



HIV Behavioural Surveillance Survey (BSS)

Kyaka II Refugee Settlement and Surrounding Host Community Uganda

IGAD - UNHCR

July 2010



Table of Contents

Acknowledgements	6
Abbreviations and acronyms	7
Executive Summary	8
Chapter 1: Introduction	14
Background Information	14
Behavioral Surveillance Surveys	15
The Kyaka II refugee settlement	15
Objectives of the Kyaka II BSS.....	16
Chapter 2: Data Collection methods and materials.....	17
Overview of survey design	17
Study area	17
Study population.....	17
Informed consent.....	17
Ethical considerations	17
Study design	18
Sample size.....	18
Study Instruments.....	19
Validation of study instruments.....	20
Study Team	20
Training	20
Mobilisation and data collection	20
Data management and processing	21
Limitations	21

Chapter 3: Results.....	22
Socio-demographic	22
Income	27
Displacement and mobility	28
Sexual behaviour	30
Knowledge of Condoms	32
Regular sex partners	32
Non-regular partnership - casual partners	34
Multiple partnerships.....	37
Transactional sex.....	38
Forced sex	41
Anal sex	44
Access to condoms.....	44
Co-factors related to HIV transmission.....	45
Sexually transmitted infections (STIs).....	45
Alcohol and Substance Abuse	47
Military Activity	47
Knowledge, opinions, and attitudes towards HIV/AIDS	48
Exposure to Interventions.....	51
Chapter 4: Discussion and Conclusion.....	53
Chapter 5: Recommendations.....	57
References.....	60
Appendix A: Additional Tables	61
Appendix B: Household information sheet.....	69
Appendix C: Participant Information Sheet	70
Appendix D: Survey instrument in English.....	71

Tables

Summary table of core indicators for Kyaka II BSS, Uganda 2009 (based on 15-59 yr olds)	11
Summary table of core indicators for Kyaka II BSS, Uganda 2009 (based on 15-49 yr olds)	12
Table 1: Demographic characteristics of the populations	22
Table 1b: Nationalities represented in samples	24
Figure 1: Relationship Status - Refugees vs. Nationals	25
Figure 2: Religious affiliation among refugees.....	26
Figure 3: Religious affiliation among nationals.....	26
Figure 4: Educational Attainment- Refugees vs. Nationals.....	27
Table 2: Main sector through which income is earned	28
Table 3: How often residents visited the settlement or the neighboring community	29
Table 4: Main reason for visiting settlement or surrounding community.....	30
Table 5: Experience of sexual intercourse	30
Table 6: People who have had sexual intercourse, by age group.....	31
Table 7: People who had sex before the age of 15 (among those 15-24 years old)	31
Table 9: People who have heard of condoms.....	32
Table 9: Regular sex partnership in past 12 months.....	33
Table 10: Regular sex partnership in past 12 months, by age group.....	33
Table 11: Condom use with regular sex partner during last sexual intercourse	34
Table 12: Casual sex partnership in past 12 months	34
Table 13: Casual sex partnership in past 12 months by age group	35
Table 14: Condom use with casual sex partner during last sexual intercourse.....	35
Table 15: Alcohol consumption before last casual sex.....	36
Table 16: Casual sex partnership in past 12 months, by relationship status.....	36
Table 17: Multiple sex partnership	37
Table 18: More than one sex partner	37

Table 19: More than one sex partner and condom use at last sex	38
Table 20: Multiple sex partnership, by relationship status	38
Table 21: Transactional sex history, by age group.....	39
Table 22: Transactional sex in past 12 months, by age group.....	39
Table 23: Condom use during last transactional sex, by age group	40
Table 24: Alcohol consumption before last transactional sex.....	40
Table 25: Transactional sex partner in past 12 months, by relationship status	40
Table 26: Forced sex in the past 12 months	41
Table 27: Forced sex in the past 12 months, by age group	41
Table 28: Forced sex in past 12 months, by relationship status.....	42
Table 29: Engaged in anal sex	44
Table 30: STI symptoms in past 12 months, by age group	45
Table 31: STI symptoms in past 12 months and care-seeking in a health facility	46
Table 32: Circumcision	46
Table 33: Setting of circumcision	47
Table 34: Alcohol consumption in the past 4 weeks	47
Table 35: Involvement in military activity.....	48
Table 36: Awareness of HIV/AIDS by age group	48
Table 37: Knowledge about HIV transmission	49
Table 38: Misconceptions about HIV transmission.....	49
Table 39: Comprehensive, correct knowledge of HIV/AIDS	50
Table 40: Comprehensive, correct knowledge of HIV/AIDS, by age group	50
Table 41: Accepting attitudes towards PLHIV, by age group.....	51
Table 42: Reached by prevention programmes, by age group.....	52
Table 43: Tested for HIV and received results, in past 12 months	52

Acknowledgements

The Behavioural Surveillance survey in Kyaka II refugee settlement was supported by Inter-Governmental Agency on Development (IGAD), through a grant from World Bank. We would like to thank the World Bank, Intergovernmental Authority on Development (IGAD), Canadian International Development Agency (CIDA) for their commitment to supporting activities that aim to minimize the spread and burden of HIV/AIDS in the region, particularly among refugee and host populations. The United Nations High Commissioner for Refugees (UNHCR) HIV/AIDS unit and the World Bank are responsible for providing funding and technical management and support for this survey.

We would like to extend our thanks to the Kyaka II refugee settlement community and its leaders, as well as the surrounding host communities and leaders who were instrumental in the planning and implementation of the survey as stakeholders, participants and field staff. Their involvement is very much appreciated and we believe their contributions will guide future HIV/AIDS programmatic work in their areas, specifically as beneficiaries.

We would like to extend special thanks to Dr. Julius Balinda, Kyenjojo District Health Officer, and his team for their many contributions, which were instrumental throughout the entire process. Additional thanks goes to the survey planning committee team, which included staff from Uganda AIDS Commission and Ministry of Health, with technical inputs from Uganda Bureau of Statistics.

We would also like to express our appreciation to Dr. Paul Spiegel and Ms. Marian Schilperoord for their valuable involvement throughout the entire process, and to Ms. Tabitha Kibuka, the lead consultant for leading this behavioural surveillance survey process including data collection, analysis and report writing.

Our sincere gratitude goes to Dr. Julius Kasozi, Dr. Patterson Njogu, Ms. Angela Kitonga, Mr. Charles Nkolo, Ms. Rose Nalwadda, Ms. Elizabeth Mpyisi and Dr. Joshua Musinguzi, all of whom contributed technical inputs throughout the process. We would also like to express our gratitude to the UNHCR Uganda logistics and administrative teams and drivers for their coordination role.

Contact for information requests: HIV/AIDS Unit UNHCR (hiv aids@unhcr.org)

Abbreviations and acronyms

AIS	AIDS Indicator Survey
ANC	Antenatal clinic
ART	Anti-retroviral therapy
BSS	Behavioral Surveillance Survey
DRC	Democratic Republic of Congo
GTZ	Gesellschaft für Technische Zusammenarbeit
IGAD	Inter-Governmental Agency on Development
IRAPP	IGAD Regional HIV/AIDS Partnership Program
IMC	International Medical Corps
HIV	Human Immunodeficiency Virus
LC	Local Council
MOH	Ministry of Health
NGO	Non governmental organization
OPM	Office of the Prime Minister
PEPFAR	The U.S. Presidents Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
RWC	Refugee Welfare Council
SGBV	Sexual Gender-Based Violence
STIs	Sexually Transmitted Infections
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic and Health Survey
UHSBS	Uganda HIV Sero-Behavioural Survey
UNGASS	United National General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
VCT	Volunteer Counseling and Testing

EXECUTIVE SUMMARY

This report outlines the methodology, findings and recommendations of the Kyaka Behavioral Surveillance Survey (BSS), which took place in the Kyaka II refugee settlement and surrounding host communities in August 2009. The objective of the survey was to obtain baseline data and estimates for knowledge, attitudes, and behaviours/practices that are related to HIV/AIDS in order to guide future programmatic and policy interventions.

Individuals were screened for possible participation based on the following inclusion criteria: individuals, both males and females, between the ages of 15 and 59 years, living within defined catchment area of interest, who have not been away from the home within the last 2 weeks.

Locally recruited interviewers administered a standardized BSS questionnaire to collect data to assess knowledge, attitudes, and practices related to HIV/AIDS. The survey utilized a two stage systematic design. At the first stage enumeration areas of clusters (villages) were selected and at the second stage the households were selected using probability proportionate to size (PPS).

Respondent background characteristics

A total of 2,175 people were interviewed (924 people residing in the settlement and 1201 residing outside the settlement). The teams conducted the survey in a total of 46 villages (23 in refugee settlement and 23 in surrounding communities). The median age of the refugee respondents was 30 years and the median age of national respondents was 29 years. The ratio of males to females who participated was 50:50 in both populations. The refugee participants were primarily from Congo DRC (91.6%) and Rwanda (2.3%), with a smaller proportion of the populations from Burundi (3.7%), Somalia (0.2%) and Malawi (0.1%). Most of the national respondents (99.0%) were from Uganda, and a very small number from Rwanda (0.9%) and Tanzania (0.1%). A majority of the participants were married (48.9% refugees and 60.4% nationals) followed by those identified as never married (23.3% refugees and 22.9% nationals). Many of the respondents identified as being Catholic (30.8% refugees and 40.3% nationals), followed by Protestant (28.7% refugees and 39.5% nationals).

With regard to educational attainment, most of the participants had either never attended school or did not complete primary school (79.1% refugees and 70.4% nationals). A larger proportion of nationals completed primary school (23.1%) compared to refugees (14.4%). Male respondents had a higher level of educational attainment than females. Moreover, literacy rates are higher among males than females, particularly among refugees. This is an important factor to consider when planning health interventions, especially for women and children, given the critical role mothers have in decision making for their children's health and their own.

Knowledge of condoms: A majority of the survey participants (84.2% refugees and 86% nationals) had heard from condoms. Unfortunately, a much smaller proportion (approximately 25% of each population) had ever used a condom. Less than 25% of survey participants knew where to obtain a condom. About 43% of both populations have heard of female condom and about the same proportion indicated they would use one if available. More information should be disseminated about where condoms can be accessed and a peer educators based distribution system should be prioritized. Condom use should be promoted,

especially among people with high risk behaviours, (such as multiple partnerships, casual sex) and those who are vulnerable to sexually transmitted infections including HIV.

Circumcision: Male circumcision was reported by more refugee participants (42.6%) compared to the host population respondents (4.2%). Circumcision is not a traditional practice among the host population residing in this area and therefore the proportion of circumcised individuals was expected to be low. In both populations, more males than females had undergone circumcision. Among refugees, the procedure most often took place in a health facility, and among the few nationals who reported being circumcised, the procedure occurred in the community. A few important findings emerged from the data collected:

- Very few females had undergone circumcision or any female genital mutilation procedure,
- Refugees had sought out health facilities for the procedure, which is more often a safer setting (with sterilized instruments and trained personnel), and
- Over 45% of the uncircumcised male respondents were interested in circumcision if it were affordable and safe.

Sexual behaviour/practices

Regular sex partners: Over 75% of participants in both populations have had sexual intercourse. The average age at sexual debut was higher among males (18.4 years in both groups) compared to females (17.3 years among female refugees and 17.1 years among female nationals). The median reported age among male respondents was 18 years and 17 years among female respondents, in both refugees and host communities, indicating that females became sexually active at an earlier age. About 60% of the 15-24 year olds in both populations had not had sex before the age of 15. Faith and school based HIV responses should convey knowledge and skills that enable the youth in and out of school to abstain from, negotiate and delay sexual relationships until they are in stable partnerships.

Non-regular sex partners (Casual sex): Casual sex partnerships were more common among respondents in the host community than those in the refugee community. A greater proportion of male respondents (15% refugees and 20% nationals) compared to females respondents (5.5% refugees and 9.5% nationals), had had a casual sex partner in the past 12 months. These types of partnerships were also more frequently reported among participants in the 15-24 age group (14.6% refugees and 26.3% nationals), versus the 25-59 age group (8.6% refugees and 10.4% nationals). Less than half of those who had a casual sex partner used a condom during their last sexual intercourse. HIV prevention programmes should emphasize partner reduction and protected sex (condom use) with casual partners, especially among 15-24 year olds. More males reported alcohol use prior to last sex with casual sex partner.

Transactional sex partners: Transactional sex partnerships during the last 12 months were more frequently reported among national respondents (49.2% vs. 32.5%). Condom use during transactional sex was more frequently reported by refugees. Alcohol use before last transactional sex was only reported by males.

Multiple sex partners: More males than females were involved in multiple sexual partnerships. Among refugees 12.3% of respondents had more than one sex partner in the

past 12 months, compared to 17.0% of those in the host communities. Between 10.7%-18.5% of the survey participants who had more than 1 sex partner used condom as last sex.

Forced sex: Among respondents, 4% of the refugees were forced to have sex against their will, in comparison to 9% of the nationals. Women were disproportionately affected, particularly women in national communities (almost 50% reported forced sex in past 12 months). There were more cases among married women. Focus group discussions related to this issue highlighted community perceptions of sexual and gender-based violence (SGBV) and community solutions to the issue. Communities need to receive targeted messages regarding domestic violence and forced sex and its associated risk with HIV transmission.

Sexually transmitted infections: A smaller proportion of people in the settlement had STI symptoms (11.5% of refugees versus 42.5% nationals). The largest proportion of people who had STI symptoms were female nationals (57.3%). Close to 50% of each survey population sought treatment in a health facility for their symptoms. Interventions in communities where STI prevalence is high are important. Promoting condom use to prevent transmission of STIs should be included in health information that is disseminated, emphasizing the link between STIs, HIV, and reproductive health.

Knowledge/attitudes towards HIV/AIDS: Most of the respondents had heard of HIV/AIDS (over 90%). More than 70% of the survey respondents knew two modes of HIV transmission. However, a smaller proportion of people (30%) had correct comprehensive knowledge on HIV/AIDS (knew two modes of transmission, identified two misconceptions, and knew that a healthy-looking person could have HIV). There is a need to reinforce the correct information disseminated to both populations. Males tended to have more accepting attitudes toward people living with HIV/AIDS (PLHIV).

HIV test: At the time of the survey, 45.3% of the refugees had been tested for HIV in the previous 12 months and had received results. About 1/3 of the national participants had been tested for HIV in the previous 12 months and had received results. Among refugee respondents, 27.5% have gone for couple's counselling in the past 12 months compared to 17.4% of national respondents. Of those who went for couple's counselling in the past 12 months, 96.9% of refugees received their results and 98.6% of national received their results.

