu Parish, Pakwach Town Council, Nebbi district. The general objective of the project was to contribute to the prevention of new infections and mitigation of effects of HIV/AIDS in Pakwach Town Council. This goal was to be achieved by two specific objectives, namely: -

i. To provide comprehensive HIV/AIDS and STI prevention information to 1,000 Most At Risk Populations (MARPS) and TEPU employees in Pakwach Town Council, Nebbi District
ii. To promote referrals to available HIV/AIDS and sexual reproductive health facilities for 1000 people including TEPU staff and contractor in Pakwach Town Council, Nebbi District.

The primary focus on Pakwach Town council was due to the high risk exposure of TEPU's and its contractors' direct and indirect employees as well as the rising accusations that oil and gas exploration has heightened HIV/AIDS in the area. It was noticed that mobile employees (men and women) who came to the area were willing to pay for sex. As a result, there was rampant transactional, commercial, intergenerational and high-risk sex that predisposes the people especially the young to high risk of HIV infection.

The following results were, therefore, expected of the CCAP: Increased abstinence among young people; Increased fidelity among married couples; Reduction in multiple sex partners; Reduction in transactional sex; Reduction in intergenerational sex; and Increased consistent and correct condom use.

2.0 THE EVALUATION OBJECTIVE, AND METHODOLOGY

This chapter highlights the purpose and objectives of the evaluation and the strategy used (see annex 1 and 2 for a detailed information about the consultant and evaluation terms of reference). The design and data collection methods are also discussed, as are data management, quality control and ethical considerations.

2.1 Evaluation Objectives

AFARD commissioned this external evaluation with the main purpose of assessing the performance of the project and the extent to which the overall objectives were achieved.

The evaluation was guided by and limited to the following objectives.

1. Assessment of the performance of the project and extent to which the overall objectives were achieved.
2. Assessment of main strengths, weaknesses and any constraints to the implementation process and suggest appropriate recommendations; and
3. Formulation of key recommendations pertinent for future interventions

2.2 METHODOGY

In order to achieve the objectives of this evaluation the consultant adopted a cross-sectional study design using quantitative and qualitative data collection methods. The team commenced the assignment with a review of the approved CCAP proposal, project baseline study reports and project progress reports, project financing agreement, health facility records, the National HIV/AIDS Strategic Plan, M&E framework as well as relevant policy documents from national/local partners and other donors. Thereafter, the team collected data from the various project stakeholders and beneficiaries using key informant interviews and focus group discussions.

2.2.1. Sample Size and Sampling procedure

Respondents were selected purposively based on their involvement in the Community Care Anti-AIDS Project (CCAP). The selection criteria were applied to all levels right from program implementation to the community. In all, there were 18 key informants (2 CCAP staff, 1 Total-Uganda staff, 2 district officials, 3 village volunteers, 2 health workers, 4 commercial sex workers, 2 boda boda and 2 OPEC-boys), 7 FGD (1 village volunteer, 3 community members, 1 commercial sex worker, 1 boda boda rider, 1 fisher folk), and interviews of 224 individuals from Puvungu Parish, Pakwach Town Council.

Table 1 below shows the social demographic characteristics of the individuals interviewed. Overall, many of the respondents 56.7% were males, half 50.4% were married, the majority 93.3% were having at least some education, 84% being Christians and the majority 84.8% having a permanent residence.

Table 1: Social demographics characteristics of the respondents

Variables		Frequency	Percentage
Gender (n=224)	Male	127	56.7
	Female	97	43.3
AGE	18-24	77	34.4
	25-60	141	63.0
	61 years and above	6	2.7
Marital status	Single	18	36.2
	Married	113	50.4
	Divorced/separated	20	8.9
	Widow/widower	10	4.5
Education status	None	15	6.7
	Primary level	107	47.8
	Secondary	79	35.3
	Post-secondary	23	10.3
Religious status	Christians	190	84.8
	Moslems	33	14.7
	Others	1	0.4
Occupation	Fishing	32	14.3
	Farming	62	27.7
	Trade	43	19.2
	Housewife	30	13.4
	Student	38	17.0
	Public servants	15	6.7
	Boda boda	3	1.3
	Video show Dj	1	0.4
Residence	Permanent	190	84.8
	Temporary	27	12.1
	Mobile	7	3.1

2.2.2 Data collection

Data collection was executed by a team of experienced researchers using agreed upon tools (see annex 2). While the Consultant administered all the qualitative data collection tools and literature review, research assistants were recruited and trained on the data collection tools to reinforce their interview techniques to obtain in-depth information. The consultant supervised these assistants.

2.2.3 Data Analysis

Data analysis for this evaluation was explicit and strongly informed by the objectives of the study. Quantitative data were analyzed using SPSS, and presented using percentages and proportions. Qualitative data were subjected to framework analysis, a matrix-based analytic method that facilitated rigorous and transparent analysis. Data was organized according to key themes, concepts and emergent categories such that it's triangulated for more rigorous and accurate analysis of the successes, best practices, challenges and recommendation (Ritchie & Lewis 2003).

Below is the evaluation findings that was finally validated during a stakeholder meeting attended by officials drawn from TEPU, District Local Government, Pakwach Town Council, business community, religious and opinion leaders as well as community representatives (peer educators, PLWA, and commercial sex workers, among others).

3.0 EVALUATION FINDINGS

This chapter presents these findings.

3.1 RELEVANCE

CCAP was designed with the goal of contributing to the prevention of new infection and mitigation of effects of HIV/AIDs in Pakwach town council. This need was further confirmed by the CCAP baseline study that was conducted in November 2013. It found out that the HIV prevalence rate was found to be 9.2% compared to the 7.4% national average. This status would rightly place both the community and TEPU staff at high exposure to HIV/AIDS infection. Besides, it justifies the need for mitigation of the effects of HIV/AIDS.

Both the key informant interviews and focus group discussions confirmed that Pakwach Town Council was a "hot spot for HIV spread" given the advent of oil exploration. Local government officials reiterated that CCAP was a demand-led project. TEPU responded to their calls, which were based on on-the-ground evidences of rampant sex and "forced sex" involving employees of oil contractors and suppliers.

Within AFARD, the evaluator found that CCAP intervention fitted within its vision of a healthy people of West Nile and its strategic pillar of health security. Besides, CCAP was not a new project. Rather, it was built on proven local experiences in the project area and the district.

With respect to the right alignment of CCAP to local government development plan, further the evaluation found that CCAP made direct contributions to the 5-year development plans of Pakwach Town Council and Nebbi District Local Government HIV/AIDS Strategic Plan. The focus on behavior change communication and the mainstreaming of biomedical approach to HIV prevention and mitigation rhymed with the efforts being invested in strengthening HCT and PMTCT services at Pakwach HC IV. Health workers at Pakwach HC IV expressed great appreciation for the project, which increased the early uptake of HCT.

Equally, CCAP was relevant with respect to TEPU's Social Investment and Health, Safety & Environment (HSE) programmes of supporting community-based projects in East Africa. So as a contribution to the social-economic development processes benefiting both the targeted communities and the firm CCAP was one of the valid projects that responded to the national call for the prevention and mitigation of HIV/AIDS.