Summary table of core indicators for Kyaka II BSS, Uganda 2009 (based on 15-59 yr olds)

Indicator	Refugees		Nationals	
	Males % (n) (95% CI)	Females % (n) (95% CI)	Males % (n) (95% CI)	Females % (n) (95% CI)
Young men and women aged 15-24 who have had sexual intercourse before the age of 15 years	47.1% (70) (35.4%, 58.8%)	31.9% (94) (22.5%, 41.3%)	35.1% (94) (25.5%, 44.8%)	30.1% (153) (22.8%, 37.3%)
Never-married young people aged 15-24 who have never had sex	24.8% (157) (18.1%, 31.6%)	8.3% (157) (4%, 12.6%)	26.2% (191) (19.9%, 32.4%)	12.7% (244) (8.5%, 16.9%)
More than one sex partner in the past 12 months among men and women aged 15-59	41.6% (346) (36.4%, 46.8%)	9.5% (402) (6.6%, 12.3%)	44.6% (462) (40.1%, 49.1%)	13.5% (527) (10.6%, 16.4%)
More than one sex partner in the past 12 months and reported using a condom during last sexual intercourse among men and women aged 15-59	10.4% (144) (5.4%, 15.4%)	5.3% (38) (0%, 12.4%)	6.3% (206) (3%, 9.6%)	7% (71) (1.1%, 13%)
Sex with a non-regular partner in the last 12 months among men and women aged 15-59	15.0% (346) (11.3%, 18.8%)	5.4% (402) (3.2%, 7.7%)	20.0% (461) (16.3%, 23.6%)	9.5% (526) (7%, 12%)
Condom use at last sex with a non-regular partner among men and women aged 15-59	42.3% (52) (28.9%, 55.7%)	31.8% (22) (12.4%, 51.3%)	31.5% (92) (22%, 41%)	28.0% (50) (15.6%, 40.4%)
Sex with a transactional partner in the last 12 months among men women aged 15-59	33.3% (60) (21.4%, 45.3%)	29.4% (17) (7.8%, 51.1%)	47.2% (36) (30.9%, 63.5%)	51.7% (29) (33.5%, 69.9%)
Condom use at last sex with a transactional partner among men and women aged 15-59	85.0% (20) (69.4%, 100%)	60.0% (5) (17.1%, 100%)	29.4% (17) (7.8%, 51.1%)	20.0% (15) (0%, 40.2%)
Percent of men and women aged 15-59 received an HIV test in the past 12 months and know their results	44.3% (445) (39.7%, 48.9%)	46.3% (479) (41.9%, 50.8%)	23.9% (566) (20.3%, 27.4%)	35.8% (635) (32.1%, 39.5%)
Percent of men and women aged 15-59 who had an STI symptom in the past 12 months and sought treatment at a health facility	54.3% (46) (40%, 68.7%)	48.3% (60) (35.7%, 61%)	43.8% (146) (35.8%, 51.9%)	56.9% (365) (51.8%, 62%)
Percent of men and women aged 15-59 with comprehensive correct knowledge of HIV/AIDS	28.1% (445) (23.9%, 32.3%)	20.3% (479) (16.7%, 23.8%)	26.0% (566) (22.4%, 29.6%)	24.9% (635) (21.5%, 28.2%)
Percent of men and women aged 15-59 with accepting attitudes towards PLHIV	18.2% (424) (14.5%, 21.8%)	14.5% (434) (11.2%, 17.8%)	20.1% (564) (16.8%, 23.4%)	14.4% (631) (11.7%, 17.2%)
Percent of men and women aged 15-59 who have been reached by HIV prevention programmes	29.0% (445) (24.8%, 33.2%)	13.6% (479) (10.5%, 16.6%)	16.1% (566) (13.1%, 19.1%)	9.4% (635) (7.2%, 11.7%)
Percent of women aged 15-59 who were forced to have sex in the past 12 months		37.0% (27) (18.8%, 55.3%)		47.3% (91) (37%, 57.5%)
Percent of men and women residing in current community for 12 months or less	5.2% (442) (3.1%, 7.2%)	9.9% (477) (7.2%, 12.5%)	7.4% (565) (5.3%, 9.6%)	10.4% (628) (8%, 12.7%)
Percent of men and women away from home from 4 or more weeks in the past 12 months	22.3% (444) (18.4%, 26.1%)	16.4% (476) (13.1%, 19.7%)	17.4% (564) (14.3%, 20.5%)	15.7% (635) (12.9%, 18.6%)
Percent of men and women who visit the surrounding community one or more times a month	25.2% (441) (20.9%, 29%)	27.9% (473) (23.6%, 31.6%)	42.0% (566) (38%, 46.1%)	25.8% (633) (22.3%, 29.2%)

Summary table of core indicators for Kyaka II BSS, Uganda 2009 (based on 15-49 yr olds)

Indicator	Refugees		Nationals	
	Males % (n) (95% CI)	Females % (n) (95% CI)	Males % (n) (95% CI)	Females % (n) (95% CI)
Young men and women aged 15-24 who have had sexual intercourse before the age of 15 years	47.1% (70) (35.4%, 58.8%)	31.9% (94) (22.5%, 41.3%)	35.1% (94) (25.5%, 44.8%)	30.1% (153) (22.8%, 37.3%)
Never-married young people aged 15-24 who have never had sex	24.8% (157) (18.1%, 31.6%)	8.3% (157) (4%, 12.6%)	26.2% (191) (19.9%, 32.4%)	12.7% (244) (8.5%, 16.9%)
More than one sex partner in the past 12 months among men and women aged 15-49	43.6% (298) (38%, 49.3%)	9.5% (370) (6.5%, 12.4%)	47.8% (406) (42.9%, 52.6%)	13.7% (490) (10.6%, 16.7%)
More than one sex partner in the past 12 months among men and women aged 15-19	30% (30) (13.6%, 46.4%)	21.7% (23) (4.9%, 38.6%)	9.1% (33) (0%, 18.9%)	10.7% (56) (2.6%, 18.8%)
More than one sex partner in the past 12 months among men and women aged 20-24	62.5% (40) (47.5%, 77.5%)	21.1% (71) (11.6%, 30.6%)	41% (61) (28.6%, 53.3%)	27.8% (97) (18.9%, 36.8%)
More than one sex partner in the past 12 months among men and women aged 15-24	50% (70) (38.3%, 61.7%)	21.3% (94) (13%, 29.6%)	39.4% (94) (29.5%, 49.2%)	30.1% (153) (22.8%, 37.3%)
More than one sex partner in the past 12 months among men and women aged 25-49	41.7% (228) (35.3%, 48.1%)	5.4% (276) (2.8%, 8.1%)	50.3% (312) (44.8%, 55.9%)	6.2% (337) (3.7%, 8.8%)
More than one sex partner in the past 12 months and reported using a condom during last sexual intercourse among men and women aged 15-49	11.5% (130) (6%, 17%)	5.7% (35) (0%, 13.4%)	6.7% (194) (3.2%, 10.2%)	7.5% (67) (1.2%, 13.8%)
More than one sex partner in the past 12 months and reported using a condom during last sexual intercourse among men and women aged 15-19	44.4% (9) (12%, 76.9%)	0% (5)	66.7% (3)* (13%, 100%)	83.3% (6)* (53.5%, 100%)
More than one sex partner in the past 12 months and reported using a condom during last sexual intercourse among men and women aged 20-24	4.0% (25) (0%, 11.7%)	0% (15)	16% (25)* (1.6%, 30.4%)	0% (27)*
More than one sex partner in the past 12 months and reported using a condom during last sexual intercourse among men and women aged 15-24	14.3% (35) (2.7%, 25.9%)	0% (20)	16.2% (37) (4.3%, 28.1%)	10.9% (46) (1.9%, 19.9%)
More than one sex partner in the past 12 months and reported using a condom during last sexual intercourse among men and women aged 25-49	10.5% (95) (4.4%, 16.7%)	13.3% (15) (0%, 30.5%)	4.5% (157) (1.2%, 7.7%)	0% (21)
Sex with a non-regular partner in the last 12 months among men and women aged 15-49	15.1% (298) (11%, 19.2%)	5.1% (370) (2.9%, 7.4%)	21.7% (406) (17.7%, 25.7%)	9.8% (490) (7.2%, 12.4%)

Summary table of core indicators for Kyaka II BSS, Uganda 2009 (based on 15-49 yr olds) cont....

Condom use at last sex with a non-regular partner among men and women aged 15-49	46.7% (45) (32.1%, 61.2%)	31.6% (19) (10.7%, 52.5%)	33% (88) (23.1%, 42.8%)	29.2% (48) (16.3%, 42%)
Sex with a transactional partner in the last 12 months among men women aged 15-49	38.5% (52) (25.2%, 51.7%)	31.3% (16) (8.5%, 54%)	50% (34) (33.2%, 66.8%)	51.7% (29) (33.5%, 69.9%)
Condom use at last sex with a transactional partner among men and women aged 15-49	85% (20) (69.4%, 100%)	60% (5) (17.1%, 100%)	29.4% (17) (7.8%, 51.1%)	20% (15) (0%, 40.2%)
Percent of men and women aged 15-49 received an HIV test in the past 12 months and know their results	44.6% (397) (39.7%, 49.5%)	47.3% (442) (42.6%, 51.9%)	23.4% (508) (19.7%, 27.1%)	36.8% (595) (32.9%, 40.7%)
Percent of men and women aged 15-19 received an HIV test in the past 12 months and know their results	21.9% (105) (14%, 29.8%)	32.1% (81) (21.9%, 42.3%)	6.2% (113) (1.8%, 10.6%)	21.7% (138) (14.9%, 28.6%)
Percent of men and women aged 20-24 received an HIV test in the past 12 months and know their results	46.2% (52) (32.6%, 59.7%)	57.9% (76) (46.8%, 69%)	35.9% (78) (25.3%, 46.5%)	45.3% (106) (35.8%, 54.8%)
Percent of men and women aged 15-24 received an HIV test in the past 12 months and know their results	29.9% (157) (22.8%, 37.1%)	44.6% (157) (36.8%, 52.4%)	18.3% (191) (12.8%, 23.8%)	32% (244) (26.1%, 37.8%)
Percent of men and women aged 25-49 received an HIV test in the past 12 months and know their results	54.2% (240) (47.9%, 60.5%)	48.8% (285) (43%, 54.6%)	26.5% (317) (21.6%, 31.4%)	40.2% (351) (35%, 45.3%)
Percent of men and women aged 15-49 who had an STI symptom in the past 12 months and sought treatment at a health facility	50% (42) (34.9%, 65.1%)	47.5% (59) (34.7%, 60.2%)	40.3% (124) (31.7%, 49%)	57.6% (347) (52.4%, 62.8%)
Percent of men and women aged 15-49 with comprehensive correct knowledge of HIV/AIDS	29.7% (397) (25.2%, 34.2%)	19.9% (442) (16.2%, 23.2%)	26.4% (508) (22.5%, 30.2%)	25.4% (595) (21.9%, 28.9%)
Percent of men and women aged 15-24 with comprehensive correct knowledge of HIV/AIDS	29.3% (157) (22.2%, 36.4%)	22.3% (157) (15.8%, 28.8%)	24.1% (191) (18%, 30.1%)	24.2% (244) (18.8%, 29.6%)
Percent of men and women aged 25-49 with comprehensive correct knowledge of HIV/AIDS	30% (240) (24.2%, 35.8%)	18.6% (285) (14.1%, 23.1%)	27.8% (317) (22.8%, 32.7%)	26.2% (351) (21.6%, 30.8%)
Percent of men and women aged 15-49 with accepting attitudes towards PLHIV	17.8% (381) (14%, 21.7%)	14.4% (402) (11%, 17.9)	20.6% (506) (17%, 24.1%)	14.4% (592) (11.5%, 17.2%)
Percent of men and women aged 15-49 who have been reached by HIV prevention programmes	31.5% (397) (26.9%, 36.1%)	14.5% (442) (11.2%, 17.8%)	17.1% (508) (13.8%, 20.4%)	10.1% (595) (7.7%, 12.5%)
Percent of women aged 15-49 who were forced to have sex in the past 12 months		38.5% (26) (19.8%, 57.2%)		83% (88) (75.1%, 90.8%)
Percent of men and women residing in current community for 12 months or less	5.2% (3.1%, 7.2%)	9.9% (7.2%, 12.5%)	7.4% (5.3%, 9.6%)	10.4% (8%, 12.7%)
Percent of men and women away from home from 4 or more weeks in the past 12 months	22.3% (18.4%, 26.1%)	16.4% (13.1%, 19.7%)	17.4% (14.3%, 20.5%)	15.7% (12.9%, 18.6%)
Percent of men and women who visit the surrounding community one or more times a month	25.2% (20.9%, 29%)	27.9% (23.6%, 31.6%)	42.0% (38%, 46.1%)	25.8% (22.3%, 29.2%)

* Some missing values

CHAPTER 1: INTRODUCTION

Background Information

Uganda is host to a significant refugee population. As of June 2009, 184,244 refugees were hosted in 9 settlements in different parts of the country. The vast majority are settled in West Nile, Mid-Western and South-Western parts of the country, including the Kyaka II settlement. The policy of the government of Uganda is to empower refugees to live productive lives. This includes the provision of land for cultivation, residence, freedom of movement, right to work and have access to the social services that are provided to the host nationals.

Uganda has a generalized HIV epidemic; it is estimated that 6.4% of adults aged 15-59 are HIV positive (MOH 2004-5). Uganda shares borders with countries that are also affected by the HIV/AIDS epidemic, including DRC, Kenya, Sudan, Tanzania, and Rwanda. According to the Epidemiological Report 2005-2007, the results from the 2004-5 Uganda HIV Sero-Behavioural Survey (UHSBS) 2004-5 show that in the Western region, 7.7% of women and 6.9% of men aged 15-49 are HIV sero-positive. In regards to STIs, data from UHSBS indicates 33% of women and 21% of men had STI symptoms in the past 12 months.

Displaced populations are vulnerable to diseases, including STIs and HIV infection. The conditions that lead to displacement such as wars may be associated with sexual violence and risky sexual behaviours that may increase result in HIV infection. Poor living conditions, social disruption and family separation may also predispose refugees and other displaced populations to STIs and HIV infection. Programmes for refugee health need to put in place interventions to address these challenges.

The government of Uganda, UNHCR, and other partners recognized the challenges to refugee health, especially STIs and HIV infection. The Ugandan government, following the ABC (Abstinence, be faithful, and use a condom) approach in the national strategic plan 2007/8-2013, together with partners including UNHCR, designed and initiated interventions to address the HIV/AIDS epidemic in refugee populations in Uganda. These programmes included public education campaigns about the epidemic; promotion of safe sexual behaviour including abstinence, mutual faithfulness, and condom use; safe blood transfusion in health facilities; and programmes for care and treatment for infected individuals. Programs for surveillance activities to monitor the magnitude and dynamics of HIV infection were also conducted. For example, in 2007, HIV sentinel surveillance was conducted in Nakivale, Kyangwali, Kyaka II & Palorinya refugee settlements. Data from Palorinya refugee settlement in Moyo, West Nile, from antenatal clinic (ANC) based surveillance conducted in 2004 and 2005 indicated a five-fold increase in HIV prevalence from 1 percent in 2004 to 5.4 percent in 2005. These data indicated a significant HIV/AIDS burden that requires the implementation of a comprehensive HIV/AIDS response.

Behavioural Surveillance Surveys

In order to provide strategic information to understand the underlying factors that drive the HIV/AIDS epidemic in populations, periodic behavioural surveillance surveys are conducted. These surveys serve as planning, monitoring, and evaluation tools for populations at risk of HIV infection. The surveys collect data on the indicators of knowledge, attitude, and behavioural practices. These cross-sectional surveys, repeated over time, provide vital information on the spread of the epidemic. The surveys also help to demonstrate evidence of progress of certain interventions, reveal lack of progress of others, and guide the design of effective responses. Data from these surveys may assist policy makers and key stakeholders to advocate for changes in policies, plans and strategies.

BSSs have been conducted in different sub-populations in many countries. These surveys have been targeted to sub-populations including young persons, female sex workers, truck drivers, refugees, migrant men, and men who have sex with men. In many countries, repeat surveys have been implemented and trend data has been used to inform policy and programmes.

The Kyaka II refugee settlement

This study was conducted in Kyaka II refugee settlement and the surrounding population. The settlement was established in May 1983 in Kyenjojo district (previously part of Kabarole district) to host refugees mainly from Rwanda and Congo. It is located on 84 square kilometres of land. Kyaka II refugee settlement is bordered by Kabarole district (Western region) in the west, Kamwenge district (Western region) along south western area, Mubende district (Central region) in the East, Kibale district (Western region) in the North and Kiruhura district (Western region) in the South.

Kyaka II has a combined refugee population of 16,548 people. The population is comprised of Rwandese, Congolese, Sudanese, Kenyans, Somalis, and Burundians. The majority of this population is Congolese (86%) or Rwandese (13%). The population surrounding the refugee settlement is comprised of mainly native Batooro and Bakiiga. Approximately half of the population is female. The leading causes of displacement among residents in the settlement were civil strife and wars in their countries of origin.

The settlement is divided into 10 zones and 28 villages. Each village is administered by a refugee welfare committee (RWC) system, specific to the refugee settlement, which is the equivalent of the local government system of Uganda, known as the Local Council (LC) system. This consists of 9 – 10 people who are elected by the communities. These committees are coordinated by the Office of the Prime Minister (OPM), the agency that oversees the management of refugee settlements in Uganda. UNHCR and other partners are also involved in the day-to-day running of the committees.

The settlement provides social services including education and health services. The settlement has a primary school and secondary school. It also has two health centres that provide primary health care services, including anti-retroviral treatment accredited by the Ministry of Health. There are also community out-reach programmes run by UNHCR in collaboration with GTZ that conduct immunization, health education, and condom distribution. The International Medical Corps (IMC) also implements HIV/AIDS prevention activities with support from PEPFAR. Other civil society organizations providing health care

services include Right-to-Play, the Finnish Refugee Council and the Norwegian Refugee Council.

Objectives of the Kyaka II BSS

The overall goal of the BSS was to provide programme managers and policy makers with baseline strategic information for programming, advocacy, and monitoring.

The specific objectives were:

- To provide baseline information on the knowledge, attitude, and behavioural indicators in the Kyaka II refugee population and surrounding communities.
- To provide information to guide HIV response programme planning and baseline data for World Bank Funded IRAPP Project.
- To improve the understanding of HIV risk behaviours and vulnerability before, during and after displacement among the displaced population.
- To provide data in a standard format to enable comparison with other behavioural surveillance studies in neighbouring countries.
- To measure trends over time
- To provide data for programme managers and policy makers

CHAPTER 2: DATA COLLECTION METHODS AND MATERIALS

This chapter describes the study design, study area and population, sample design, the data collection methods and data processing.

Overview of survey design

This was a cross-sectional behavioural surveillance survey conducted in two sub-populations: refugee men and women from Kyaka II refugee settlement, and Uganda nationals living in the neighboring settlement in the district of Kyenjojo. The study utilized a two-stage cluster design to select the study subjects in the two study domains. In the first stage, the study clusters referred to as enumeration areas (the primary sampling units) were selected. In the second stage, the households which were the secondary sampling units (SSUs) were selected. Personal interviews with a standard structured questionnaire were administered to consenting people aged 15-59 years in the sampled households. Data were analyzed, comparing the refugee and national populations. The study began in July, 2009 and data collection was completed during the month of August.

Study area

This study was conducted in Kyaka II refugee settlement and surrounding villages. The settlement is located on 84 square kilometres of land, bordering Kabarole district (Western region) in the west, Kamwenge district (Western region) along south western area, Mubende district (Central region) in the East, Kibale district (Western region) in the North and Kiruhura district (Western region) in the South. The surrounding communities included in the survey were those located within 3 km of the boundaries of the refugee settlement, all within Kyenjojo District.

Study population

The study populations were refugee men and women residing in Kyaka II refugee settlement and Ugandan nationals residing in a 3 kilometer radius from the Kyaka refugee settlement. In both domains, the study enrolled adults aged 15-59 years who were residing in the selected household for the past 2 weeks. For participants between ages 15-17 years, additional verbal consent was sought from their parents or legal guardians. Those eligible people who were not able to communicate clearly were also excluded from the survey.

Informed consent

For enrolment, verbal consent was sought at the household level, using the household participation sheet, and consent was sought at the individual level, using the verbal consent form. If there were eligible household members between the ages of 15-17 years, additional consent was sought from a parent or legal guardian.

Ethical considerations

The activity received approval by the Uganda AIDS Commission and was also cleared by the Office of the Prime Minister.

Study design

The approach for the Kyaka BSS survey was a similar approach used in other BSSs and health surveys conducted in Uganda, to allow for comparability with other survey data. The sample for the study covered the population residing in households in Kyaka refugee settlement and surrounding host population. In order to compare AIDS indicators for the refugee population (primary domain) and Ugandan nationals from the surrounding areas (secondary domain), two equal samples were selected for each domain. The survey utilised a two-stage sample design, with an area stage and a household selection stage. In the first stage, units were the census enumeration areas/clusters, which in our case coincided mostly with the lowest level local government boundaries, referred to as local council 1 (LC1) or village. These sample points (clusters) were selected using probability proportionate to size (PPS) methods. In the second stage, household selection was done by random sampling from a listing of households in the selected sample points (clusters). The estimated sample size for the study was 1,100 individuals in each domain. From each domain, 25 households were selected for the study. Based on the assumption that there were 2.3 individuals of eligible age in each household, the sample for each study domain necessitated 550 households in 20 clusters. Respondents in the participating household were selected by listing household members and identifying eligible adults 15 - 59 years of age.

Sample size

The sample size was determined based on primary outcome variables of behavioural indicators. For this study, the proportion of population 15-24 years old that used condoms the last time they had sex with a non-regular sexual partner was used to calculate the sample size. This variable was chosen because data are available and youth are a population of concern for HIV prevention programmes. The age group 15-24 is the age category designated as youth for the purposes of UNGASS indicators.

The following estimates were taken into consideration in estimating the sample size:

- 38.3% of population aged 15-24 years used a condom at last sex. This was found to be based on a 2006 BSS conducted in nearby Kyangwali refugee settlement, Hoima district.
- The study when repeated should detect changes of at least 15 percentage points in the proportion of population aged 15-24 years who use a condom at last sex from baseline.
- Confidence levels of 95% and power of 80%.
- Design effect (DEF) of 2 to cater for effects of cluster design.
- Response rates of at least 85% and 80% in the refugee population and surrounding host community respectively.
- Of the population aged 15-49, 40% should be 15-24 years of age (Uganda Demographic and Health Survey (UDHS) 2006).
- Estimates of 2.3 individuals of eligible age per household (UDHS 2006)

The formula by Joseph Amon et al (2000) was used to calculate the sample size.

$$n = D \frac{\left[\sqrt{2P(1-P)}Z_{1-\alpha} + \sqrt{P_1(1-P_1) + P_2(1-P_2)}Z_{1-\beta} \right]^2}{\Delta^2}$$

Where:

D = design effect =2;

P₁ = the estimated proportion condom use at last sex at the time of the first survey = 38.3%;

P₂ = the estimates of proportion of condom use at some future date = 53.3%

P = (P₁ + P₂) / 2;

$\Delta^2 = (P_2 - P_1)^2 = (15\%)^2 = 0.0225$

Z_{1- α} = the z-score which is the probability an observed change of size (P₂ - P₁) has not occurred by chance; at 95% confidence level, $\alpha = 0.05$ and Z_{1- α} = 1.65

Z_{1- β} = the z-score corresponding to the desired level of power to detect size (P₂ - P₁) with power of 80%, $\beta = 0.20$ and Z_{1- β} = 0.84

A sample size of 344 respondents aged 15-24 was calculated. When the sample was adjusted for non-response and applied to the 15-59 year old population, a sample size of 1,100 was calculated for each of the study domains.

Study Instruments

The questionnaire used each study was identical in content, and translated to the local language appropriate for each survey population. The data collection tool was adapted from the model behavioural surveillance survey questionnaire developed by Family Health International (FHI 2000). The study instruments consisted of a consent form, an identification/control form, a household data form and the individual questionnaire. The questionnaires were adapted to collect local information suggested during the stakeholders' meeting, coordinated by the Uganda AIDS Commission, and evident from preliminary site visits to field. Based on the local context, the questionnaires, consent forms, and participant information sheets were translated into Congolese Swahili (for the refugee survey population) and Runyoro/Rutooro (for the nationals/host survey population) and back-translated into English.

The household data form was used to list household members in the selected households and assess household response to the individual questionnaire. It was also used to monitor repeat visits to households for eligible respondents who were not interviewed for a variety of reasons.

The individual questionnaire was used to collect information from respondents 15-59 years old and covered the following areas:

- Background characteristics including age, education, occupation, religion, nationality
- Alcohol and drug use
- Circumcision
- Military activity

- Sexual history and risk behaviour
- Sexually transmitted infections
- Knowledge, opinions and attitudes towards HIV/AIDS
- Exposure and access to interventions

Validation of study instruments

The study team reviewed all questions in the instrument. As a result, some questions were modified and others added, based on the Ugandan context. During the training of field workers, the validity of the instruments was further tested by reviewing the context, language and sequencing of questions. Field staff simulated data collection by taking turns asking questions to each other in English and then in local languages during training. The field team recorded notes on terminology specific to the survey and discussions were held during the sessions. The study instruments were pre-tested in villages within the sampling frame that were excluded from the study, at the end of the training. As a result of pre-testing, questions that needed further revision were edited accordingly.

Study Team

The study team was made up individuals representing various stakeholders including Uganda AIDS Commission, Ministry of Health, UNHCR country office and a UNHCR consultant hired as the Principal Investigator for the study. Field teams were made up of staff from Kampala, local Ugandans from the host communities, and refugees residing in the settlement.

Training

The training of field staff was held from July 27 to August 1, 2009. A total of 6 supervisors and 24 interviewers were trained in a classroom at Bujubuli primary school, in Kyaka II refugee settlement. The training was led by the Principal Investigator and three experienced field supervisors who had participated in similar studies in Uganda. The training reviewed the goals and objectives of the Kyaka II BSS, study populations of interest, eligibility criteria, ethical issues and considerations related to data collection, interviewer techniques, field procedures, code of conduct for field workers, and data collection tools. The trainees were divided into groups according to their language skills to review the translated questionnaires, in the selected local languages, and practice administration of the questionnaire using role play exercises. There was also a separate meeting with field supervisors to explain expectations of their positions, their roles and responsibilities.

Towards the end of the training, the field team conducted one day pre-test in nearby sites in the sampling frame which were excluded from the survey and participated in discussions about the pre-test experiences. At the end of the training, five field teams were established in preparation for the implementation phase.

Mobilisation and data collection

Prior to the start of fieldwork, mobilisation was done to promote awareness of the study and encourage participation. Members of the study team visited local community/settlement officials before the commencement of the study to inform them and seek support. Advocacy and mobilisation activities continued throughout the study period to encourage participation.

The purpose of the study, its design and implementation, utilization of study data, and the need for community participation were discussed, as well as issues of confidentiality.

Five teams conducted data collection for the study. Each team consisted of one supervisor, two female interviewers, two male interviewers, and one driver. Data were collected between August and September 2009. The study consultants coordinated and supervised field work activities assisted by the HIV/AIDS Coordinator from the UNHCR office in Kampala.

Interviews were conducted by reading out the questions while seated face to face with the respondents. Responses were written down immediately in the spaces provided in the questionnaire. After the interview, interviewers conducted quality checks and clarified any unclear responses of individuals in the household. On average, each interviewer conducted approximately 6 interviews in a day. The completed questionnaires were reviewed daily by supervisors and the lead study consultant before submission to data entry team. Any queries were followed up by supervisors.

Data management and processing

The processing of data began shortly after the field work commenced. An Epi Info data entry screen was developed and later revised, based on pre-test results, for the Kyaka BSS. The data entry was conducted in the field by trained three data clerks on lap tops in Epi Info. Entered data were periodically reviewed and cleaned. Quantitative data analysis followed standard statistical guidelines using descriptive statistics, using STATA 10. Means and their standard deviations were used to analyze continuous variables where as frequencies and cross-tabulation were used to study the distribution of categorical variables. Graphical displays such as bar charts, histograms and pie charts were used to illustrate distributions.

Limitations

Prior to the launch of the survey, there was a July 31st deadline for voluntary repatriation for Rwanda nationals to return to Rwanda. This may have impacted individuals' decision to self-identify as Rwanda nationals which may have lead to misclassification of nationalities, decreasing the estimated number of Rwandans who participated in the survey. Because many of the homes that were occupied by Rwandans were abandoned, the anticipated number of interviews was lower per village/cluster in the settlement. An additional 3 villages/clusters were added to reach target sample size, increasing the number of villages from 20 to 23.

CHAPTER 3: RESULTS

Socio-demographic

A total of 2,175 people participated in the behavioural surveillance survey in Kyaka II refugee settlement and surrounding community. In the refugee settlement, 924 people (447 males and 477 females) were interviewed, and in the surrounding community, 1,201 people (566 males and 635 females) were interviewed. A total of 46 villages were included (23 villages in the settlement and 23 villages in the surrounding community). More respondents were interviewed per cluster in national side compared to the settlement. The number of questionnaires completed in the refugee settlement ranged between 28-62 questionnaires per cluster, with a mean of 40.2 questionnaires per cluster (based on 23 clusters). In the surrounding villages, the number of questionnaires completed ranged between 35-70 questionnaires per cluster, with a mean of 52.2 questionnaires per cluster (based on 23 clusters). There were some challenges that may have limited the number of people to be interviewed in each cluster in the settlement, thus lowering number of participants and in some cases, households available for participation in the survey. The demographic characteristics of the populations of interest are outlined in Table 1.

Table 1: Demographic characteristics of the populations

Variables	Category	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Age Group	15-19 years	105	81	186	113	138	251
	20-24 years	52	76	128	78	106	184
	25-29 years	48	77	125	75	101	176
	30-34 years	53	73	126	54	81	135
	35-39 years	54	64	118	78	97	175
	40-44 years	39	29	68	66	45	111
	45-49 years	46	42	88	44	27	71
	50-54 years	25	23	48	40	30	70
	55-59 years	23	14	37	16	9	25
	TOTAL	445 100.0%	479 100.0%	924 100.0%	564 99.6%	634 99.8%	1198^s 99.8%
Current nationality	Rwandan	10 2.2%	11 2.3%	21 2.3%	4 0.7%	7 1.1%	11 0.9%
	Ugandan	1 0.2%	9 1.9%	10 1.1%	562 99.3%	627 98.7%	1189 99.0%
	Congolese (DRC)	411 92.4%	445 92.9%	846 91.6%	0 0.0%	0 0.0%	0 0%
	Other*	23 5.2%	14 2.9%	37 4.0%	0 0.0%	1 0.2%	1 0.1%
	TOTAL	445 100.0%	479 100.0%	914 98.9%	566 100.0%	635 100.0%	1201 100.0%

Table 1: Demographic characteristics of the populations Cont....

Relationship Status	Currently married	217 48.8%	235 49.1%	452 48.9%	336 59.4%	389 61.3%	725 60.4%
	Co-habiting	55 12.4%	78 16.3%	133 14.4%	43 7.6%	47 7.4%	90 7.5%
	Divorced/Separated	18 4.0%	48 10.0%	66 7.1%	25 4.4%	44 6.9%	69 5.7%
	Widow/Widower	14 3.1%	34 7.1%	48 5.2%	1 0.2%	26 4.1%	27 2.2%
	Never married	136 30.6%	79 16.5%	215 23.3%	153 27.0%	122 19.2%	275 22.9%
	TOTAL	440 98.9%	474 99.0%	914 98.9%	558 98.6%	628 98.9%	1186[§] 98.8%
Religious affiliation	Catholic	126 28.3%	159 33.2%	285 30.8%	219 38.7%	265 41.7%	484 40.3%
	Protestant	133 29.9%	132 27.6%	265 28.7%	231 40.8%	243 38.3%	474 39.5%
	Muslim	30 6.74%	18 3.76%	48 5.2%	26 4.6%	27 4.3%	53 4.4%
	Other**	156 35.1%	169 35.3%	325 35.2%	90 15.9%	100 15.7%	190 15.8%
	TOTAL	445 100.0%	478 99.8%	923[§] 99.9%	566 100%	635 100%	1201 100%
Highest Level of Schooling	Never attended	81 18.2%	235 49.1%	316 34.2%	65 11.5%	133 20.9%	198 16.5%
	Did not complete primary	231 51.9%	184 38.4%	415 44.9%	330 58.3%	317 49.9%	647 53.9%
	Primary	89 20.0%	44 9.2%	133 14.4%	127 22.4%	151 23.8%	278 23.1%
	Completed O-level	27 6.07%	10 2.09%	37 4.0%	32 5.7%	25 3.9%	57 4.7%
	Completed A-level and above***	17 3.82%	5 1.04%	22 2.4%	12 2.1%	8 1.3%	20 1.7%
	TOTAL	445 100.0%	478 99.8%	923 99.9%	566 100.0%	634 99.8%	1200[§] 99.9%

[§] some survey participants did not respond

* includes those who identified as being nationals of Burundi, Somalia, Malawi and Tanzania

** includes those who identified as being other Christian denominations

*** includes those who completed college and university

The largest proportion of the population was between the ages of 15-19 years (at least 20% of each population), in both refugee and national communities. The population distribution within each group was similar.

Among participants in both refugee and national communities, there were slightly more female respondents than male respondents (51.6% refugees and 52.6% nationals). A total of 445 males (48.1%) and 479 females (51.8%) in the settlement were interviewed. In the surrounding villages, a total of 566 males (47.1%) and 635 females (52.9%) were

interviewed. The median age among refugee respondents was 30 years old and mean age was 31.4 years old in comparison to the median age among national respondents which was 29 years old and the mean age which was 30.6 years old.

Current nationality

The refugees in the settlement who participated in the survey were nationals of Congo (DRC), Burundi, Rwanda, Somalia and Malawi (Table 1b). In the settlement, 91.5% identified as being Congo (DRC) nationals, 3.7% Burundi nationals, 2.27% Rwanda nationals, 1.1% Uganda nationals, 0.2% Somalians and 0.1% Malawi nationals. The participants who identified as being Uganda nationals could have been Ugandans married to refugees, who were living in the settlement. Among the 10 Ugandans in the settlement, 8 people were married, 1 person was co-habiting and 1 person was widowed. It has been documented that majority of the residents in Kyaka II settlement are Congolese refugees, followed by Rwandans refugees who are the second largest group (UNHCR 2009, camp report). In the surrounding community, 99% identified as being Uganda nationals. Less than 1% identified as being Rwandan. One person identified as a Tanzanian.