CCAP also fitted well into the National HIV/AIDS strategic plan (2011/12-2014/15) whose goal was on the reduction of the incidence rate of HIV by 30%. It targeted the priority Most At Risk Population (MARPs) population with very high HIV prevalence rate. For instance. The prevalence rate among commercial sex workers is 5-6 times higher than other people. This explains why the District Health Officer remarked that, "projects like CCAP is what the government of Uganda highly desires in order to achieve the national targets and ensure HIV prevention."

3.2 EFFECTIVENESS

In assessing the effectiveness of CCAP, an analysis was conducted of the extent to which project outputs were achieved. The main analysis was on: whether the key stakeholders viewed the planned benefits as they were delivered, whether the intended beneficiaries participated in the intervention; and the factors, which were crucial for the achievements or failure to achieve the project objectives.

Achievements of planned outputs

From table 2 below, it is evident that 100% of objective 1 output was achieved as compared to only 50% under objective 2. This gap emanated not from performance capacity but rather from 6% withholding tax that was not initially included in the project cost.

Table 2: Achievements of planned outputs

	Activity	Target	Actual	Success rate %	Remarks/ Comments
Objective 1: To provide comprehensive HIV/AIDS and STI prevention information to 1,000 Most At Risk Populations (MARPS) and TEPU employees in Pakwach Town Council, Nebbi District.					
1.1	Hold debriefing meetings for project LLG officials	1	1	100	
1.2	Hold debriefing meeting at parish levels	5	5	100	
1.3	Conduct a baseline survey	1	1	100	
1.4	Retrain Peer-Educators-cum-counselors	26	26	100	
1.5	Equipping with T-shirts	150	100	66	Due to inflation
1.6	Provide wooden dildos	26	26	100	
1.7	Hold BCCE seminars	40	132	333	Due to good mobilization
1.8	Support PECs/CFs operations	1	1	100	
1.9	Hold drama shows	4	4	100	
11.0	Hold awareness video shows together with awareness seminars	30	0	0	Due to 6% withholding tax
1.11	Train youth in secondary schools in life skills	2	2	100	
1.12	Train youth out of school in life skills	4	4	100	
1.13	Train boda-boda riders in life skills	1	1	100	
1. 14	Train commercial sex workers in life skills	4	4	100	
Objective 2: To promote referrals to available HIV/AIDS and sexual reproductive health facilities for 1000 people including TEPU staff and contractor in Pakwach Town Council, Nebbi District					
2.1	Hold LLG awareness meetings on right to health services	0	0	0	Due to 6% withholding tax
2.2	Hold community awareness meetings on rights to health services	0	0	0	Due to 6% withholding tax
2.3	Support VCT outreaches	20	22	110	Good negotiation
2.4	Support 5 Safe male circumcision camps for 150 males.	0	0	0	Due to 6% withholding tax
2.5	Retrain 1 Post Test Club in palliative care and support service.	0	0	0	Due to withholding tax
2.6	Hold legal awareness on women's rights and SGBV	5	5	100	
2.7	Train PECs in data management	1	1	100	
2.8	Hold joint quarterly review meetings	4	3	75	One meeting was not held

Participation of beneficiaries in the CCAP

Community interview revealed that the CCAP actively involved them during the project implementation and they participated in attending drama shows, going for HIV counselling and testing, and complying with referrals.

The quotations below are cited from the verbatim discussions with the beneficiaries and demonstrate participation of the beneficiaries in the CCAP implementation.

'It was this project that helped me to go and test of which my results were positive. I was counseled and enrolled on ART immediately and now I have a free HIV baby who is the second born. Thanks CCAP'; a commercial sex worker narrates during a FGD.
'*Community meetings and drummer shows which attracted most people, and moving of the village volunteers from house-to-house talking to the community members directly was a good approach this brought a very big change to our community. They would be asked questions and community members would get responses there and then' (*KI-boda boda rider)

3.3 EFFICIENCY

Using a unit cost approach, the evaluation also found CCAP to be generally efficient. While TEPU provided AFARD with UGX 184,207,774 million primarily to reach out to 1,000 people, AFARD served a total of 10,578 people. This large number was achieved due to the use of multi-channel approach to HIV/AIDS prevention and mitigation. The Village Volunteers reached out to people with education messages. They also mobilized people to undergo HCT, SMC, PMTCT, besides distributing condoms.

At this cost, CCAP shows a dismal unit cost of UGX 17,414 of per person reached in the year. Compared against World Health Organization and Uganda Civil Society Fund costing guidelines, this per capita cost is below the model cost.

3.4 IMPACT

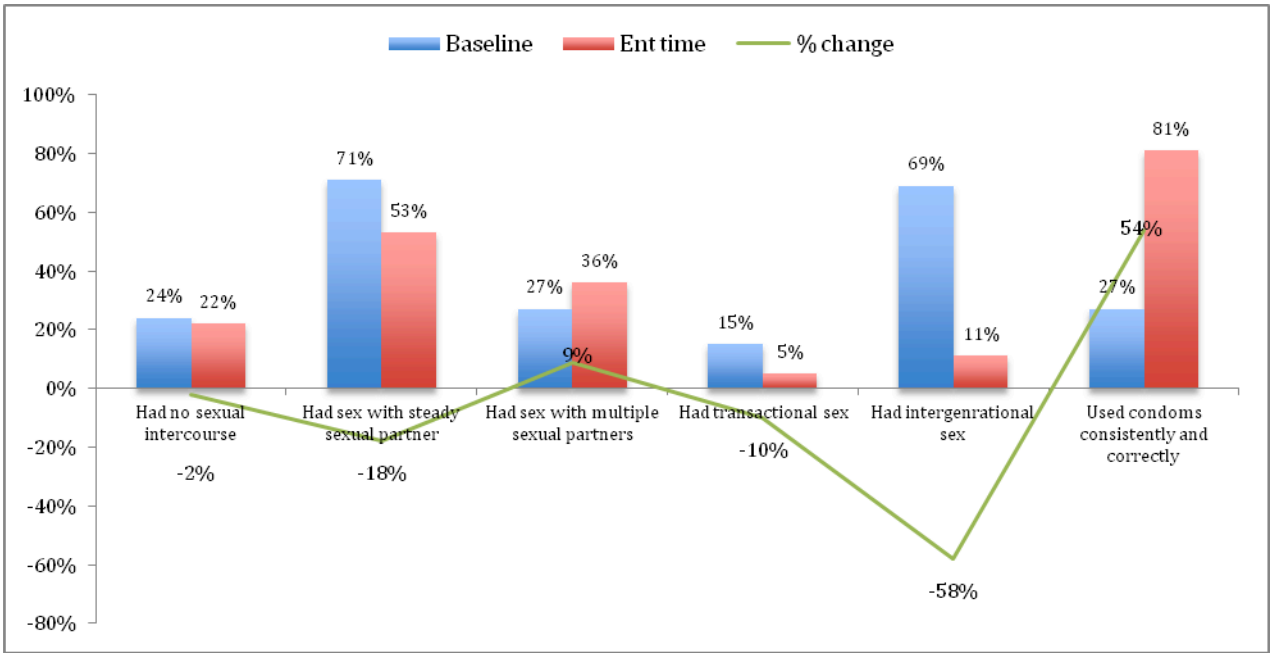
Given the short duration of the project, the focus on tis section (as was agreed during the inception meeting) was to access the extent to which the key outcomes were achieved as well as to highlight anecdotal evidences of positive changes in the lives of the beneficiaries. These are shown below.