Table 1b: Nationalities represented in samples

Variable	Category	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Current Nationality	Rwandan	10 2.2%	11 2.3%	21 2.3%	4 0.7%	7 1.1%	11 0.9%
	Ugandan	1 0.2%	9 1.9%	10 1.1%	562 99.3%	627 98.7%	1189 99.0%
	Congolese (DRC)	411 92.4%	445 92.9%	846 91.6%	0 0.0%	0 0.0%	0 0%
	Other*	23 5.2%	14 2.9%	37 4.0%	0 0.0%	1 0.2%	1 0.1%
	TOTAL	445 100.0%	479 100%	914 [§] 98.9%	566 100%	635 100%	1201 100%

[§] some survey participants did not respond

* includes those who identified as being nationals of Burundi, Somalia, Malawi and Tanzania

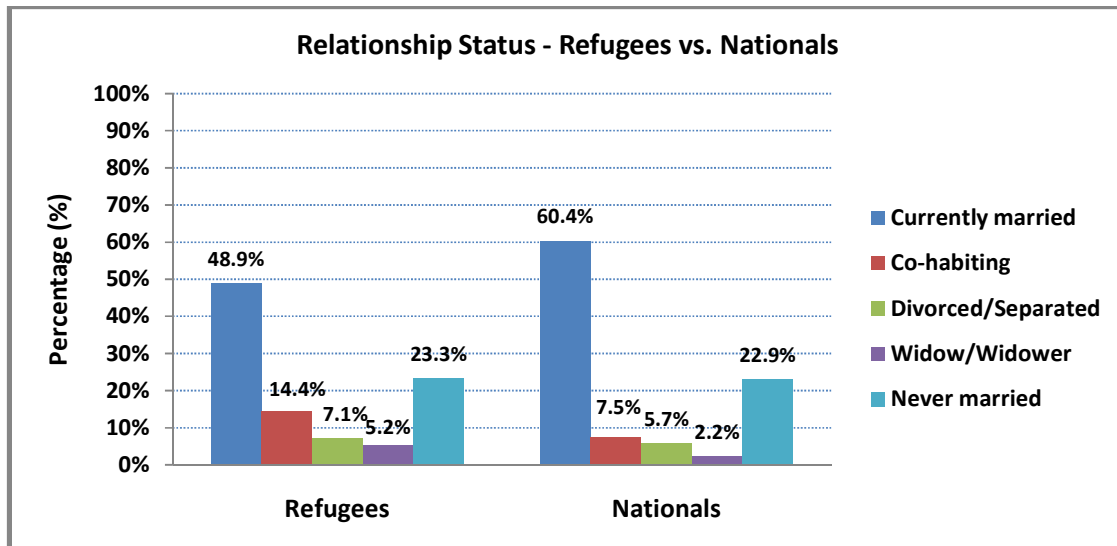
Relationship status

Many of the respondents were married, with over 48% in both refugee and national populations identifying as being married (Fig 1). About 20% of each population said they had never married (23.3% among refugees vs. 22.9% among nationals), followed by those who are co-habiting (14.4% vs. 7.5%, among refugees and nationals respectively). A larger proportion of respondents in the settlement identified as co-habiting compared to nationals living outside the settlement. This could be due to the dynamics of living in a camp as displaced people. For example, because the food rations system is based on the number of people living in the household, people may combine households to secure more food rations.

The mean age for first marriage among refugee respondents was 20.0 years compared to a mean of 19.5 years among national respondents in the surrounding communities. Both populations had a median age of 19 years for age of first marriage. Among refugee female respondents, the mean age of marriage was 18.4 years versus 17.9 years among national female respondents. The median age was 18 years for first marriage among female

respondents. Among male respondents, the mean age at first marriage was 21.9 years among refugees in the settlement compared to 21.6 years of age among nationals in the surrounding community. The median age at first marriage was slightly higher among males in the surrounding community (21 years nationals vs. 20 years among refugees). Over 90% of married people identified as being in monogamous marriages.

Figure 1: Relationship Status - Refugees vs. Nationals



Refugee status

The majority of the respondents (99.6%) in the settlement identified as being refugees, with 16 people (4 males and 14 females) not identifying as refugees. Some those who did not identify as refugees included those who were Ugandans. Among those living in the surrounding community, 99% identified as not being refugees. There were a total of 12 who did identify as refugees, which included 3 Rwandans.

Religious affiliation

Religious affiliation among the survey participants varied (Figs 2 & 3). Among the respondents from the refugees community, 30.8% identified as Catholic, 28.7% identified as Protestant and 35.2% identified as “Other”, which included born again Christians, Seventh Day Adventists, Jehovah’s Witnesses, and Anglicans. A total of 48 people (5.2%) identified as Muslim. In the host communities, 39.5% identified as Protestant, 40.3% as Catholic, 4.4% as Muslim and 15.8% as “Other”, which included born again Christians, Seventh Day Adventists, and Pentecostal. Information regarding religious affiliation is important for any future faith-based programmes, including prevention programmes and or interventions such as couple’s counselling, youth programming regarding sexual behaviour and abstinence, condom distribution, and family planning. Such information is also important in planning programmes focused on treatment, specifically home-based care for palliative/end-of-life care.

Figure 2: Religious affiliation among refugee

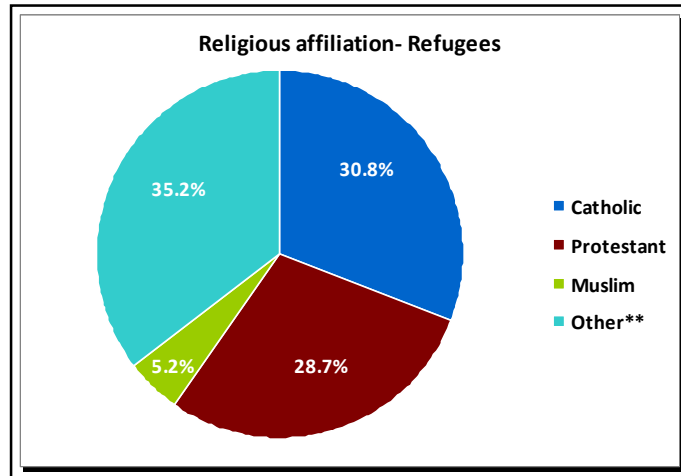
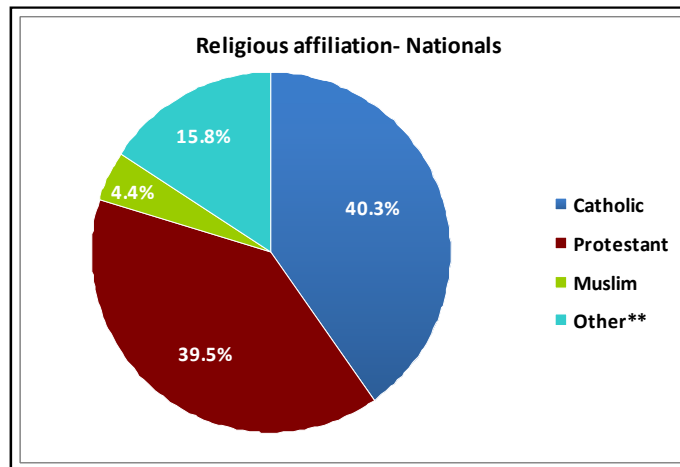


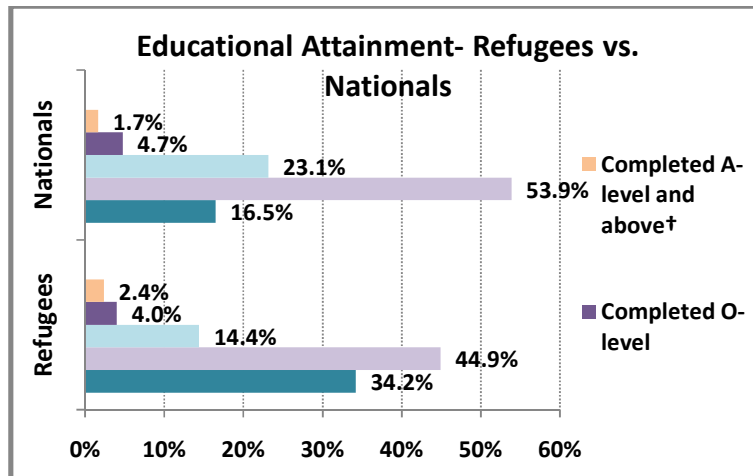
Figure 3: Religious affiliation among nationals



Highest level of schooling

Educational attainment varied between the two populations (Fig 4). Among refugee men and women, 44.9% did not complete primary education, in comparison to 53.9% of the nationals. About 34% of respondents in the settlements never attended school, while 14.4% completed primary school, 4% completed O-level and 1.3% completed A-level. A total of 10 people completed school at the college level and above. Male respondents tended to have a higher level of education attainment versus the female respondents in the settlement. In the national villages, 53.9% did not complete primary education, 23.1% completed primary school, 16.5% never attended school, and 4.7% completed O-level education. About 1% attended college and university.

Figure 4: Educational Attainment- Refugees vs. Nationals



† also includes those who completed college and university

Literacy levels in different languages were also assessed. Survey participants were asked about their ability to read in various languages, specifically Congolese Swahili, Lingala, French, Kinyarwanda, Runyoro/Rutooro, Runanykole/Rukiga and English. Among refugees, males appeared to have a higher level of literacy than females. Among female refugees, Congolese Swahili was the language that was most frequently identified as being easy to read (29.6%) followed by Runyoro/Rutooro (11.3%).

Comparing the two populations, there was a larger proportion ($p < 0.05$) of refugee respondents who had never attended school (34.2% refugees [95% CI: 31.1%-37.3%] vs. 16.5% nationals [95% CI: 14.4%-18.6%]). Respondents in the national villages appeared to have better access to education, with a slightly larger proportion ($p < 0.05$) having attended primary school-53.9% [95% CI: 51.1%-56.7%] of nationals versus 44.9% [95% CI: 41.7%-48.1%] of refugees). Moreover, 23.1% (95% CI: 20.8%-25.5%) of the national respondents completed primary school, compared to 14.4% (95% CI: 12.1%-16.7%) of refugee respondents, and completed O-level (4.7% nationals versus 4.0% refugees). Males in both populations had higher level of educational attainment, but overall at least 70% of the respondents in both populations did not complete primary education.

Income

Most refugee participants (70%) reported earning their income through crop production, 9.8% said their income is not in any sector, 7.2% earn income from trading, and 3.4% said other, which included other agriculture activities (digging, peasant, kulima), traditional healing, private sector, peasant, public services, transport and fishing (Table 2). The main sector where income is earned in the national villages is also agriculture, which is expected in such a rural setting. Over 50% earn their income through crop production, 10.2% said there were not involved in any sector, 6.9% said they earned their income through pastoralism, and 7.3% said they were earned income through trading activities. There was a wider variety of sectors reported among the national participants compared to the refugee participants. Other sectors where income was earned included casual labor services (such as brick making),

house work, nursing, and teaching. It was expected that there would be more employment opportunities for nationals in the surrounding communities because of their improved access as well as their higher level of educational attainment.

Table 2: Main sector through which income is earned

Variables	Sector	Settlement			National		
		Male	Female	Total	Male	Female	Total
Main sector through which income is earned	None	43	48	91	46	76	122
		9.7%	10.0%	9.8%	8.1%	12.0%	10.2%
	Agriculture (crop production)	297	350	647	323	361	684
		66.7%	73.1%	70.0%	57.1%	56.9%	57.0%
	Trading	16	21	37	41	47	88
		3.6%	4.4%	4.0%	7.2%	7.4%	7.3%
	Pastoralism (animal husbandry)	8	4	12	48	35	83
		1.8%	0.8%	1.3%	8.5%	5.5%	6.9%
	Crafts	9	1	10	23	25	48
		2.0%	0.2%	1.1%	4.1%	3.9%	4.0%
Private services	12	3	15	24	11	35	
	2.7%	0.6%	1.6%	4.2%	1.7%	2.9%	
Humanitarian or development group	11	6	17	1	1	2	
	2.5%	1.3%	1.8%	0.2%	0.2%	0.2%	
Other ⁺⁺⁺	16	15	31	20	16	36	
	3.6%	3.1%	3.4%	3.5%	2.5%	3.0%	
TOTAL	412	448	860 [§]	526	572	1098 [§]	
	92.6%	93.5%	93.1%	92.9%	90.1%	91.4%	
						%	

[§] some survey participants did not respond

⁺⁺⁺- includes public services (government), transport and fishing

Displacement and mobility

Most of the survey participants had lived in their place of residence for longer than 3 years. Among refugee men and women, 47% of the participants had been living at their current place of residence for between 3-5 years, followed by those who had lived in their current community for more than five years (23.9%). Kyaka II settlement is a refugee community that has hosted thousands of refugees for many years and some residents have lived in the settlement for over 10 years; others, for their entire lifetime. Therefore, it was expected that most refugees were long-term residents in the settlement. Most of the respondents (47.6%) in the national villages had been living in their current community for more than 5 years, followed by 3-5 years (20.3%).

There is movement between settlement and national villages, with at least 35% of participants reporting that they visit to the settlement or surrounding community, for various reasons (Tables 3 and 4). Refugee participants were somewhat more likely to visit the surrounding community than national respondents were to visit the settlement. . About one-third of the participants from each population said they never visit the other community (34.4% of refugee participants and 39.8% of national participants).

Table 3: Frequency of visits to the settlement or the neighboring community

Indicator	Frequency	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
How often do you visit the camp/neighbouring community	Never	130 29.2%	188 39.2%	318 34.4%	167 29.5%	311 49.0%	478 39.8%
	Less than once a month	200 44.9%	153 31.9%	353 38.2%	161 28.4%	159 25.0%	320 26.6%
	Once a month	83 18.7%	106 22.1%	189 20.5%	73 12.9%	72 11.3%	145 12.1%
	Many times a month	28 6.3%	26 5.4%	54 5.8%	165 29.2%	91 14.3%	256 21.3%
	TOTAL	441 99.1%	473 98.7%	914 [§] 98.9%	566 100%	633 99.7%	1199 [§] 99.8%

[§] some survey participants did not respond

The main reason for visiting provided by refugees traveled was to go shopping (21%), followed by food (19%), visiting friend/relative (11.2%) and employment (9.2%). Among the national respondents, 51.2% of the survey population listed shopping as a main factor for visiting the settlement, followed by 19.8% who were seeking health care services. The health centre in the refugee settlement (Bujubuli Health Centre) is an NGO-supported health centre, level 3 of which provides many services for the catchment area, which includes refugees and Ugandan nationals. This is a point of service accessed by many respondents, including Ugandan nationals who lived outside Kyaka II settlement.

Table 4: Main reason for visiting settlement or surrounding community

Indicator	Reason	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Main reason for visiting camp/surrounding community	Employment	41 13.2%	14 4.9%	55 9.2%	7 1.8%	2 0.6%	9 1.2%
	Trade	29 9.3%	16 5.6%	45 7.6%	45 11.3%	19 5.9%	64 8.9%
	Shopping/Market	57 18.3%	68 23.9%	125 21.0%	212 53.1%	157 48.8%	369 51.2%
	Health-care	16 5.1%	22 7.7%	38 6.4%	56 14.0%	87 27.0%	143 19.8%
	School	26 8.4%	11 3.9%	37 6.2%	16 4.0%	23 7.1%	39 5.4%
	Food	51 16.4%	62 21.8%	113 19.0%	0 0.0%	0 0.0%	0 0.0%
	Visited relative/friend	43 13.8%	24 8.4%	67 11.2%	22 5.5%	15 4.7%	37 5.1%
	Other ^{††}	22 7.1%	28 9.8%	50 8.4%	32 8.0%	15 4.7%	47 6.5%
	TOTAL	286 91.9%	246 86.2%	532 89.2%	391 98.0%	319 99.0%	710 98.5%

^{††} - includes those visiting for entertainment, collecting firewood, attending religious services

Sexual behaviour

Patterns in sexual behaviour and sexual partnerships were examined behaviour to provide background info for programme planning. Over 80% of the respondents from both populations had ever had sex (Table 5). The mean age of sexual debut among refugee and national male respondents was 18.4 years, whereas the average age at first sex among female refugees was 17.3 years versus 17.1 years among surrounding female nationals. The median of the reported age among male respondents was 18 years and 17 years for female respondents, in both refugee and national communities.

Table 5: Experience of sexual intercourse

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Ever had sexual intercourse?	Yes	346 77.8%	402 83.9%	748 81.0%	462 81.6%	527 83.1%	989 82.3%
	No	99 22.2%	77 16.1%	176 19.0%	104 18.4%	107 16.9%	211 17.6%
	TOTAL	445 100%	479 100%	924 100%	566 100%	634 99.8%	1200[§] 99.9%

[§] some survey participants did not respond

Over 76% of the male refugee participants have ever had sexual intercourse, compared to 81.6% of the national male participants (Table 5). Among female participants, 83.9% of refugees have ever had sex compared to 83.1% of the nationals.

These data were disaggregated by age group (Table 7). Among 15-24 year old respondents in both refugee and host communities, a larger proportion of females in comparison to males had had sex ($p < 0.05$). Comparing males in the 15-24 year age group in both surveyed areas, 44.6% of the refugees in this age group had had sex versus 49.2% of males in this age group residing in the host communities.

Table 6: Sexual intercourse experience, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Ever had sexual intercourse	15-24	70	94	164	94	153	247
		44.6%	59.9%	52.2%	49.2%	62.7%	56.8%
	25-59	276	308	584	367	373	740
		95.8%	95.7%	95.7%	98.4%	95.6%	97.0%
	Total	346	402	748	461	526	987
		77.8%	83.9%	81.0%	81.4%	82.8%	82.2%

The vast majority (over 95%) of respondents aged 25-59 years had had sex.

Among all respondents in the 15-24 year old age group, about a third reported sexual initiation before the age of 15 years (Table 8). Of those aged 15-24, 40.2% males (95% CI: 32.7% - 47.7%) versus 30.8% of females (95% CI: 25%-36.5%) reported have sex before age of 15 years ($p = 0.05$).

Table 7: Sexual intercourse before the age of 15 (among those 15-24 years old)

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had sexual intercourse before age of 15	Yes	33	30	63	33	46	79
		47.1%	31.9%	38.4%	35.1%	30.1%	32.0%
	No	37	64	101	61	107	168
		52.9%	68.1%	61.6%	64.9%	69.9%	68.0%
TOTAL		70	94	164	94	153	247
		100%	100%	100%	100%	100%	100%

Within the same age group, 16.6% (95% CI: 12.5%-20.7%) of refugee respondents and 18.6% (95% CI: 15%-22.3%) of national respondents had never engaged in sex. Among the refugee participants, 24.8% male and 8.3% female never married respondents had never had sex, and among the national participants, 26.2% male and 12.7% female never married respondents had never had sex (Table 8b).

Table 7b: Never married young people aged 15-24 who have never had sex

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Never married and never had sex	15-19	23 21.9%	8 9.9%	31 16.7%	29 25.7%	22 15.9%	51 20.3%
	20-24	16 30.8%	5 6.6%	21 16.4%	21 26.9%	9 8.5%	30 16.3%
	15-24	39 24.8%	13 8.3%	52 16.6%	50 26.2%	31 12.7%	81 18.6%

Knowledge of Condoms

The survey participants were asked about their knowledge on various HIV prevention methods, including condom use. Over 84% of the participants have heard of condoms (84.2% refugees, 86.1% nationals) (Table 6).

Table 9: People who have heard of condoms

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Heard of condoms	Yes	412 92.6%	366 76.4%	778 84.2%	502 88.7%	531 83.6%	1033 86.0%
	No	33 7.4%	113 23.6%	146 15.8%	64 11.3%	104 16.4%	168 14.0%
	TOTAL	445 100%	479 100%	924 100%	566 100%	635 100%	1201 100%

Comparing males and females, a larger proportion of male respondents knew about condoms, ($p < 0.05$). In the refugee community, 92.6% (95% CI: 90.1%-95%) of the male respondents versus 76.4% (95% CI: 72.6%-80.2%) of the female respondents knew about condoms. In the national communities, 88.7% (95% CI: 86.1%-91.3%) of the male respondents versus 83.6% (95% CI: 80.7%-86.5%) of the female respondents knew about condoms.

The proportion of people who reported ever using condoms was also low, with only 25.2% (196/778) of refugee participants and 25.6% (264/1033) of national participants reporting use. Among respondents who have ever used condoms, knowledge on where to obtain condoms was high: 93.4% (183/196) of the refugee respondents and 94.3% (249/264) of the national respondents where to obtain condoms.

Of the 400 respondents in the refugee community who had heard of female condoms, 44% were willing to try a female condom. Of the respondents from the surrounding communities who had heard of a female condom, 43% were willing to try a female condom if available.

Regular sex partners

Most participants reported having a regular sex partner, with at least 75% of both males and females in both areas having a regular sex partner in past 12 months (Table 9). A larger

proportion of the national participants reported having a regular sex partner in past 12 months (82.2% [95% CI: 79.8%-84.6%]) compared to the refugee participants (78.1% [95% CI: 75.1%-81%]) (p<0.05).

Table 9: Regular sex partnership in past 12 months

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had a regular sex partner in past 12 months	Yes	272 78.6%	312 77.6%	584 78.1%	378 82.0%	433 82.3%	811 82.2%
	No	74 21.4%	94 23.4%	164 21.9%	83 18.0%	93 17.7%	176 17.8%
	TOTAL	346 100%	406 100%	748 100%	461 100%	526 100%	987 100%

Of the 15-24 year old respondents, 47.1% (95% CI: 35.5%-58.8%) of the male refugees reported having a regular sex partner in the last 12 months compared to 43.6% (95% CI: 33.6%-53.7%) of the national males (Table 10). Among the female respondents in this age group, 76.6% (95% CI: 68%-85.2%) refugees had a regular sex partner in the past 12 months in comparison to 74.5% (95% CI: 67.6%-81.4%) of the nationals. A larger proportion of females between the ages of 15-24 years old reported having a regular partner compared to males of the same age group (p<0.05). In the 25-59 year old group, more male respondents reported having a regular sex partner in the most recent 12 month period (86.6% [95% CI: 82.6%-90.6%]) refugees and 91.8% (95% CI: 89%-94.6%) nationals) versus female respondents (77.9% (95% CI: 73.3%-82.6%) refugees and 85.3% (95% CI: 81.7%-88.9%) nationals) (p<0.05).

Table 10: Regular sex partnership in past 12 months, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had regular sex partner in past 12 months	15-24	33 47.1%	72 76.6%	105 64.0%	41 43.6%	114 74.5%	155 62.8%
	25-59	239 86.6%	240 77.9%	479 82.0%	337 91.8%	318 85.3%	655 88.5%
	TOTAL	272 78.6%	312 77.6%	584 78.1%	378 82.0%	432 82.1%	810 82.1%

Data were also captured to determine the frequency of condom use with regular partners. Among the respondents who had a regular sex partner, 5.1% of the respondents (6.7% males and 3.5% females) in the settlement used a condom at last sex during last sex with a regular partner compared to 2.7% of the respondents (3.0% males and 2.5% females) in the surrounding communities. The data provide some interesting information when disaggregated by age group (Table 11). A larger proportion of male respondents used condoms with regular partners during last sexual intercourse compared to female respondents, among 15-24 years olds (15.2% vs. 6.9% in settlement and 12.2% vs. 4.4% in national) (p<0.05). There is a smaller difference in condom use between male and female

respondents, in the 25-59 year old age group (10.5% vs. 5.0% in settlement and 3.6% vs. 3.5%) ($p>0.05$).

Table 11: Condom use with regular sex partner during last sexual intercourse

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Condom use with regular sex partner during last sexual intercourse	15-24	5 15.2%	5 6.9%	10 9.5%	5 12.2%	5 4.4%	10 6.5%
	25-59	25 10.5%	12 5.0%	37 7.7%	12 3.6%	11 3.5%	23 3.5%
	TOTAL	30 11.0%	17 5.4%	47 8.0%	17 4.5%	16 3.7%	33 4.1%

Non-regular partnership - casual partners

Respondents were also asked about non-regular partnerships, which included casual sex relationships. Among refugee respondents, the average number of casual sex partners in the past 12 months was 2.04, with a median of 1 person. Among the respondents from the surrounding community, the average was 1.88 people, with a median of 2 people. Casual partnerships were more common among respondents from the host communities ($p<0.05$). Casual sexual partnerships were more common among male respondents than female respondents ($p<0.05$). In refugee community, 15% (95% CI: 11.3%-18.8%) of the male respondents had a casual sex partner in the past 12 months versus 5.4% (95% CI: 3.2%-7.6%) of the female respondents (Table 12). While 20% (95% CI: 16.3%-23.6%) of the males from the host communities had casual sex in the past 12 months, 9.5% (95% CI: 7%-12%) of females in the same communities had casual sex in the past 12 months.

Table 12: Casual sex partnership in past 12 months

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had casual sex partner in past 12 months	Yes	52 15.0%	22 5.4%	74 9.9%	92 20.0%	50 9.5%	142 14.4%
	No	294 85.0%	384 94.6%	674 90.1%	369 80.0%	476 90.5%	845 85.6%
	TOTAL	346 100%	406 100%	748 100%	461 100%	526 100%	987 100%

Casual sex partnerships were also examined by age group (Table 13). A higher percentage of male respondents in the 15-24 year old age group were involved in casual sex partnerships ($p<0.05$). Among the participants in the 15-24 year old age group, 20% (95% CI: 10.6%-29.4%) of refugee men had a casual sex partner in the past 12 months, compared to 38.3% (95% CI: 28.5%-48.1%) of national men. Female respondents in this age group reported less casual sex partnerships (10.6% [95% CI: 4.4%-16.9%]) in settlement and 19% [95% CI: 12.7%-25.2%] in national respectively) compared to males. Female refugee respondents reported casual sex partnerships less frequently than female national respondents. There were fewer casual sex partnerships reported by respondents the 25-59 year old age group, versus those in the 15-24 year old age group ($p<0.05$). Among those refugee respondents in

the 25-49 year age group, 15.1% of males and 5.1% of females had a casual sex partner in the past 12 months. Among the national respondents in the 25-49 year age group, 21.7% of males and 9.8% of females had a casual sex partner in the past 12 months.

Table 13: Casual sex partnership in past 12 months by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had casual sex partner in past 12 months	15-24	14 20.0%	10 10.6%	24 14.6%	36 38.3%	29 19.0%	65 26.3%
	25-59	38 13.8%	12 3.9%	50 8.6%	56 15.3%	21 5.6%	77 10.4%
	TOTAL	52 15.0%	22 5.5%	74 9.9%	92 20.0%	50 9.5%	142 14.4%

Condom use in casual sex partnerships was also probed during the survey. Among the survey participants who reported having casual partnerships in the past 12 months, only 39.2% of the refugee respondents used condoms during last sex with casual sex partner (42.3% males [95% CI: 28.9%-55.7%], 31.8% females [95% CI: 12.4%-51.3%]). In the host communities, 30.3% of respondents (31.5% of males [95% CI: 22%-41%] and 28.0% of females [95% CI: 15.6%-40.5%]) in the surrounding communities used condoms during their last sexual encounter with a casual partner. There is no statistical difference between the proportions of people in each survey population who used a condom during last sex with a casual partner. Less than 45% of respondents who had a casual sex partner in the past 12 months used condoms during last sex with their casual partner. Promotion of condom use especially when involved in casual partnerships needs to be emphasized. Among the 15-24 year old age group who participated in the survey, males (42.9% settlement and 41.7% national) used condoms during last sex with casual partner more frequently compared to females (20% settlement and 31% national) (Table 14).

Table 14: Condom use with casual sex partner during last sexual intercourse

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Used condom during last sex with casual sex partner	15-24	6 42.9%	2 20.0%	8 33.3%	15 41.7%	9 31.0%	24 36.9%
	25-59	16 42.1%	5 41.7%	21 42.0%	14 25.0%	5 23.8%	19 24.7%
	TOTAL	22 42.3%	7 31.8%	29 39.2%	29 31.5%	14 28.0%	43 30.3%

When comparing the age groups, about the same proportion of males in the 15-24 year old group used condoms as those in the 25-59 year group, in the settlement ($p>0.05$). Of those refugees aged 15-49 years, 46.7% of males and 31.6% of females reported using a condom during last sex with a casual sex partner. The national respondents aged 15-49 years, 33% of males and 29.2% of females reported using condoms, slightly lower proportions compared to refugee participants. When survey participants were asked why they did not use condoms, respondents in the settlement mentioned that no condoms were available, not liking condoms,

no availability of free condoms, and trusting their partner. Respondents in surrounding communities gave various reasons for not using condoms during last sex with casual sex partner including there were no condoms available, they did not like condoms, they did not think they needed a condom, they trusted their partner, their partner objected and they did not know what a condom was.

Consumption of alcohol prior to sex, which is considered an indirect risk factor for HIV transmission, was examined and more males reported that they had taken alcohol prior to their last casual sex encounter ($p < 0.05$) (Table 15). Female national respondents (14%) reported alcohol use least frequently. Over 30% of the refugees respondents who reported having a casual partner, said they had consumed alcohol before last casual sex encounter.

Table 15: Alcohol consumption before last casual sex

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Consumed alcohol before last casual sex	Yes	17 32.7%	9 40.9%	26 35.1%	21 22.8%	7 14.0%	28 19.7%
	No	35 67.3%	13 59.1%	48 64.9%	71 77.2%	43 86.0%	114 80.3%
	TOTAL	52 100%	22 100%	74 100%	92 100%	50 100%	142 100%

The issue of multiple partnerships was explored in this BSS, to highlight some of the dynamics of individuals' relationships, particularly because this may be a risk factor for HIV transmission, depending on other factors (such as condom use). Table 16 looks at the relationship status of the participants who were involved in casual partnerships in the past 12 months. For some of the analyses, relationship status variable was grouped into two categories: stable partnership (individuals who stated they were married or cohabiting) and unstable partnership (individuals who stated they were never married, divorced or widowed). An interesting finding is that most of the respondents involved in casual partnerships, in both the settlement and surrounding communities, are in stable partnerships; specifically, marriages.

Table 16: Casual sex partnership in past 12 months, by relationship status

Variable	Relationship status	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Relationship status	Stable partnership [‡]	37 13.6%	10 3.2%	47 8.0%	51 13.5%	19 4.4%	70 8.6%
	Unstable partnership ^{**}	15 8.9%	12 7.5%	27 8.2%	41 22.9%	30 15.6%	71 19.1%
	TOTAL	52 11.8%	22 4.6%	74 8.1%	92 16.5%	49 7.8%	141 11.9%

[‡] Stable partnership is defined as individuals who identified as married or co-habiting

^{**} Unstable partnership is defined as individuals who were never married, divorced or widowed

Multiple partnerships

For the Uganda context, there was interest by stakeholders to explore multiple partnerships (concurrent partnerships) further based on findings from previous studies (AIS 2004-5). Some of these dynamics have been highlighted in previous tables which show the type of sexual partnership (regular or non-regular) and individual involvement in these types of partnerships by their relationship status. Table 17 illustrates the proportion of both survey populations who are involved in (an)other sexual partnership(s) concurrently, among respondents who reported having a regular sex partner in the past 12 months. In the settlement, 7.5% (95% CI: 5.4%-9.7%) of the respondents were involved in concurrent partnerships versus 5.3% (95% CI: 3.8%-6.8%) of the respondents in the surrounding communities.

Table 17: Multiple sex partnership

Question	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Involved in concurrent partnership	Yes	31 11.4%	13 4.2%	44 7.5%	31 8.2%	12 2.8%	43 5.3%
	No	241 88.6%	299 95.8%	540 92.5%	347 91.8%	421 97.2%	768 94.7%
	TOTAL	272 100%	312 100%	584 100%	378 100%	433 100%	811 100%

There is no statistical difference in the proportion of people in both refugee and host communities who identified as being involved in a concurrent partnership. Male respondents in the settlement were most likely to report being involved in concurrent partnerships. A smaller proportion of females identified as being part of concurrent partnerships (4.2% vs. 11.4% in the settlement and 2.8% vs. 8.2% in the national villages) ($p < 0.05$). The data outlined in Table 17 are based on a direct question asked of the respondents, unlike the data captured in Table 18 which are based on compilation of survey participant responses to three questions. Table 18 describes the number of people who had more than one sex partner, either more than one regular, casual, transactional sex partner in the past 12 months or a combination of these partnerships, among those who are sexually active.

Table 18: More than one sex partner in the past 12 months

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
More than one sex partner in 12 months (among those who are sexually active)	Yes	144 41.6%	38 9.5%	182 24.3%	206 44.6%	71 13.5%	277 28.0%
	No	202 58.4%	364 90.5%	566 75.7%	256 55.4%	456 86.5%	712 72.0%
	TOTAL	346 100%	402 100%	748 100%	462 100%	527 100%	989 100%

The results highlighted in Table 18 differ from Table 17. Among the respondents, 24.3% (95% CI: 21.3%-27.4%) refugees had more than one sex partner compared to 28% (95% CI: 25.2%-30.8%) nationals. A larger proportion of male respondents (41.6% refugees and 44.6% nationals) had more than one sex partner versus female respondents (9.5% refugees and 13.5% nationals) ($p < 0.05$).

Given the risks associated with multiple partnerships and HIV transmission, use of condoms was another important factor to examine (Table 19). Among respondents who had more than one sex partner in the past 12 months, only 9.3% (95% CI: 5.1% - 13.6%) of the refugees and 6.5% (95% CI: 3.6% - 9.4%) of the nationals used a condom during last sex. These findings raise concern about people's choices to protect themselves when engaging in these sexual partnerships.

Table 19: More than one sex partner in past 12 months and condom use at last sex

Variable	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
More than one sex partner in 12 months and used condom during last sex	Yes	15 10.4%	2 5.3%	17 9.3%	13 6.3%	5 7.0%	18 6.5%
	No	129 89.6%	36 94.7%	165 90.7%	193 93.7%	66 93.0%	259 93.5%
	TOTAL	144 100%	38 100%	182 100%	206 100%	71 100%	277 100%

Table 20 illustrates concurrent partnership by relationship status. As seen in the other tables that look at involvement in various types of partnerships by relationship status, there are more male respondents who were involved in concurrent partnerships.