Achievement of planned outcomes

CCAP was planned to make positive strides in the following areas: (1) Increased abstinence; (2) Increased fidelity among sexual partners; (3) Reduction in multiple sex partners; (4) Reduction in transactional sex; (5) Reduction in intergenerational sex; and (6) Increased consistent and correct condom use. As Figure 2 below reveals, it is only in the number of sexual partners that the project was unable to impact positively given that about 9% more people had sexual intercourse with multiple sexual partners. Otherwise, on all the planned effects the project led to a sizeable reduction in the case rate through the improvement of positive HIV prevention behaviors. Reduction in having sexual intercourse and more so for payment (in cash and kind) and with a person 10 years older or younger was registered. This is what a number of key informants reported on as "they observe some reduction in the rate of rampant and indecent sexual practices when compared to before the project intervention in

the ward."

Figure 2: **Achievement of planned outcomes**



Other positive gains of the project

(i) Increased knowledge about HIV/AIDS

Further analysis into the baseline and end line individual survey data shown in table 3 below reveals that there has been a great improvement in the rate of increased comprehensive knowledge on HIV/AIDs in the target population. Most of the increased knowledge was in PMTCT, signs of STI, and symptoms unrelated to loss of weight. Likewise, stigma and discrimination especially in living with PLWA and OVCs improved remarkably.

Table 3: Major changes in individual knowledge and practices

Variable	Baseline (%)	End-line (%)	Variance (%)
1. Comprehensive knowledge about HIV/AIDs			
Comprehensive Knowledge of HIV/AIDs			
Heard of AIDS	100	100	0.0
Know that HIV exists	100	100	0.0
Know at least 3 ways of HIV transmission	87.3	86.2	-1.1
Know at least 3 symptoms	89.8	92.4	2.6
Know at least 3 ways of HIV prevention	89.6	92.9	3.3
Know at least 3 essential prevention	75.4	84.4	9.0
Know at least 3 benefits of HCT	75.4	77.1	1.7
Know at least 3 methods of PMTCT	70.0	86.6	16.6
Know at least 3 benefits of PMTCT	60.3	74.6	14.3
Know at least 3 signs of STIs	77.7	89.3	11.6
Know at least 3 ways of positive living	81.9	92.0	10.1

Variable	Baseline (%)	End-line (%)	Variance (%)
Knowledge about modes of HIV transmission			
Infected pregnant mother during pregnancy	29	72.8	43.8
Infected pregnant mother during delivery	26.3	54.9	28.6
Infected pregnant mother during breastfeeding	14.9	47.3	32.4
Knowledge of symptoms of HIV/AIDS			
Persistent cough	48.1	79	30.9
Enlargement of lymph nodes	5.5	36.2	30.7
Herpes zoster	18.9	56.7	37.8
Knowledge of HIV/AIDS prevention			
Pre-exposure prophylaxis	0.5	25.9	25.4
Post-exposure prophylaxis	2	24.1	22.1
PMTCT clinics	1.7	33.5	31.8
Using screened blood	3	27.7	24.7
Testing HIV status	33.3	58	24.7
Knowledge of HIV services			
PMTCT services	36.2	58	21.8
IGA skills training	13.6	36.6	23.0
Safe motherhood	5.2	23.2	18.0
2. Structural Drivers of HIV			
Stigma and Discrimination			
Care for OVCs	97.8	98.2	0.4
Greet PLHIV	93.1	92.4	-0.7
Sit next to PLHIV	93.8	88.8	-5.0
3. Access to Bio-Medical services			
HIV counselling and testing			
Plan for the future	50.4	65.3	14.9
Avoid (re) infection	62	69.9	7.9
Protect unborn baby	21.8	47.5	25.7
Go for ART	52.4	63	10.6
Live positively	44.9	38.4	-6.5
Seek material support	5.7	22.8	17.1
HIV Care	24.1	49.3	25.2
PMTCT			
HIV testing	40.9	64.7	23.8
STI screening	6	32.3	26.3
Antenatal attendance	40	68.4	28.4
4. Positive living			
Knowledge of ways of living positively			
Ensure safe WASH	3	42.1	39.1
Declare HIV status	8	47.4	39.4
Attend PMTCT	3	45.1	42.1
Be faithful to partner	23	69.9	46.9

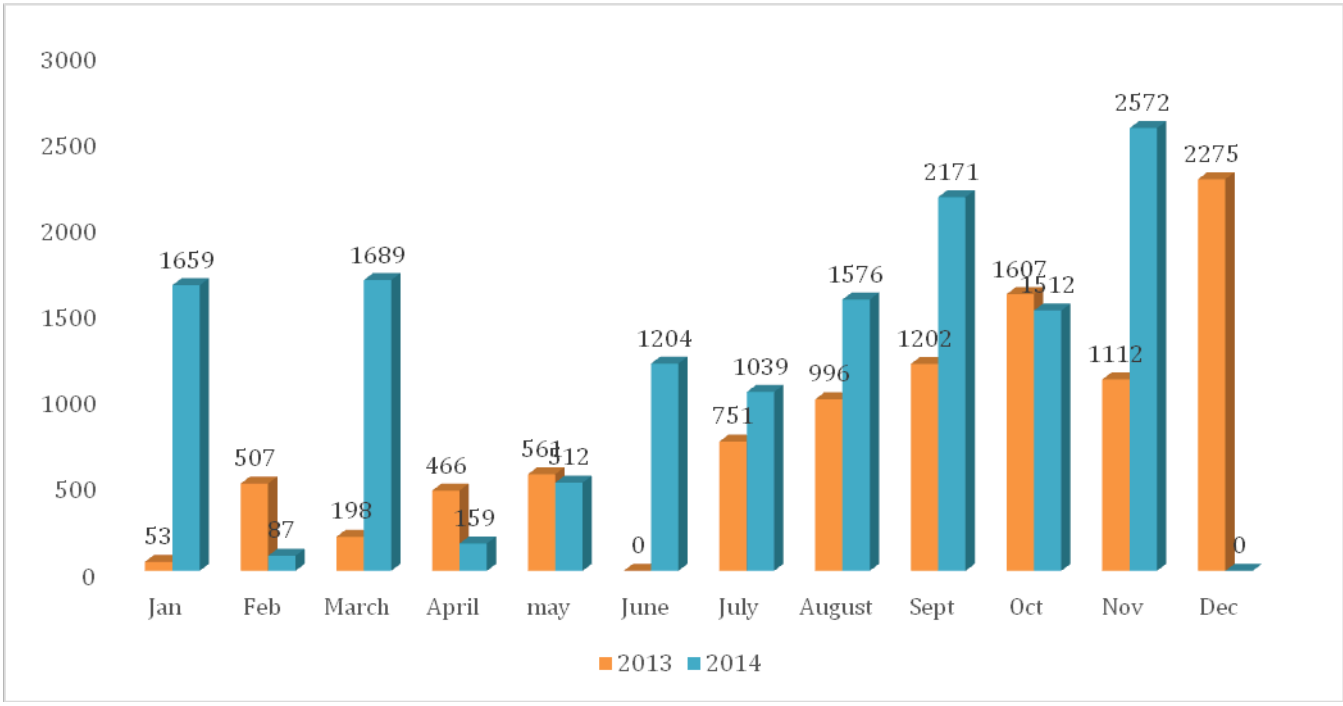
(b) Use of biomedical services

From the project outputs, 4,941 people tested for HIV; 120 undertook SMCs; and 859 mothers delivered in health facilities. Figure 3 also shows the trend of HCT uptake in the town council. Together with individual interviews, the evaluation found out that CCAP improved not just the knowledge about HIV/AIDS. It also improved on the attitude and practices related to safer practices. Review of monthly records sent by Pakwach HC IV to MoH showed increase access to HCT services during the implementation of the CCAP. The health facility was able to serve 14,180 people (4799 males and 9381 females) compared to 7,473(2657 males and 4816 females) the previous year 2013 before the implementation of the project. Some respondents also highlighted this fact when they noted that:

> *People in the community nowadays have taken HIV testing a priority in that for any community outreach people turn up in large numbers and positive people are linked to care. Even the demand for condom has increases in the community. We saw most of these changes during the CCAP'. (*FGD for VVs)

> *CCAP enabled many people in the community to come early for HCT services. People used to come when they were already too ill but the VVs have done a good job in convincing them and referring them for services. Even the demand for services like condoms and HCT has increased which a good sign of positive behavior change brought about by CCAP'* said Sam, a health worker in Pakwach HC IV.

Figure 3: Overall HCT services at Pakwach HC IV 2013 – 2014



Case Study-CCAP exposed me to AMICAL and now I earn a salary! Gloria:

Gloria Gipatho is 28 years old and a single mother of two children. She resides in Pajobi, Pakwach Town Council. In 2013, she was identified by the management of JOYODI to be among the VVs to work with the new TEPU-funded CCAP project. The capacity built and the training she got from CCAP finally helped her to get a Job. Below is an excerpt of her testimony.

On Wednesday, 13th August 2014, after we had made our quarterly plan for field activities, I decided to rush off and start my awareness meeting. I went to the commercial sex workers (CSW) and the meeting was done. Little did I know that one of the Town Council leaders was in the vicinity. She was amazed at how I was able to enter the ring of CSW and discuss openly and honestly with them, yet truthfully.

"In that same month, AMICAL Uganda was looking for someone to keep their field office in Pakwach Town so that they could have a physical presence. This was my time and I did not miss the opportunity. They gave me the job, and for the first time in my life, I have an employer's identity card and earning one hundred and fifty thousand shillings per month with a hope of increment next year!!! This job that I have has improved on my social profile. Imagine when people invite AMICAL Pakwach I am the one to go and attend. Isn't that big enough for me?'' she said smilingly. ''I am now able to pay, timely, school fees for my children. Thank you AFARD/CCAP. Thank you TEPU. And thank you AMICAL. I would not be here without you''!! She concluded.

3.4 SUSTAINABILITY

In order to ensure continuity of the benefits realized from CCAP, the following were set in place to support service provision:

- Bed Kuwengi Post Test Club has been strengthened to provide continued education as well as to support PLWA. Through skills training the VVs have been able to champion he process of community awareness creation. They ably plan their outreach activities. Likewise, through supporting their loan scheme, the VVs are closely related together with PLWA in order to undertake prevention with positive.
- Linkages with Pakwach Health Centre IV. To promote access to biomedical services, CCAP developed close working relationship with the health facility to the point that the VVs does the mobilization and they manage outreaches for HCT. This has continued to date.

4.0 BEST PRACTICES LESSONS LEARNT,CHALLENGES, CONCLUSION AND RECOMMENDATION

4.1 BEST PRACTICES AND LESSONS LEARNT

There were a number of key lessons learnt or best practices during the implementation of the project as reported during interaction with the various stakeholders and obtained in the project reports.

1. In order to reach the MARPs, community own resources persons (village volunteers) where recruited. These already existed and they had experience of working with MARPs especially the commercial sex workers. The penetration and information sharing into such a group would have not been possible if the project had used ordinary group of people like the VHTs without HIV/AIDS work experience.

2. Regular monitoring at both individual VV levels and at the project helped to shape the direction of implementation; schedule the key messages to be delivered every quarter; and it enhanced accountability.

3. Good cooperation with government authorities like the police, LC 1s, LLG staff, district health workers and at Pakwach HC IV promoted leverage in service delivery. For instance, AFARD had to rely on test kits from the DHO's office. Also it led to effective involvement of health facility staff in HCT and SMC provision.

4. Working with different social categories in their distinct settings enabled free and open discussions. Peer learning made it easy for the project to not just create awareness but also to influence positive attitude and practices. For instance, a Boda Boda rider noted that he had to reduce on the number or sexual partners he had when his colleagues during their seminar narrated the losses he had incurred from having many demanding sexual partners.

4.2 Challenges faced and recommendations

Though the CCAP was able to achieve most of its targets, there were some challenges that affected the outcome of the project. Some of these challenge the evaluator felt they should be considered because their consideration would improve future programming. These include:

- *NGO Financing*: While TEPU used its private sector approach to financing is projects; it lost non-claimable 6% withholding tax to URA. The effect has been non-implementation of some key activities that could have reinforced the behaviour change education and awareness creation. *It is recommended that, 6% withholding tax be included in project budgets of future NGO financing.*

- *Project life span:* Behaviour change cannot be rushed with quick-fix projects. Sexual practices, as a best example comparable to other addictions, takes a very slow process to produce change especially now when the media has polluted communities with all sorts of wrong information and practices. Thus, the one-year project life span was too

short to expect substantial change in high-risk behaviour. *It is recommended that TEPU undertake at least 3 years project.*
'*AFARD had not worked with the business community where they had to do pre-financing for some activities which they did not do so they lost about two months in trying to get waivers on some of the conditions leading the actual implementation to be ten months'*. (KI –TEPU).

- *Project outreach:* CCAP actively targeted 1,000 people fewer than the entire population of the parish. With huge movement in and out of Pakwach, TEPU could have done much better to cover the entire town council. This emphasis was echoed during the feedback meeting when participants noted that TEPU staffs go for disco dance as far as Amor parish. *It is recommended that TEPU should consider up scaling the project to other wards in the Town Council.*

- *Access to TEPU staff:* It was also hard for the village volunteers as well as AFARD staff to access the oil and gas workers because they were not accessible during the day. In the evening, often the staff returned to their accommodation at different times making "organized discussions rather difficult." *It is recommended that TEPU plan "day off" for HIV awareness and access to critical services.*

- *Education without inputs is limited capacity building:* Creating awareness is good to the extent that it is accompanied by positive changes in practices. Commercial sex workers expected to get functional skills and start-up capital with which to start new life. Likewise, PLWA needed support to start income generating activities. These two categories of people show that "economic empowerment is critical for HIV prevention and mitigation. *It is recommended that TEPU balance economic empowerment with behaviour change communication and education.*

- *Unreliable supplies of biomedical inputs.* CCAP had to rely on supplies from DHO for HCT, SMCs, and condoms. As a result, fewer people than those who turned up were tested. And condoms were in constant stock out. This limited the uptake levels. *It is recommended that TEPU co-finance procurement of biomedical supplies.*

- Lack of a proper referral system i.e. poor or no documentation of referrals by the VVs. *It is recommended that AFARD set up a clear referral system.*

4.3 Conclusion

Overall, the evaluation found that CCAP was successful. It achieved almost all of its planned outputs (after revision to take care of the 6% withholding tax), very efficiently. The project outputs ably achieved the planned outcomes, which are clear manifestation that given ample time would impact positively on the population. Besides, sustainability structures and relationships are in place. AFARD has demonstrated its capability in managing tight scheduled project using its learned lessons and stakeholder engagements. This is also important for TEPU a private sector company to partner with in showing value-for-money.