Table 20: More than one sex partner in past 12 months, by relationship status

Variable	Relationship status	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Relationship status	Stable partnership [†]	24 8.8%	8 2.6%	32 5.5%	27 7.1%	8 1.8%	35 4.3%
	Unstable partnership ^{**}	7 4.2%	5 3.1%	12 3.6%	4 2.2%	4 2.1%	8 2.2%
	TOTAL	31 7.0%	13 2.7%	44 4.8%	31 5.6%	12 1.9%	43 3.6%

[†] Stable partnership is defined as individuals who identified as married or co-habiting

^{**} Unstable partnership is defined as individuals who are never married, divorced or widowed

Transactional sex

Data on transactional sex partnerships among the populations were also collected. Transactional sex was defined as an individual exchanging sex for money, a gift or a favor. The survey revealed that 10.3% (95% CI: 8.1%-12.5%) of refugee participants and 6.6% (95% CI: 5%-8.1%) of national participants have ever engaged in transactional sex ($p < 0.05$).

Female refugees reported the fewest transactional sex partners. More female national respondents reported having transactional sex than female refugee respondents. Table 21 shows respondents who have ever been involved in transactional sex, by age group. The proportion of respondents who have ever had in transactional sex is similar in both age groups.

Table 21: Transactional sex history, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Ever had transactional sex	15-24	14 20.0%	6 6.4%	20 12.2%	9 9.6%	15 9.8%	24 9.7%
	25-59	46 16.7%	11 3.6%	57 9.8%	27 7.4%	14 3.8%	41 5.5%
	TOTAL	60 17.3%	17 4.2%	77 10.3%	36 7.8%	29 5.5%	65 6.6%

Of those respondents who have ever had transactional sex, 32.5% refugee respondents (95% CI: 22%-42.9%) reported that they have been involved in transactional sex in the past 12 months in the settlement compared to 49.2% respondents (95% CI: 37.1%-61.2%) in the surrounding communities (Table 22). A larger proportion of national respondents, in comparison to refugee respondents, had transactional sex in the past 12 months ($p < 0.05$). Moreover, the group with the largest proportion engaging in transactional sex in the past 12 months was the female nationals. A larger proportion of respondents in the 15-24 year old age group were engaging in transactional sex in the past 12 months compared to respondents in the 25-59 year old age group ($p < 0.05$). Of the refugee respondents in the 15-49 year age group who had ever had transactional sex, 38.5% of males and 31.3% of females had transactional sex with a partner in the last 12 months. Of the national respondents in the 15-49 year age group who had ever had transactional sex, 50% of males and 51.7% of females had transactional sex with a partner in the last 12 months.

Table 22: Transactional sex in past 12 months, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had transactional sex in past 12 months (among those who had ever had transactional sex)	15-24	8 57.1%	4 66.7%	12 60.0%	7 77.8%	13 86.7%	20 83.3%
	25-59	12 26.1%	1 9.1%	13 22.8%	10 37.0%	2 14.3%	12 29.3%
	TOTAL	20 33.3%	5 29.4%	25 32.5%	17 47.2%	15 51.7%	32 49.2%

Condom use during the last transactional sex occurred more frequently among respondents from the refugee community ($p < 0.05$). Within the refugee community, 85% (17/20) of male respondents and 60% (3/5) of female respondents used a condom during last transactional sex. In the national villages, 29.4% (5/17) of male respondents and 20% (3/15) of female respondents used a condom during last transactional sex. When the data are disaggregated by age group, they show that most of the respondents used condoms during last transactional sex

(Table 23). The same proportion of 15-24 year old respondents in both survey populations used condom as last transactional sex as 25-59 year old respondents in both populations.

Table 23: Condom use during last transactional sex, by age group

Indicator	Age group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Condom use during last transactional sex	15-24	6 75.0%	2 50.0%	8 66.7%	2 28.6%	2 15.4%	4 20.0%
	25-59	11 91.7%	1 100%	12 92.3%	3 30.0%	1 50.0%	4 33.3%
	TOTAL	17 85%	3 60%	20 80%	5 29.4%	3 20%	8 25%

Table 24 shows alcohol use during the last transactional sexual encounter. Female respondents reported not consuming any alcohol before transactional sex. Among the male respondents, 45.0% of the refugees reported consuming alcohol before transactional sex versus to 17.6% of the nationals.

Table 24: Alcohol consumption before last transactional sex

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Consumed alcohol before last transactional sex	Yes	9 45.0%	0 0.0%	9 36.0%	3 17.6%	0 0.0%	3 9.4%
	No	11 55.0%	5 100%	16 64.0%	14 82.4%	15 100%	29 90.6%
	TOTAL	20 100%	5 100%	25 100%	17 100%	15 100%	32 100%

When respondents were asked with whom they had transactional sex, both male and female respondents said that they engaged in transactional sex with a refugee, a person from the local community and other (which included boda boda (small motorcycle) drivers, shop keeper, student, housegirl and hawker). Male respondents from the settlement identified the largest number of individuals that they were involved with for transactional sex. Most people reported exchanging sex for money, followed by gift or a favour.

It is also important to look at involvement in transactional sex by relationship status (Table 25). A similar proportion of those in stable and unstable partnerships were involved in transactional sex.

Table 25: Transactional sex partner in past 12 months, by relationship status

Variable	Relationship status	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Relationship status	Stable partnership [†]	11 4.0%	1 0.3%	12 2.1%	8 2.1%	7 1.6%	15 1.8%
	Unstable partnership ^{**}	9 5.4%	4 2.5%	13 4.0%	9 5.0%	7 3.6%	16 4.3%
	TOTAL	20 4.5%	5 1.1%	25 2.7%	17 3.0%	14 2.2%	31 2.6%

[†] Stable partnership is defined as individuals who identified as married or co-habiting

^{**} Unstable partnership is defined as individuals who are never married, divorced or widowed

Forced sex

Sexual violence is another important risk factor for HIV transmission; thus, dynamics related to this issue were explored. In the settlement, 4% (95% CI: 2.7%-5.3%) of the survey population reported ever being forced to have sex against their will, compared to 9% (95% CI: 7.4%-10.6%) of the respondents in the surrounding communities. Table 26 specifically shows the proportion of the surveyed population who had been forced to have sex against their will in the past 12 months. The data highlight that female respondents have been affected disproportionately, with 37% and 48.4% of participants from the settlement and national villages respectively having been forced to have sex in the past 12 months. However, the most affected group is females in the surrounding communities, with close to 50% of women having been forced to have sex in the past 12 months.

Table 26: Forced sex in the past 12 months

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Forced to have sex against your will	Yes	1 10.0%	10 37.0%	11 29.7%	9 52.9%	44 48.4%	53 49.1%
	No	9 90.0%	17 63.0%	26 70.3%	8 47.1%	47 51.6%	55 50.9%
	TOTAL	10 100%	27 100%	37 100%	17 100%	91 100%	108 100%

Table 27 illustrates the data disaggregated by age group. The proportion of female respondents among the 15-24 year old age group that have been forced to have sex is significant compared to males ($p < 0.05$). The proportion of reported cases is also substantial among the 25-59 year old group, again particularly among the female respondents ($p < 0.05$).

Table 27: Forced sex in the past 12 months, by age group

Indicator	Age Group	Settlement			National		
		Male	Female	Total	Male	Female	Total
Forced to have sex against your will	15-24	1 10.0%	7 25.9%	8 21.6%	4 23.5%	15 16.5%	19 17.6%
	25-59	0 0.0%	3 11.1%	3 8.1%	5 29.4%	28 30.8%	33 30.6%
	TOTAL	1 10.0%	10 37.0%	11 29.7%	9 52.9%	43 47.3%	52 48.1%

Table 28 outlines the number and proportion of respondents who were forced to have sex in past 12 months by relationship status. It is evident that most incidents occur among females. In the settlement, a smaller proportion of respondents were forced to have sex. The largest proportion of respondents forced to have sex in the surrounding communities was among respondents who are in stable partnerships. However, it is important to note that forced sex was also frequently reported among respondents who were currently married.

Table 28: Forced sex in past 12 months, by relationship status

Variable	Relationship status	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Relationship status	Stable partnership [‡]	0 0.0%	7 2.2%	7 1.2%	7 1.8%	36 8.3%	43 5.3%
	Unstable partnership ^{**}	1 0.6%	3 1.9%	4 1.2%	2 1.1%	7 3.6%	9 2.4%
	TOTAL	1 0.2%	10 2.1%	11 1.2%	9 1.6%	43 6.8%	52 4.4%

[‡] Stable partnership is defined as individuals who identified as married or co-habiting

^{**} Unstable partnership is defined as individuals who are never married, divorced or widowed

Among the respondents in the settlement who were forced to have sex, most cases occurred post displacement (in country of asylum), followed by before displacement (in the country of origin). Among the respondents in the surrounding communities, most reported that the incidents happened after the refugees arrive compared to before they arrived.

Most people reported their regular partner was the person who forced them to have sex, followed by a non-family member and then family member. Among respondents who reported being forced to have sex by a non-family member, another refugee or someone from the local community were identified as the perpetrators. In the surrounding communities, people from the local community, refugees and military/paramilitary or police were identified as being the perpetrators by the respondents. Communities need to be sensitized about violence in relationships and specific messages need to be tailored towards men and women, as well as to unmarried and married couples.

To gain a better understanding of the issue of forced sex in the settlement, four informal focus group discussions were carried out in various communities in the settlement. The groups were segregated by gender (men-only and women-only) and led by same-sex guides (women for women's group, men for men's group), due to the sensitivity of the issue. The questions were aimed at probing people's understanding about forced sex, their understanding about the risks associated with and relationship between forced sex and HIV transmission, their beliefs as to why this occurs, their suggestions for possible solutions, as well as their perception on what the opposite sex believes about the issue.

Most people participating in the focus groups knew how HIV was transmitted. They also identified some risk factors including improper use of condoms, using expired condoms, unfaithfulness, drug abuse, unprotected sex, influence of alcohol, rape/defilement, prostitution, poverty (women seeking wealthy men, unaware of the man's HIV status) and circumcision with sharp objects. Other risk factors that were mentioned included improper/indecent dressing, culture and peer pressure. All the discussants agreed that rape could expose an individual to HIV and STIs. They all agreed it could even happen between two married individuals, and some included poor communication, drug use, and alcohol use being other factors that may influence the likelihood of the occurrence of rape. Some participants stated that some men force their wives to have sex because they fear she may be cheating on him.

The women's groups were asked if they would tell their partner if they were raped while the men's groups were asked if they wanted their partner or female relative to inform them if she

was raped. Some of the women participants said they would not feel comfortable telling their partner for various reasons including they may be accused of having collaborated with the perpetrator or that their marriage may end in divorce. Some said they would inform their partner to prevent possible spread of HIV because the rapist's HIV status was unknown. The men were asked if they would want to be informed if their wife/partner or female relative were raped. The men said they did want to be informed and that they would need to discuss the issue of testing and counselling services for their partner/female relative. Some said the woman may not inform him if, after testing, she finds out she is HIV+ or may falsely inform him if she is HIV-.

Possible factors that could lead to rape suggested by both groups included alcohol abuse, poverty (females looking for rich male partner), drug abuse, idleness (people not being involved in having productive activities), lust, witchcraft, indecent dressing, ignorance and being in deserted places. In regards to following-up after a case of rape, most focus group participants said there is not much follow up and the perpetrators are not caught, while some women said that sometimes both parties involved are forced to marry. There was a general sense among both men and women that there is a gap between what should occur (capturing the perpetrator and following necessary legal procedures) and what occurs (perpetrator is not apprehended). There is also a clear understanding that medical attention or health services should be sought out immediately and some people referred to this as part of the available support services for rape victims. The local leadership (local chairman) and health care workers in the community were also identified as being part of the support services that are also available. There is a need to strengthen the legal system. Some participants reported that they knew of a case where someone was raped but the rapist bribed police to be freed from jail.

Possible solutions that were offered included:

- Community sensitization about rape and HIV/AIDS by health care workers and NGOs,
- Increased involvement of churches,
- Increased reporting of cases,
- Increased employment,
- Increased security in areas where incidents occur,
- More solutions from community leaders,
- Encouragement of decent dressing,
- Traveling in groups (as opposed to walking alone),
- Closing bars early to prevent people from drinking excessively,
- Arresting police officers who release perpetrators early,
- Sensitization targeting different age groups and both married and unmarried people,
- Drama programming for youth,
- Activities organized in the community to keep people busy,
- Arresting those selling or using drugs,
- Establishing women's associations to ensure more self-reliance, reduce poverty and vulnerability,
- Strengthening support for rape victims through the established system, and supporting the system itself.

Anal sex

Few cases of anal sex were reported in both populations (Table 29). The largest proportion of those who had ever engaged in anal sex was among female refugees (3.3%). Of those refugee women who had had anal sex, 18.8% used condoms. Only one refugee man (0.2%) reported engaging in anal sex during the previous 12 months compared to 6 national men (1.1%). Condom use during male to male sex was reported by one refugee man. When asked if they had anal sex with a woman in the past 12 months, 5 refugee men (0.9%) and one national man (0.2%) responded yes. Only one refugee man and one national man said they used condoms when engaging in anal sex with women.

Table 29: Engaged in anal sex

Variable	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Engaged in anal sex	Yes	6 1.4%	16 3.3%	22 2.4%	7 1.2%	5 0.8%	12 1.0%
	No	437 98.6%	463 96.7%	900 97.6%	558 98.8%	629 99.2%	1187 99.0%
	TOTAL	443 [§] 99.5%	479 100.0%	922 100.0%	565 100.0%	634 100.0%	1199 100.0%

[§] some survey participants did not respond

Access to condoms

The proportion of people who knew where to obtain a condom, among respondents who had heard of condoms, was quite small (23.5% [183/778] of the refugee respondents and 24.1% [249/1033] of the national respondents). In the refugee community, 40.9% (75/183) of respondents most frequently obtain them from health facility, 16.9% (31/183) obtain them from community health worker, 12.5% (23/183) obtain them from a pharmacy, 4.4% (8/183) obtain them at the shop and 21.9% (40/183) obtain them from other places. Other places reported by participants include drop-in centres, public outlets and trading centres. In the surrounding communities, respondents most frequently obtain them from health facility 57.4% (143/249), followed by pharmacy 18.1% (45/249), shop 15.7% (39/249), and community health worker 4.0% (10/249).

The main constraints that prevented respondents from the refugee community from getting condoms were that the condoms were too far and health workers' attitude was poor. The main constraints reported by national respondents was that the condoms were too far, the place where condoms are distributed was not open convenient hours, fear of being seen and condoms not being available. The female condom had been heard of by 43.3% (400/924) of the refugee respondents and 5% (20/400) used them, versus the national respondents among whom 44.3% (532/1201) heard of female and 0.8% (4/532) used them.

Co-factors related to HIV transmission

Sexually transmitted infections (STIs)

Data were also collected to assess people's knowledge of sexually transmitted infections (STIs) as well as their health-seeking behaviours when they are symptomatic. The symptoms of interest were genital ulcers, sores and/or unusual discharge. A smaller proportion of respondents in the settlement had STI symptoms in the past 12 months (11.5% [95% CI: 9.4%-13.5%]) versus those in the national villages (42.6% [95% CI: 39.8%-45.4%]) ($p < 0.05$). Fewer male refugee respondents reported having STI symptoms than male national respondents (10.3% vs. 25.8%) ($p < 0.05$). Fewer female respondents in the settlement also reported having STI symptoms than female respondents in the national side (12.5% vs. 57.5%) ($p < 0.05$). For both groups, females reported having STI symptoms more often than males ($p < 0.05$). Over 50% of the female national respondents from the host communities reported having STI symptoms in the past 12 months. By age group (Table 30), a larger proportion of people aged 25-59 years reported having STI symptoms in past 12 months ($p < 0.05$).

Table 30: STI symptoms in past 12 months, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had STI symptoms in past 12 months	15-24	12 7.6%	13 8.3%	25 8.0%	26 13.6%	93 38.1%	119 27.4%
	25-59	34 11.8%	47 14.6%	81 13.3%	120 32.2%	271 72.7%	391 51.2%
	TOTAL	46 10.3%	60 12.5%	106 11.5%	146 25.8%	364 57.3%	511 42.6%

In the settlement, 50.9% (95% CI: 41.4%-60.5%) of the respondents who had STI symptoms sought treatment, in comparison to 53% (95% CI: 48.7%-57.4%) of the respondents in the surrounding communities. Table 31 disaggregates the data by age group. A larger proportion of respondents who were between the ages 25-59 years old sought treatment in a health facility compared to those in the 15-24 year age group ($p < 0.05$). Of those aged 15-49 yrs old, 50% of refugee males and 47.5% refugee females who had an STI symptom, sought treatment in a health facility. Among national respondents in the same age group, 40.3% males and 57.6% females who had an STI symptom, sought treatment in a health facility.

Table 31: STI symptoms in past 12 months and care-seeking in a health facility

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had STI symptoms in past 12 months and sought treatment in health facility	15-24	5 41.7%	4 30.8%	9 36.0%	5 19.2%	43 46.2%	48 40.3%
	25-59	20 58.8%	25 53.2%	45 55.6%	59 49.2%	164 60.5%	223 57.0%
	TOTAL	25 54.3%	29 48.3%	54 50.9%	64 43.8%	207 56.9%	271 53%

Most respondents who sought treatment went to a public health centre, a private clinic, or pharmacy, for medical attention. There are some respondents who reported going to a traditional health/doctor practitioner (2.8% in the settlement and 6.1% in the surrounding communities). Of those respondents who had STI symptoms, most said they would inform all their partners (32.1% of respondents in settlement, 39.3% of respondents in national villages), followed by those who would tell some of their partners (19.8% of respondents in the settlement and 12.7% of respondents in national villages).

Circumcision

Circumcision was more frequently reported among refugee respondents (42.6% [95% CI: 39.5%-45.8%]) than the national respondents (4.2% [95% CI: 3%-5.3%]) (Table 32). Male respondents were more likely to be circumcised than female respondents. However, more male refugee respondents (85.4%) were circumcised versus male respondents in the national side (8.5%) ($p < 0.05$). The proportion of circumcised females among refugee respondents was larger ($p < 0.05$) compared to the proportion of circumcised females among respondents from the surrounding community.

Table 32: Circumcision

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Have been circumcised	Yes	380 85.4%	14 2.9%	394 42.6%	48 8.5%	2 0.3%	50 4.2%
	No	65 14.6%	465 97.1%	530 57.4%	518 91.5%	633 99.7%	1151 95.8%
	TOTAL	445 100%	479 100%	924 100%	566 100%	635 100%	1201 100%

Interestingly, most of the circumcised refugee respondents reported that the procedure was carried out in a health facility (68.2%) compared to those who reported that the circumcision was performed outside of the health facility (by someone in the community or according to traditional/cultural practices) (29.2%) (Table 33). In the national villages, most of those who reported being circumcised said the procedure took place in the community (70.8%) versus in a health facility (18.8%). Some people did not know where the circumcision took place. This was expected for individuals who underwent the procedure at a very young age.

Table 33: Setting of circumcision

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Where circumcision occurred	Traditional/Community	111 29.2%	3 21.4%	114 28.9%	34 70.8%	0 0.0%	34 68.0%
	Health facility	259 68.2%	5 35.7%	264 67.0%	9 18.8%	0 0.0%	9 18.0%
	TOTAL	370 97.4%	8 57.1%	378 95.9%	43 89.6%	0 0.0%	43 86.0%

When asked if they would prefer a sexual partner who was circumcised, there were varying responses. Among the refugee respondents, about half the males (47%) preferred a partner who was not circumcised, while most females preferred a partner who was circumcised (78.2%). Among the respondents from the surrounding communities, most males preferred a partner who was not circumcised (79.6%) and most females preferred a partner who was not circumcised (65%).

Interest in circumcision among males was also probed, to determine if in future these services should be provided, as part of HIV medical prevention strategy. Of the respondents who have not been circumcised, All uncircumcised refugee men said they would be interested in getting circumcised if it was affordable and safe versus 48.3% of the uncircumcised national men who expressed interest in undergoing the procedure.

Alcohol and Substance Abuse

The data indicate that about one-fourth of both populations consumed alcohol in the previous four weeks (Table 34). Among those who have consumed alcohol, the majority had drinks containing alcohol at least once a week.

Table 34: Alcohol consumption in the past 4 weeks

Variable	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Consumed alcohol	Yes	144 32.4%	91 19.0%	235 25.4%	233 41.2%	95 15.0%	328 27.3%
	No	301 67.6%	388 81.0%	689 74.6%	333 58.8%	540 85.0%	873 72.7%
	TOTAL	445 100.0%	479 100.0%	924 100.0%	566 100.0%	635 100.0%	1201 100.0%

Military Activity

Less than 5% of both populations had been involved in official or unofficial military, paramilitary or police activities, in both survey populations (Table 35).

Table 35: Involvement in military activity

Variable	Response	Settlement			National		
		Male	Female	Total	Male	Female	Total
Engaged in military/paramilitary or police activities	Yes	22 5.0%	6 1.3%	28 3.0%	16 2.8%	8 1.3%	24 2.0%
	No	421 95.0%	473 98.7%	894 97.0%	550 97.2%	627 98.7%	1177 98.0%
	TOTAL	443 100.0%	479 100.0%	922 [§] 100.0%	566 100.0%	635 100.0%	1201 100.0%

[§] some survey participants did not respond

Knowledge, opinions, and attitudes towards HIV/AIDS

Knowledge of HIV/AIDS among both populations was also assessed, to identify areas where more information is needed. Individual knowledge about HIV and their beliefs was probed. Over 90% of both populations had heard of HIV/AIDS. Table 36 presents respondents' awareness about HIV, by age group.

Table 36: Awareness of HIV/AIDS by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Heard of HIV/AIDS	15-24	150 95.5%	142 90.4%	292 93.0%	189 99.0%	242 99.2%	431 99.1%
	25-59	274 95.1%	292 90.7%	566 92.8%	373 100%	389 99.7%	762 99.9%
	TOTAL	424 95.3%	434 90.6%	858 [§] 92.9%	562 99.3%	631 99.4%	1193 [§] 99.3%

[§] some survey participants did not respond

When asked which community they believed had more cases of HIV, 28.6% of respondents in the settlement believed there were more cases in the settlement, and 41.5% believed there were more cases in the surrounding community. Among the respondents in the national villages, 48.3% believed there were more cases in the national villages, and 22.9% believed there were more cases in the settlement.

The respondents were also asked about how they received information on HIV/AIDS and how they would prefer to receive this information (see Appendices). Among the respondents in the settlement, most received information from radio (33.3%), TV/video (25.3%), health facility (23.1%), community health worker (18.1%), public meetings (13.9%) and VCT centres (15.2%). Approximately 9% said they received information from other sources and when disaggregated by source, International Medical Corps (IMC), an organization providing various services in the settlement, was the most frequently identified other source. The respondents in the national villages identified radio (35.9%), health facility (30%), public meeting (15.5%), community health worker (13.5%) and school (11.2%) as the main sources of HIV/AIDS information. Less than 5% identified each of other sources, which included TV/video (4.2%) and VCT centre (4.5%). It was expected that with many implementing partners, access to VCT centre would be higher and therefore more likely be a source of

information for refugees in the settlement. It is unclear if perhaps TV/video was a source of information in the health centre/facilities or perhaps in the VCT centre. It is a rural setting where access to electricity is quite limited so it is unclear why refugees indicated such frequent access to TV/video.

Tables 37 and 38 highlight beliefs and misconceptions related to HIV/AIDS among both of the populations that participated in the survey.

Table 37: Knowledge about HIV transmission

Knowledge about HIV transmission	Refugees			Nationals		
	Male	Female	Total	Male	Female	Total
Heard of HIV	424 95.3%	434 90.6%	858 92.9%	564 99.6%	632 99.5%	1196 99.6%
Know that people can protect themselves from HIV infection by staying faithful to one uninfected partner	383 90.3%	386 88.9%	769 89.6%	551 97.7%	603 95.4%	1154 96.5%
Know that people can protect themselves from HIV infection by using condom correctly every time they have sex	358 84.4%	339 78.1%	697 81.2%	503 89.2%	542 85.8%	1045 87.4%
Know that people can get infected with HIV by having anal sex with a male partner and not using a condom	286 67.5%	308 71.0%	594 69.2%	516 91.5%	563 89.1%	1079 90.2%
Know that people can get infected with HIV by getting infected with a needle that was already used by someone else	399 94.1%	384 88.5%	783 91.3%	525 93.1%	590 93.4%	1115 93.2%
Know that a healthy-looking person can be infected with HIV	362 85.4%	342 78.8%	704 82.1%	518 91.8%	576 91.1%	1094 91.5%
Pregnant woman can transmit HIV to unborn child during pregnancy and delivery	375 88.4%	365 84.1%	740 86.2%	509 90.2%	599 94.8%	1108 92.6%

Unfortunately, there was a large proportion of both populations that did not know that mosquito bites and sharing food cannot transmit HIV infection from one person to another.

Table 38: Misconceptions about HIV transmission

Misconceptions about HIV	Refugees			Nationals		
	Male	Female	Total	Male	Female	Total
Know that people cannot be infected with HIV from mosquito bites	156 36.8%	178 41.0%	334 38.9%	237 42.0%	246 38.9%	483 40.4%
Know that people cannot be infected HIV by sharing toothbrush with someone who is infected	290 68.4%	286 65.9%	576 67.1%	453 80.3%	473 74.8%	926 77.4%
Know that people cannot be infected with HIV by sharing food with an infected person	109 25.7%	119 27.4%	228 26.6%	96 17.0%	117 18.5%	213 17.8%

Table 39 outlines the proportion of respondents with comprehensive correct knowledge of HIV/AIDS, which is defined as those who know that condoms prevent HIV, know that sex with one faithful uninfected partner prevents HIV, do not believe mosquitoes transmit HIV, do not think sharing food transmit HIV, and know a healthy-looking person can have HIV. Table 40 presents the data disaggregated by age group.

Table 39: Comprehensive, correct knowledge of HIV/AIDS

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Comprehensive correct knowledge of HIV/AIDS	Yes	125 28.1%	97 20.3%	222 24.0%	147 26.0%	158 24.9%	305 25.4%
	No	320 71.9%	382 79.7%	702 76.0%	419 74.0%	477 75.1%	896 74.6%
	TOTAL	445 100.0%	479 100.0%	924 100.0%	566 100.4%	635 100.0%	1201 100.0%

Table 40: Comprehensive, correct knowledge of HIV/AIDS, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Comprehensive correct knowledge of HIV/AIDS	15-24	46 29.3%	35 22.3%	81 25.8%	46 24.1%	59 24.2%	105 24.1%
	25-59	79 27.4%	62 19.3%	141 23.1%	101 27.1%	99 26.5%	200 26.2%
	TOTAL	125 28.1%	97 20.3%	222 24.0%	147 26.0%	158 24.9%	305 25.4%

About 30% of respondents in both groups had comprehensive correct knowledge of HIV/AIDS. Among refugees, a larger proportion of males had comprehensive correct knowledge of HIV/AIDS, compared to females ($p < 0.05$). Among respondents in the 15-49 yrs age group, 29.7% refugee males, 19.9% refugee females, 26.4% national males and 25.4% national females had comprehensive, correct knowledge of HIV/AIDS. The proportions are relatively low, because of limited knowledge of the misconceptions about HIV/AIDS, listed in Table 38.

Accepting attitudes towards people living with HIV/AIDS (PLHIV) are also an important factor to assess, when examining knowledge, opinions, and attitudes towards HIV/AIDS. For this survey, accepting attitudes towards PLHIV was defined as those who were willing to take care of a sick family member, willing to buy vegetables from a shopkeeper with HIV, thought that a teacher with HIV should continue working, and do not think a family member with HIV should remain a secret. Table 41 illustrates the proportion of population that had accepting attitudes towards people living with HIV (PLHIV).

Table 41: Accepting attitudes towards PLHIV, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Accepting attitudes towards PLHIV	15-24	22 14.7%	12 8.5%	34 11.6%	37 19.6%	27 11.2%	64 14.8%
	25-59	55 20.1%	51 17.5%	106 18.7%	76 20.4%	64 16.5%	140 18.4%
	TOTAL	77 18.2%	63 14.5%	140 16.3%	113 20.1%	91 14.4%	204 17.1%

The data suggest that majority of respondents did not have accepting attitudes towards PLHIV. Interestingly, males tended to have more accepting attitudes towards PLHIV than females (18.2% vs. 14.5% in settlement and 20.1% vs. 14.6% in the national side). However by age group, those in the 25-59 year age group tended to have more accepting attitudes towards PLHIV. Among refugee survey participants in the 15-49 year group, 17.8% of males and 14.4% of females had accepting attitudes towards PLHIV. Among national survey participants, 20.6% of males and 14.4% females had accepting attitudes towards PLHIV.

Over 80% respondents (84.7% and 94.6% settlement and national respectively) in both populations were willing to care for a sick relative. In the settlement 58.4% of the respondents were willing to buy vegetables from a shopkeeper with HIV, versus 60% in the national villages. In the settlement 57.6% of the respondents believed a teacher with HIV should continue working, compared to 46.1% in the national villages. About 56.1% of respondents in the settlement did not think family member with HIV should remain a secret compared to 50.2%. This in turn affected the overall proportion of people with accepting attitudes towards PLHIV.

Exposure to Interventions

Another important factor in reducing HIV transmission is reaching people through prevention programmes to provide information and/ screening for HIV. This survey defined people being reached by HIV prevention programmes as people knowing where to they can go for HIV screening and have received condoms by prevention programme in past 12 months. About 21% of the population surveyed in the settlement had been reached by prevention programmes, versus 12.6% in the surrounding communities. A larger proportion of male respondents had been reached in both populations (29% of males vs. 13.6% of females in the settlement and 16.1% of males vs. 9.4% of females in the national villages). Table 42 shows these findings disaggregated by age group.

Table 42: Reached by prevention programmes, by age group

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Reached by prevention programmes	15-24	43 27.4%	23 14.6%	66 21.0%	32 16.8%	21 8.6%	53 12.2%
	25-59	86 29.9%	42 13.0%	128 21.0%	59 15.8%	39 10.0%	98 12.8%
	TOTAL	129 29.0%	65 13.6%	194 21.0%	91 16.1%	60 9.4%	151 12.6%

Unfortunately, the proportion of respondents reached, according to the aforementioned definition, is low. Less than half of each survey population had been tested for HIV and received their results, shown in Table 43.

Table 43: Tested for HIV and received results, in past 12 months

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Have received results from HIV test	Yes	197 44.3%	222 46.3%	419 45.3%	135 23.9%	227 35.8%	362 30.1%
	No	248 55.7%	257 53.7%	505 54.7%	431 76.1%	408 64.4%	839 69.9%
	TOTAL	445 100.0%	479 100.0%	924 100.0%	566 100.0%	635 100.2%	1201 100.0%

In the settlement, 45.3% of respondents who participated in the survey had been screened for HIV in the past 12 months and received their results. In the surrounding communities, 30.1% of the respondents had been screened for HIV in the past 12 months and received their results. Among the 15-49 group, 44.6% of refugee males and 46.3% of refugee females were tested for HIV and received their results in the previous 12 months. In the same age group, 23.4% of national males and 36.8% national females were tested in the previous 12 months. The frequency of couple's counselling was also probed. In the refugee community, 35.8% of the respondents compared to 25.9% of national respondents had been for couple's counselling. Yet, 63.3% of the refugee respondents and 67.9% of the national respondents were currently married or co-habiting. Promotion of counselling services should include couple's counselling.

CHAPTER 4: DISCUSSION AND CONCLUSION

Socio-demographic: Overall, most of the survey respondents had not completed primary school. Men had high educational attainment than women. This has also been observed in previous BSSs in other refugee settlements in Kenya and in Uganda (Kakuma BSS 2004, BSS Uganda 2006). Literacy rates are low, particularly among refugee women. Close to 50% of the survey participants were married, followed by those who had never married and those who were co-habiting. Most of the married respondents were in monogamous relationships. In terms of religion affiliation, among refugees, about 35.2% of the population identify as being born-again Christians, Seventh Day Adventist or Jehovah's Witness, which should be considered for any future programmatic work. This is important for future faith-based interventions, including prevention programmes and or interventions such as couple's counselling, youth programming regarding sexual behaviour and abstinence, condom distribution, and family planning. Such information is also important in planning programmes focused on treatment, specifically home-based care for palliative/end-of-life care.

Sexual behavior

Sexual debut: The mean age of sexual debut for males was the same in both population (18.4 years) but slightly lower in refugee women (17.3 years) compared to national women (17.1 years). Between 32%-38% of the surveyed population, aged 15-24 yrs old, had sex before the age of 15 years, which is higher than the national average of 14% reported from UHSBS 2005 (MOH 2009). The data suggest that among 15-24 year olds, more males initiated sexual activity before the age of 15 than females. An interesting finding is that 28.4% of refugees respondents of the same age group had never engaged in sex, compared to 31.4% of national respondents. This is slightly lower than UDHS 2006 data which show that 34% of females and 44% of males of the same age group have never had sex (MOH 2009). There are several factors that lead to earlier sexual debut among refugees, which could be explored in further studies.