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ANNEXES

Annex 1: Consultant' CV

Personal Data

Name:	PANDE GERALD
Sex:	Male
Date of birth:	3rd Jan 1980
District of birth:	IGANGA
Nationality:	Ugandan
Profession:	Public Health Specialist/ Environmental Health Scientist
Official address:	Makerere University School Of Public Health
	P. O. Box. 7072. Kampala-Uganda
	Mob 0772 932792
Email:	pandegerald@yahoo.co.uk

Education Background

2011:	Masters in Public Health at Makerere University School Of Public Health.
June 2008:	Certificate in Health Service Management.
Oct.2001-June 2004:	Bachelor's Degree in Environmental Health Science, Makerere University, Kampala.
1999-2000:	Uganda Advanced Certificate of Education (Kampala Senior Secondary School)
1994-1997:	Uganda Certificate of Education (Kiira College Butiki)

Major Skills

Designing Projects and Research proposals; Monitoring and evaluation techniques; Data analysis and report writing; Prevention and control of communicable diseases; Safe water management at all levels; Inspections of premises and technical report writing; Environmental Impact Assessment; Project evaluation; and Training of Trainers/Facilitators

Past Evaluation Experience

July 2014 - Oct 2014 Mapping of opportunities for the integration of high impact newborn health interventions and prevention of mother to child transmission of HIV in Uganda (co-team leader) funded by Save the Children International Uganda

Feb 2014 - June 2014 Team leader, End of project evaluation and documentation of lessons learnt, experiences and good practices in maternal newborn and child health (MNCH) in the districts of Kasese Ntoroko, Bundibugyo and Ntugamo

Dec 2013: I participated in the health facility assessment (clinical audit) in Luwero, Nakaseke and Nakasongola organised by STOP Malaria Project

May 2013: Apart of the team that carried out thematic assessment, thematic literature review and rapid appraisal of resilience factors in Kasese district following excessive rain in the country

April 2013 Team leader in assessment of organisation and delivery of TB and TB/HIV services in health facilities in KCCA

April 2012 - Jan 2013 Field Coordinator for the 2nd phase study in North and Karamoja region - PEPFAR project that evaluated the effect of PEPFAR funds and Global HIV/AIDS initiative onto non-HIV services

Sept-Nov 2011 Team leader for the PEPFAR project evaluation

July- Augt 2011 Part of the team that reviewed the national strategic work Plan for HIV/AIDs by UAC

June – July 2011 Coordinator for the ICCM data collection in Hoima, Kiboga and Kyankwanzi which included both quantitative and qualitative

2010/2011 **Principle Investigator:** prevalence and factors associated with diabetes and hypertension in Nangabo sub-county Wakiso district

Oct -Nov 2008 Team leader on the impact of HIV/AIDS programs on the labor market for health care in Uganda

Jan 2007 Supervisor on the effect of community based Anti-retroviral therapy on the health system and communities in Mukuju health sub-district Tororo district.

Annex 2: Evaluation Terms of reference

Expression of Interest for End of Project Evaluation Community Care Anti-AIDS Project (CCAP)

Location: Pakwach Town Council, Nebbi District, Uganda
Project Contract code: 4600000377

1. INTRODUCTION

Community Care Anti-AIDS Project (CCAP) is a one year evidence-informed positive Behavior Change intervention funded by Total E&P Uganda, abbreviated here as TEPU implemented by Agency For Accelerated Regional Development (AFARD). CCAP targets 1,000 people drawn from the grass root communities, oil and gas staff and contractors in 26 Villages, Puvungu Parish Pakwach Town Council, Nebbi district. The general objective of the project was to design and implement HIV/AIDS prevention activities for TEPU operations in Nebbi district with an aim of contribution to the prevention of new infections and mitigation of effects of HIV/AIDS in Pakwach Town Council. This goal was to be achieved by specific objectives:-

(i) To provide comprehensive HIV/AIDS and STI prevention information to 1,000 Most At Risk Populations (MARPS) and TEPU employees in Pakwach Town Council, Nebbi District

iii. To promote referrals to available HIV/AIDS and sexual reproductive health facilities for 1000 people including TEPU staff and contractor in Pakwach Town Council, Nebbi District.

The primary focus on Pakwach Town council was due to the high risk exposure of TEPU's direct and indirect employees as well as the rising accusations that oil and gas exploration has heightened HIV/AIDS in the area. It is noticed that mobile employees (Men and Women) who came to the area are willing to pay for sex. As a result, there is rampant transactional, commercial, intergenerational and high risk sex that predispose the people especially the young to high HIV infection.

The following results are expected of the CCAP: Increased abstinence among young people; Increased fidelity among married couples; Reduction in multiple sex partners; Reduction in transactional sex; Reduction in intergenerational sex; and Increased consistent and correct condom use.

The projects' critical activities included: conducting a KAP baseline survey; selecting, training, equipping and motivating Village Volunteers (VVs) also referred to as the Peer-Educators and Counsellors (PECs); conducting social group-based Behavior Change Communication and Education (BCCE) through small-group seminars, video shows, drama shows, and poster production; providing support to VCT outreaches; Training of the MARPS in life skills; strengthening rights awareness on rights to health services and women rights,; and periodically holding reflection meetings.

To achieve these, TEPU committed to supporting AFARD with a grant of UGX 156,482,814for a year period (September 2013 - 2014). This report, therefore, covers the entire project lifespan.

(ii) **THE EVALUATION OBJECTIVES**

This project is coming to an end. An external consultant is being sourced to conduct the final evaluation, which aims at providing AFARD and TEPUwith:

a) An independent assessment of the performance of the projects in accordance with its goal, objectives, and expected results;
b) Key lessons and proposed follow-up recommendations.

The specific objectives of the assignment include:

1. ***The assessment of the performance of the Programme and extent to which the overall objectives were achieved. This part will address the following concerns:***

   Problems and needs (Relevance) **–** Will focus on: The quality of the analyses of existing problem, lessons learnt from past experience, and the extent to which stated objectives correctly addressed the identified needs; The extent to which the project interventions addressed the needs, priorities and rights of the target group; The extent to which the project has been consistent with, and supportive of, the TEPU Programme framework.

   Achievement of purpose (Effectiveness) **-** The analysis will focus on such issues as: whether in the key stakeholders' views the planned benefits have been delivered; whether the intended beneficiaries participated in the intervention; and the factors there were crucial for the achievement or failure to achieve the project objectives.

   Sound management and value-for-money (Efficiency) **-** Will focus on such issues as:the quality of management (operations, personnel, assets, budget, and reporting deadlines);the extent to which the costs of the project have been justified by the benefits whether or not expressed in monetary terms in comparison with similar projects or known alternative approaches, taking account of contextual differences and eliminating market distortions; The extent to which capacities and potentials in service provision were improved and used to achieve project objectives; and The extent to which the project used monitoring of progress to inform programming, learning and accountability.

   Achievements of wider impacts (Impacts) **–** will focus on: The extent to which the planned overall objectives of the project have been achieved; whether the effects of the project noted above have produced any positive or negative, intended and unintended impacts on the target beneficiaries; and what best practices and lessons/case studies can be learned from the project.

   Likely continuation of achieved results (Sustainability) **-** Will assess: the ownership of achievements by the local actors; and the institutional capacity of the target beneficiaries to technically, financially and managerially support further prevention initiatives.

2 ***Assessment of main strengths, weaknesses and any constraints to the implementation process and suggest appropriate recommendations; and***

3 Formulation of key recommendations pertinent for future interventions.

(iii)**METHODOLOGY**

The evaluation, after contracting out, will be implemented over a **15 day** period through:

i. Review of ToR and formulation of operational work plan
ii. Literature review[1] and data collection instrument design
iii. Orientation of data collectors and data collection using individual questionnaires, key informant interviews, and focus group discussions, among others
iv. Data collation, analysis and draft report writing ensuring that the assessments are objective and balanced, affirmations accurate and verifiable, and recommendations realistic.
v. Presentation of draft report. Note that comments requesting methodological quality improvements should be taken into account, except where there is a demonstrated impossibility, in which case full justification should be provided by the evaluator. Comments on the substance of the report may be either accepted or rejected. In the latter instance, the evaluator is to motivate and explain the reasons in writing.
vi. Review and submission of final report (a soft copy on CD and 5 hard copies)
vii. Presentation of the report findings during the end of project close out workshop between **8th and 13th December 2014**

REPORTING REQUIREMENTS

The reports, in no more than 30 pages written in English, must match quality standards. The text of the report should be illustrated, as appropriate, with quotes, maps, graphs and tables; a map of the project's area(s) of intervention is required (to be attached as Annex). The consultant will submit a soft copy and 5 hard copies to the Executive Director.

THE EVALUATION TEAM

The evaluation will be conducted by one consultant with the following profile and qualifications: Holder of at least a first degree in the Health field with adequate experience and exposure in HIV/AIDS, project cycle management, project evaluation, gender, policy analysis and experiences with the Ugandan context of community-led approach to HIV/AIDS prevention, care, and advocacy.

WORK PLAN

The consultant shall develop his/her work plan and timetable in line with the 5 phases noted above taking into consideration all the foreseen reports/deliverables in section 4 and 5 above. Overall, the assignment is expected to start by the **November 17, 2014**and be completed within **15 working days.**

Annex 3: Evaluation Instruments

A) Key Informant Tool

Respondent Number:	**Interviewer Name:**
Cadre or Designation of the respondent:	**Date of interview:**
District:	

1. What is your responsibility as far as Community Care Anti-AIDS Project (CCAP) is concerned in this area?

……
……
……
……

2. What your role in the implementation of Community Care Anti-AIDS Project (CCAP) ? ***[Probe for challenges; Solutions and Opportunities for Improvement]***

……
……
……
…….

3. How was Community Care Anti-AIDS Project (CCAP) implemented? (Probe for strategy used) ***[Probe for challenges; Solutions and Opportunities for Improvement]***

……
……
…….

4. In your own view, to what extent did the project achieve the intended targets? Please explain. ***[Probe for challenges; Solutions and Opportunities for Improvement]***

……
……
……
……..

5. Please describe the good practices in the implementation of the Community Care Anti-AIDS Project (CCAP) in your district.

B): Focus Group Discussion for village volunteers and MARPs

1. Identification

1.1 District …… 1.2 Health facility (supervising)…… 1.3 Number of participants ……. 1.4 Males …… 1.5 Females ----------	1.6. Date of interview …… 1.7. Moderator …… 1.8. Note taker …… 1.9. Time start …… 1.10. Time end ……

2. For how long have you implemented the Community Care Anti-AIDS Project (CCAP) in your community?
3. What is your role in the Community Care Anti-AIDS Project (CCAP) in your community?
4. What aspects of HIV prevention were covered in the Community Care Anti-AIDS Project (CCAP) program during training of the village volunteers?
5. What key HIV prevention messages are VVs supposed to pass on to the community? (probe for the life skills given to the MARPS)
6. How are VVs supported by the health workers or partners as they perform their work? (probe for anything or changes that could be done differently for supervision)
7. In your opinion, what would motivate VVs to continue working on the Community Care Anti-AIDS Project (CCAP) program?
8. What challenges do VVs face as they perform their work?
9. Overall what is your view about the Community Care Anti-AIDS Project (CCAP) in respect to HIV prevention?

   Thank you

C): FGD guide for community members

9.1 Health facility (supervising)……
9.2 Number of participants …….
9.3 Male / female----------
9.4 Date of interview ……
9.5 Moderator ……
9.6 Note taker ……
9.7 Time start ……
9.8 Time end ……

10. What health care programs were implemented in your communities (probe Community Care Anti-AIDS Project (CCAP), , role of VVs)
11. What was your role as community members in these community based health programs? (probe for support to VVs, compliance to referrals , attending H/E sessions)
12. During the implementation of the Community Care Anti-AIDS Project (CCAP) project what are the main channels used for communicating about these programmes?

13. Overall what is your view about the Community Care Anti-AIDS Project (CCAP) project in respect to HIV prevention? (probe for strengths and weakness about the program (focus on what worked well and what did not and suggestions for improvement) ; accessibility of VVs)
14. What is your opinion towards the VVs (probe for trust, confidence)
15. What should be done for the VVs to successfully perform their work?

Thank you

D: Semi structured Questionnaire for Individuals

ENDLINE EVALUATION

COMMUNITY CARE ANTI-AIDS PROJECT

HIV/AIDS KNOWLEDGE, ATTITUDE AND PRACTICEIN PAKWACH TOWN COUNCIL

INDIVIDUAL SURVEY QUESTIONNAIRE

SECTION A: INTRODUCTION AND CONSENT

Greetings! My name is …… collecting data on behalf of AFARD. We are conducting an end line evaluation of the knowledge, attitude and practices of people in Pakwach Town Council regarding HIV/AIDS. This information will help AFARD/TEP Uganda, Pakwach Town Council, development stakeholders and the district local government to plan, monitor and improve service delivery. The interview will take about 40-45 minutes only.

We will very much appreciate your participation in this survey. Whatever information you provide will be kept strictly confidential and used only for the purpose of this study.

Do you agree to participate in this survey? Yes/No (circle as appropriate and thank and leave a respondent who declines to participate).

Interviewer's Name:	Date of interview:	Signature of interviewer:
Supervisor's Name:	Date of supervision:	Signature of supervisor:
Data Entrant's Name:	Date of Data Entry:	Signature of Data Entrant:

SECTION B: BIO-DATA

1 Area identification

District	County	Sub county	Parish	Village

2 Respondent bio-data

Name	Educational attainment (Circle only one) 1=None 2=Primary 3=Secondary 4=Post-secondary
Sex (Circle only one) 1=Male 2=Female	Primary occupation (Circle only one) 1=Fishing 2=Farming 3=Trade 4=Housewife

	5=Student 6=Public servant
Age (in full years)	Religion (Circle only one) 1=Christians 2= Moslems 3.= Others 4= None
Marital status (Circle only one) 1=Single 2= Married 3= Divorced/separated 4= Widow/Widower	Residence ship (Circle only one) 1=Permanent 2=Temporary 3= Mobile 4=Oil worker

SECTION C: COMPREHENSIVE KNOWLEDGE ON HIV/AIDS

3. Have you ever heard of AIDS? Y/N /-------/
4. What is HIV? 1=A germ; 2=A bad omen; 3= Normal sickness
5. Do you think HIV/AIDS truly exists? (Yes/No)

6. If "Yes" from what source did you hear about HIV/AIDS?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities /Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

7. State 3 main ways by which HIV/AIDS is transmitted or may be acquired from one person to the other? (Mark "Y" for yes and "N" for No)

	Y/N
From infected pregnant mother to the unborn baby during pregnancy	
From infected mother to baby during delivery	
From infected mother to baby through breast feeding	
Use of unsterile materials like needles for injection, razor blade, kwasi, etc	
Contamination of open wound with secretion from an infected person	
Unprotected sexual intercourse with an infected person	
Blood transfusion with infected blood and blood products	

Stated at least 3 ways of HIV/AIDS transmission Y/N/----/

8. State 3 symptoms of HIV/AIDS (Mark "Y" for yes and "N" for No)

	Y/N
Marked weight loss (technically >10% within months or less than a year	
Persistent fever	
Persistent Cough (>/= a month)	
Generalized skin rashes	
Generalized enlargement of lymph nodes	
Oral thrush	
Recurrent diarrhoea	
Herpes Zoster *(Mac jok)*	

Stated at least 3 symptoms of HIV/AIDS disease Y/N/----/

9. How can you prevent acquiring or transmitting HIV? ("Y" for yes and "N" for No)

	Y/N
Abstaining from sex especially if not married	
Being sexually faithful to one's marital partner	
Cleaning oneself soon after sexual intercourse	
Use of condom during sexual intercourse with a person whose status in unknown or a non-marital partner	
Use of contraceptive pills	
Testing and knowing your status	
Avoiding use of contaminated instruments like needles, razors	
Avoiding "medical" injections from untrained persons	
Using screened blood	
PMTCT	
Post Exposure Prophylaxis (PEP)	
Pre Exposure Prophylaxis (PrEP)	
Circumcision	

Stated at least 3 ways of HIV/AIDS prevention Y/N/----/

10. State 3 available services that are essential for HIV/AIDS prevention and mitigation. (Mark "Y" for yes and "N" for No as applicable for each of them)

	Y/N
Voluntary Counseling and Testing (VCT)	
Prevention of Mother-to-Child Transmission (during pregnancy)	
ARV services	
Skills training for Income Generation	
Life Skills training	
Orphaned and Vulnerable Children's Skills and Rights training	
Safe motherhood services in health facilities and through trained TBAs	
Community Awareness Programmes	

Stated at least 3 essential services for HIV/AIDS prevention and mitigation Y/N/----/

11. What in your opinion is the one primary cause of HIV infection in your community? (Tick only 1)

1) Sharing unsterilized objects 2) Unsafe sex 3) Alcoholism/drug abuse/video/discos 4) Unprotected care of the sick 5) Access to ARV/ART 6) Access to condoms	7) Cultural rites (inheritance, polygamy, night ceremonies) 8) Religious doctrines 9) Poverty 10) Others (mobile population, ignorance, myths)

SECTION D: SEXUAL PRACTICES

12. Have you ever discussed about sex and sexuality issues? Y/N/----/

13. Who do you mainly discuss sex and sexuality issues with? 1=Parents; 2=Peers; 3=Partner; 4=Community leaders; 5=Religious leaders; 6=Health officials; 7=Teachers

14. What is your current main source of information about sex and sexuality?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities /Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

15. Have you ever had sex? Y/N/……./If no, skip to 31.

16. How old were you when you had your first sex?----------years

17. Did you have sex in the last 3-6 months? Y/N/---------/

18. How many people did you have sex with in the last 3-6 months? ----------

19. For the last person you had sex with, what was the relationship with this partner? 1=Steady; 2=Casual; 3=Commercial sex worker; 4=Others

20. For the last person you had sex with, would you say that this sexual partner was 10 years older or younger than you? Y/N/……. /?

21. For the last person you had sex with, was the sexual partner's HIV status: 1=Negative; 2=Positive; 3=Refused to answer; 4=Don't know?

22. For the last person you had sex with, did you pay or get paid in cash or goods and services? Y/N/……. /

23. For the last person you had sex with, did you use a condom? Y/N/……./If no, skip to30.

24. If you used condoms, was it for all the times you had a sexual encounter with? Y/N/……/

25. If you used condoms, who primarily initiated the condom use? 1=Self2=Partner3=Others?

26. If you used condoms, where did you get it from? 1=Health facility; 2= Peers; 3=VHTs/VVs; 4=Community leaders; 5=Shops; 6=Lodges; 7=Partner

27. If you used condoms, where did you dispose of the condom after use? 1. Latrine/ 2. Bush/ 3. Burning/ 4. Others

28. If you used a condom, state 1 primary reason why you did so? 1. Fear of contracting HIV/AIDS/ 2. Fear of unwanted pregnancy/ 3. Fear of contracting STI/ 4. PMTCT/ 5. Others

29. If you did not use a condom, what was the primary reason that prevented you from doing so? 1. Its noisy/ 2. Delays orgasm/ 3. Prevents pregnancy/ 4. It hurts/ 5. It's oily & smelly/ 6. It's temporary/ 7. Dirty to look at after sex/ 8. For sero-positive people/ 9. Not always accessible/10. Against religious value/ 11. For prostitutes/ 12. Breeds distrust/ 13. Can't be used when drunk/ 14. For the rich/ 15. Is infected with AIDS virus/ 16. Sign of having sex with a condom/ 17. Denies full strength/ 18. Easily breaks

SECTION E: STRUCTURAL DRIVERS OF HIV INFECTIONS

High risk norms and Sexual Gender Based Violence

30. It is all right for:

	Y/N
Unmarried boys and girls to have sexual relations?	
Married men to have extra-sexual relations?	
Girls to remain virgins until they marry?	
Boys to remain virgins until they marry?	
Boys to have many sexual partners?	
Girls to have many sexual partners?	
Boys to marry early?	
Girls to marry early?	
Young girls to get early pregnancy?	
Widows to be inherited?	
Traditional marriages to last for many days (3-5 days)?	
A wife to refuse having sex with her partner if she suspects he has multiple partners?	
A wife to refuse having sex with her partner if she suspects he has HIV/AIDS?	
A wife to refuse having sex with her partner if she suspects he has STI?	
A wife to refuse having sex with her partner if she is tired and not in the mood?	
A husband/male partner to force his wife/partner into sex if he feels like?	
A husband to beat his wife/partner if she denied him sex?	
Any woman to decide on the use of family planning method?	

31. Have you ever been physically forced or coerced to have sex against your will? Y/N/……/if no, skip to 37.
32. What was your relationship with the last person who forced/coerced you to have sex against your will?1=Spouse; 2=Other sex partner; 3=Relative; 4=Teacher; 5=Employer; 6=Acquaintance; 7= Stranger; 8=Refused to answer; 9=Don't know
33. Did you know that forced/coerced sex is a violation of your rights? Y/N/……../
34. Did you report this sexual violence? Y/N/……../
35. If yes, to whom did you report? 1. Parents 2. Relatives 3. Police 4. Teacher 5. Partner 6.Others
36. If no, what is the main reason why you did not report the sexual violence?

1)Did not know who to go to 2) It will be of no use 3) It is part of life 4) Afraid of divorce/desertion

5) Afraid of further violence; 6) Afraid of getting person in trouble; 7)Embarrassed to report; 8)Did not want to disgrace family; 9) Not important; 10) Others (specify)……

Discrimination and Stigma

37. Are you willing to:

	Y/N
Care for a person having HIV/AIDS?	
Care for an orphan and vulnerable child?	
Buy products from a person having HIV/AIDS?	
Encourage a a person having HIV/AIDSto confess his/her status	
Share food with a person having HIV/AIDS?	
Greet someone you know have HIV/AIDS?	
Voluntarily sit next to someone you know have HIV/AIDS?	
Work with a person having HIV/AIDS?	
Publicized the status of a person having HIV/AIDS?	

SECTION F: ACCESS TO BIOMEDICAL SERVICES

HIV Counseling and Testing

38. Have you ever heard of HIV Counseling and Testing (HCT)? Y/N /-------/If no, skip to 41.

39. If "Yes" from what source did you hear about HCT?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities /Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

40. If yes, state at least 3 main benefits of HCT in HIV/AIDS prevention and mitigation? (Mark "Y" for yes and "N" for No)

	Y/N
Plan the future	
Avoid infection	
Protect unborn baby	
Go for ART	
Learn to live positively	
Material support	
HIV care	

Stated at least 3 main benefits of HCT in HIV/AIDS prevention and mitigation Y/N/----/

41. Have you ever tested for HIV status? Y/N/ ------/
42. Have you taken an HIV test within the past 3-6 months? Yes/No/……/If no, skip to 50.
43. Was the last test you took; 1. Asked for? 2. Offered and accepted? 3. Required?
44. Where did you take the test? 1=Public health facility; 2=Private/NGO facility; 3=Community outreach; 4=At home
45. Did you get the results of the last test? Y/N/……/
46. For this test, did you test as a couple/partner? Y/N/……. /
47. Did you get the results together? Y/N/……/
48. Did you pay for the service? Y/N/……/
49. Did you declare your status to: 1. Partner 2. Family 3.Community 4. Confidant; 5. All?

Prevention of Mother-to-Child Transmission (PMTCT)

50. Have you ever heard of PMTCT? Y/N /-------/If no, skip to 54.

51. If "Yes" from what source did you hear about PMTCT?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities

/Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

52. If yes, state at least 3 ways of reducing HIV transmission from an infected mother to child?

	Y/N
Delivering in the hands of a trained health worker	
Using ARVs	
Testing and receiving results for HIV	
Prevention of malaria during pregnancy	
By operating the mother (caesarian section)	
STI screening	
Attending ANC	
Exclusive breastfeeding for first six months	
Replacement feeding	

Stated at least 3 ways of reducing HIV transmission from an infected mother to child. Y/N/……./

53. If yes, state at least 3 main benefits of PMTCT in HIV/AIDS prevention and mitigation? (Mark "Y" for yes and "N" for No)

	Y/N
Protect unborn baby	
Saves lives of mother and baby	
Decrease risk of transmitting virus to baby	
Decrease risk of transmitting virus to partner	
HIV care	

Stated at least 3 main benefits of PMTCT in HIV/AIDS prevention and mitigation Y/N/----/

Sexual and Reproductive Health and Rights (SRHR)

54. Have you ever heard of SRHR? Y/N /-------/If no, skip to 56.

55. If "Yes" from what source did you hear about SRHR?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities /Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

56. Have you ever used a modern family planning method? Y/N/……/If no, skip to 59.
57. If yes,where did you secure the family planning method?1=Public health facility; 2=Private/NGO facility; 3=Community outreach

58. If yes, mention all the modern family planning methods used.

	Y/N
Oral contraceptives	
Condom use	
Injecta plan	
Norplant	
Tubal ligation	
Vasectomy	
IUD	

If not a female, skip to 62.

59. Did you go to health facility for antenatal care when you were expecting your last child? Y/N/……../
60. Did you deliver your last child in a health facility? Y/N/……./
61. Did you deliver your last child under the supervision of a skilled health worker? Y/N/……./
62. Have you ever heard about sexually transmitted disease (STI) other than HIV/AIDS? Y/N/……../If no, skip to 65.

63. If "Yes" from what source did you hear about STI?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities /Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

64. If yes, state at least 3 signs and symptoms of STIs other than HIV/AIDS.

	Y/N
Lower abdominal pain	
Abnormal Genital discharge	
Foul smelling discharge	
Burning pain on urination	
Blood in urine	
Swelling in genital area	
Genital sores/herpes	
Genital itching	

Stated at least 3 signs/symptoms. Y/N/……./

65. Did you contract STI in the last 3-6 months? Yes/No/……/If no, skip to 68.

Where did you seek treatment? 1=Public health facility; 2=Private/NGO facility; 3=Community outreach; 4=At home

66. What actions should one take when s/he has a sexually transmitted infection?

	Y/N
Go for treatment	
Notify partner(s)	
Complete treatment	
Use condom till cured	
Abstain from sex till cured	

Stated at least 2 ways Y/N/……/

SAFE MALE CIRCUMCISION

67. Have you ever heard about SMC? Y/N/……../If no, skip to 70 and if not male skip to 75.

68. If "Yes" from what source did you hear about STI?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities /Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

69. Are you circumcised? Yes/No/……/If no, skip to 73.
70. Where were you circumcised? 1=Public health facility; 2=Private/NGO facility; 3=Community outreach; 4=At home
71. State the primary reason why you were circumcised?

	Y/N
Religious reasons	
Cultural norms	
Minimize HIV risk	
Personal hygiene	
Decreased risk of urinary tract infection	
Reduced risk of STI in men	
Protection against penile cancer	
Prevention of Phimosis (inability to retract the foreskin)	

SECTION G: POSITVE LIVING

72. Have you ever heard about positive living? Y/N/……../If no, skip to 76.

73. If "Yes" from what source did you hear about positive living?

1=Community meetings; 2=Schools; 3=Churches/Mosque; 4=IEC prints; 5=Health facilities/Officials; 6=Community leaders; 7=Peers; 8=Parents; 9=Partners; 10=Radio; 11=TV/videos

74. State 3 ways by which any PLWAs can live positively? ("Y" for yes and "N" for No)

	Y/N
Accepting to live openly among other people without hiding his/her status	
Eating well (nutritious and well balanced diet)	
Abstaining from sex if not yet married	
Being faithful to one's partner	
Avoiding infecting other people	
Carrying out income generating activities and planning for the future	
Seeking advice and counseling	
Treating opportunistic infections promptly	
Avoiding risky behavior like drinking, smoking	
Using condoms whenever having sex with a partner	
PMTCT	
Declaring HIV status	
Ensuring safe water, sanitation and hygiene	

Stated at least 3 ways of positive living among PLHAs. Y/N/----/

75. Are you HIV positive? Y/N/……./If no, skip to 79.
76. Are you taking ARVs, that is, antiretroviral medications daily? Y/N/……./
77. Where do you get your ARV from?1=Within Pakwach; 2=Within Nebbi; 3=Outside Nebbi

78. State at least 1 positive change brought about by CCAP in your community in the last one year? 1=Increased awareness on HIV/AIDS; 2=Access to ART services; 3=Access to VCT services; 4=Access to PMTCT services; 5=Access to condoms; 6=Support to PLWA/OVCs; 7=Economic empowerment of community; 8=Others (speficy……..)

THANK YOU