Condom use: Most people know about condoms but the data highlight that less than 30% of both populations use them. Consistent condom use was not frequently observed among people who are in regular sexual partnerships, particularly those who are married. A similar finding was highlighted in 2006 UHSBS data, where it was reported that 4% of women and 5% of men who were married used condoms. Also, the smaller proportion of females using condoms with their regular sex partner could be related to the dynamics of condom negotiation between a female and her partner, especially if she is married. UHSBS data captured reasons of why people did not use condoms and found that 16% of women said their partner refused to use a condom. Less than 45% of those who had a casual sex partner in the last 12 months reported condom use at last sex with a casual sex partner. Also, among those who had more than one sex partner in the past 12 months, a smaller proportion of national refugees used condoms. The reasons stated for not using a condom included trusting their partner and not liking condoms. This raises concern about people's perceived risk, particularly with a non-regular partner or when involved with more than one partner. Issues related to condom negotiation may be one of several factors related to low condom use during casual sex among females. This issue should be explored in future studies. However, an interesting finding is that condom use was highest during transactional sex. For this,

study commercial sex work was not specifically probed and because it is often considered a form of transactional sex, this could be a factor as to why condom use appears to be highest during last transactional sex, compared to condom use during last casual sex and during last regular sex. Less than 25% of both survey populations knew where to get condoms from, which highlights the need for community sensitization about where they can obtain condoms.

Among refugee respondents, some of the constraints given were that condoms were too far and health workers' attitudes were poor. Among national respondents, the constraints given were that condoms were too far, the place where condoms are distributed was not open convenient hours, fear of being seen and that condoms were not available. These results highlight issues of availability, accessibility and confidentiality or privacy when accessing condoms.

Regular sex: Among 15-24 year olds, a larger proportion of females reported have a regular sex partner than males, among both survey groups. Female respondents became sexually active at an earlier age, which may be the reason why they were more likely to have regular sex partners than males. It was expected that a larger proportion of the 25-59 year old age group would report having a regular sex partner in the past 12 months since a larger proportion of this group is married.

Casual sex: More males than females had a casual sex partner in the past 12 months. Of those who had a casual sex partner, more were married than unmarried. Casual partnerships were more common among national respondents. Also, casual partnerships were more frequently reported among those in the 15-24 year age group, yet condom use during last sex for this age group was low. A larger proportion of refugees indicated that alcohol was involved the last time they had casual sex, and males reported alcohol consumption before last sex more frequently than females.

Multiple partnerships: A larger proportion of national respondents had more than one partner compared to refugee respondents. In both surveyed groups, males more frequently reported more than one sex partner in the previous 12 months compared to females.

Transactional sex: A larger proportion of the national respondents engaged in transactional sex in the past 12 months than refugee respondents. Transactional sex was reported more frequently among respondents in the 15-24 year old age group. Only males reported alcohol use before engaging in transactional sex and it was most frequently reported among male refugee respondents.

Forced sex: Cases of forced sex were reported more frequently among national respondents compared to refugee respondents and, as expected, among females. Issues of forced sex and other sexual and gender-based violence (SGBV) must be addressed. The data clearly suggest that a large percentage of women in the surrounding communities experience sexual violence, particularly those who are married. The focus group discussion and other informal discussions in the settlement have also highlighted the gravity of the issue within the refugee community.

Anal sex: Most participants did not engage in anal sex, but for those who do, it could pose a risk of HIV transmission

Co-factors related to HIV transmission

STIs: STI symptoms in the previous 12 months were more frequently reported among national respondents and in the different age groups, among those 25-59 years old. The data illustrate that there are disproportionately greater number of cases of suspected STIs (STI symptoms) among female nationals, with about 38% of national female respondents saying they had at least one STI symptom in the past 12 months. A larger proportion of people in the 25-59 year age group sought treatment for any STI symptoms they had in the previous 12 months. Although most went to see a health professional for treatment, 2.8% refugee respondents and 6.1% national respondents sought treatment from a traditional healer/doctor/practitioner.

Circumcision: Circumcision was not frequently reported among national respondents. It was expected that circumcision would be low among the national population as circumcision is not a known cultural practice of the population living in these communities. Among circumcised refugee respondents the procedure most often took place in a health facility and among circumcised national respondents carried about according to traditional beliefs or in the community. It is important to note that most of the circumcised refugees reported that they underwent the procedure in a health facility, which, in comparison to a community/traditional setting, is likely to be a better environment (with experienced, formally-trained professionals, sterilization of instruments etc).

Other co-factors related to HIV transmission: Most of the population was not involved in military activities and few participants said they took drugs that were not prescribed. The responses for the questions on alcohol use highlighted a challenge in the interpretation of the question. According to the responses recorded, most participants took alcohol once a week. However, based on observational findings in the field, there is indication that the frequency of alcohol consumption was under reported due to misinterpretation of the answers provided to interviewers.

Knowledge, opinions, and attitudes on HIV: A positive finding is that more than 90% of the populations that were surveyed knew about HIV. Among refugees, a smaller proportion of females have correct comprehensive knowledge of HIV, which requires intervention. This is important to note because of women's critical role as care-takers.

Misconceptions on HIV transmission highlighted two important issues. Less than 45% of both survey populations knew that HIV cannot be transmitted from mosquito bites (38.9% of refugee respondents and 40.4% of national respondents). Less than a third of both populations knew that HIV cannot be transmitted HIV by sharing food with an infected person (26.6% of refugee respondents and 17.8% of national respondents). This was linked to overall low levels of comprehensive knowledge among the population.

HIV information and services: Among refugee respondents, most received information on HIV through radio, TV/video, health facility, VCT centre, ANC/PMTCT centre and community health worker. Less than 10% of refugee respondents said they received HIV information through printed material (pamphlet and poster), which is not unexpected considering low literacy rates. Among the national respondents, most had received information on HIV through radio, health facility and community worker. In both populations, about 10% of the population said they received information through school. For sources preferred, many respondents in both populations said they wanted to receive

information through a public meeting. The proportion of people who had been reached by prevention programmes (defined as those who received condoms and know where to go for HIV testing) was low. Of the people who participated in the survey, 21% of the refugees had been reached by prevention programmes and 12.6% of the nationals had been reached by prevention programmes.

HIV testing: Most survey participants in both surveyed areas went to either a hospital or government health facility for HIV testing. Few had been tested through a mobile clinic or family planning clinic. Approximately 45.3% of refugee respondents had been tested for HIV and received their results in past 12 months. This was higher than observed in AIS 2004-5, where 13% of population had been tested and received results. This is also higher than the 20% reported in UNGASS Country Progress report of Uganda (GOU 2010). In the refugee community, 27.5% of respondents went for couple's counselling and testing in the past 12 months, yet about 63.3% of the survey participants in the refugee population were in stable partnerships (married or co-habiting). In the national communities, 17.4% of respondents went for couples counselling in past 12 months, compared 67.9% of the respondents who were categorized as being in stable partnerships. Among refugee respondent women, 50.7% of women had been pregnant and accessed ANC services in the past 5 years, compared to 51.5% of national respondent women. Approximately 40% of refugee female respondents were tested through ANC services compared to 36.2% of national female respondents.

CHAPTER 5: RECOMMENDATIONS

Socio-demographic

Adult literacy programmes are critical especially where information on health practices, behaviours and health decision making needs to be communicated. This is particularly important for women who are care-takers and make key decisions related to the health of the household, particularly children. Programs must be tailored for this population, where literacy rates are low in conjunction with the introduction of literacy programmes. Service providers should use interactive media (TV/video, plays/dramas, peer education) in the relevant local languages, to provide information to community.

Sexual behaviour

Most of respondents between 15-24 years of age did not initiate sexual intercourse before the age of 15 years. As was done in AIS 2004-5, future studies should assess if sexual initiation occurred before 18 years of age, to determine how long sexual activity is being delayed. There is evidence that youth were receiving HIV information in schools however, it is still a small proportion. Interestingly, only about 50% of school-aged respondents, aged 15-19, received HIV information in schools. There is a missed opportunity for outreach to youth if about half of the school-aged population is being reached through school. Programmes for this sub-population (for both in and out of school youth) should emphasize primary abstinence, and training on negotiation skills to delay sexual intercourse.

A larger proportion of respondents in national communities had had casual partnerships. Many were involved in casual partnerships while being in a stable partnership. This was also observed in Uganda HIV/AIDS Sero-behavioural Survey 2004-5, through which there was an observed increase in occurrence of multiple partnerships (MOH Uganda and ORC Macro 2006). The risks involved in multiple or concurrent partnerships, particularly with transmission of HIV and STIs, should be part of the overall prevention messages provided to this community.

Condom use

The lack of knowledge on where to obtain the condoms needs to be addressed, given that less than 25% of respondents said they knew where to obtain condoms. More needs to be done to sensitize the community on importance of condom use and where to get them. Healthcare staff and community health workers should not only emphasize condom use, but inform people about where condoms are available. This information should also be incorporated in radio messaging, which was a source from which the majority of survey participants said they receive information on HIV. The issue of low condom uptake, particularly in light of multiple partnerships and individual reluctance to use condoms during casual sexual encounters, needs to be addressed. Some respondents felt availability of condoms was an issue. The provision or increased availability of drop-in centres in the surrounding communities would be useful solution, to ensure both privacy and availability. Marketing of condom through shops and kiosks in the local community should also be increased.

Among respondents in the settlement, one of the constraints listed was health workers' attitude, which could be a deterrent for someone who wants to get condoms. It is important to sensitize health care workers through training and through job supervision to understand the importance of facilitating access to condoms and training clients on their use. Training should also include the critical role health care providers serve in terms of educating the general public on various health issues and role in influencing people's health-seeking

choices, including trying to obtain condoms. A second option is to make the condoms available in health facilities but in more private areas, similar to the drop-in centre concept. Also, condom distribution and dissemination of health information should be targeted on market days, in the market areas. These are days where many people, especially settlement residents, gather in a few central areas and this would be a good time to target any necessary outreach.

Forced sex: Forced sex was higher among national respondents compared to refugee respondents. This pattern has also been observed in other BSSs. The findings from the Namibia BSS, reported lower proportion of refugee women compared to national women who were forced to have sex (3.5% refugees and 4.1% nationals). Results from the Kakuma BSS revealed that prevalence of forced sex was higher among national women (11%) compared to refugee women (6%). Another important finding is that males were also affected by sexual violence: 2.2% of male refugees and 3.0% of national males had been forced to have sex against their will. There must be a clear strategy developed to minimize the occurrence of such acts.

Community education on sexual violence is imperative and must be targeted to different groups (males and females, youth, married couples), tailoring messages to each group. There should be programmes to reach out to community in social settings (trading centres, bars, market days etc) to discuss these issues and disseminate information on SGBV, utilizing peer educators. The support system must be reinforced, and more steps need to be taken to ensure the perpetrators are punished justly, including formally documented investigations. In the national communities, communities should be made aware of available support systems (such as medical services and legal processes) and how to access them in the event someone is sexually assaulted.

STI prevention

Interventions such as increasing STI syndrome management at health centres or integrating them into any mobile services provided in the area are critical. There should be an emphasis on minimizing the spread of STIs, through abstinence during symptomatic period, the increased use of condoms and seeking medical treatment immediately, due to the acute and chronic effects of STIs. Disclosure of an individual's STI status or symptoms to their partner also needs strong encouragement by health educators as part of prevention. Couple's counselling and pre-test counselling for HIV are opportunities to discuss the importance of disclosure not just of HIV but also of STIs. It has been well documented that the presence of STIs increases the likelihood of contracting HIV (Global strategy for the prevention and control of sexually transmitted infections: 2006 - 2015. Breaking the chain of transmission, WHO, 2007). Minimizing the transmission of STI reduces risk of acquiring HIV and complications related to chronic infection. Increasing condom use among married people is difficult; thus, the importance of using condoms during casual sexual encounters must be emphasized. This is very important given the number of women in the surrounding communities reporting having STI symptoms. When health care providers are disseminating information on condom use, the message should also emphasize condom use as a way of preventing the spread of STIs between two partners, if one partner is symptomatic. Appropriate IEC materials should be developed that would suit the local context. After such educational campaigns, it would be useful to do a brief survey to determine if there has been

a decrease in the frequency of reported STI symptoms in the community, particularly among the sub-population most affected (in this context, females in the host communities). Alternatively, to avoid the burden and cost associated with surveys, this could be monitored over a longer period of time through any established STI reporting system in health facilities.

Circumcision

There were a small proportion of females who were circumcised, a positive finding that female circumcision is not a common practice in the refugees and host communities. It is important to monitor such practices in the refugee community, particularly as new refugee arrivals may have traditional practices and norms that values female circumcision.

Circumcision has recently been recognized as an important part of HIV medical prevention strategy for males (WHO & UNAIDS 2007). Studies in Kenya, Uganda and South Africa have demonstrated that proper circumcision for males is a protective factor, in that the risk of acquiring HIV for circumcised males is lower compared to uncircumcised males (Gray et al, 2007, Bailey et al.). Moreover, there is a decreased risk of acquiring ulcerative STIs among circumcised males (UNAIDS & WHO 2008). A large proportion of uncircumcised male respondents expressed willingness to undergo the procedure if it was affordable, safe, and available. Provision of voluntary male medical circumcision services to complement other HIV prevention services in this catchment area is an important part of a comprehensive HIV prevention strategy.

HIV knowledge, opinions, and attitudes

Integration of HIV services in all aspects of the health care delivery system is important and critical. For example, in outpatient clinics, when managing or treating patients with malaria like symptoms and signs, the health care providers should share information about HIV not being spread by mosquitoes. In the ANC clinic, health care providers can create awareness about STI symptoms and advise clients that services are available. In addition, screening ANC clients and their spouses and partners for STI should be promoted.

Overall, the proportion of each population who had comprehensive knowledge on HIV was low. Targeted efforts are needed to ensure both populations have correct information about the risks and protective factors related to HIV transmission. Various types of interventions including peer-based education programmes and involvement of PLHIV (as community workers, peer educators and sharing testimonials) are critical components in raising community awareness on HIV transmission. Given that literacy rates are low, it is better to disseminate information using audio-visual media or pictorial messages, rather than relying heavily on pamphlets or other written communication.

HIV testing

A small proportion of survey participants accessed HIV testing through mobile clinics. Mobile testing services should be increased and implemented routinely to provide easier access to HIV services and to disseminate HIV/STI prevention information. The data suggest there is a gap between the proportion of those women who access ANC services and those who are tested in ANC. More pregnant women need to be encouraged to be tested while pregnant. There is also an opportunity to increase uptake of couple's counselling. This should be emphasized in planning the next phase of programmatic interventions.

References

1. Ministry of Health (MOH) [Uganda] and ORC Macro. 2006. Uganda HIV/AIDS Sero-behavioural Survey 2004-2005.
2. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial, Bailey et al., 2007
3. Global strategy for the prevention and control of sexually transmitted infections: 2006 - 2015: Breaking the chain of transmission, WHO, 2007.
4. Gray et. al, Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial, *The Lancet*, Volume 369, Issue 9562, pp. 657-666.
5. Behavioural Surveillance Surveys Among Refugees and Surrounding Host Population, Kakuma, Kenya, 2004, UNHCR
6. Behavioural Surveillance Surveys, UNHCR Uganda, 2006
7. Male circumcision and HIV Prevention in Eastern and Southern Africa: Communications Guidance, UNAIDS, 2008.
8. Epidemiological Surveillance Report 2005-7, STD/AIDS Control Programme Ministry of Health, Uganda
9. UNGASS Country Progress Report Uganda Jan 2008-Dec 2009, Government of Uganda, 2010
10. UNHCR 2009, camp report

Appendix A: Additional Tables

Length of time living in current community

Variables	Duration	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Length of time living in current community	< 6 months	8 1.8%	21 4.4%	29 3.1%	20 3.5%	32 5.0%	52 4.3%
	6-11 months	15 3.4%	26 5.4%	41 4.4%	22 3.9%	33 5.2%	55 4.6%
	1-2 years	76 17.1%	98 20.5%	174 18.8%	75 13.3%	94 14.8%	169 14.1%
	3-5 years	222 49.9%	212 44.3%	434 47.0%	103 18.2%	141 22.2%	244 20.3%
	> 5 yrs	110 24.7%	111 23.2%	221 23.9%	288 50.9%	284 44.7%	572 47.6%
	Always	11 2.5%	9 1.9%	20 2.2%	57 10.1%	44 6.9%	101 8.4%
	TOTAL	442 99.3%	477 99.6%	919 99.5%	565 99.8%	628 98.9%	1193 99.3%
Been away from the community for one continuous month or more?	Yes	99 22.2%	78 16.3%	177 19.2%	98 17.3%	100 15.7%	198 16.5%
	No	345 77.5%	398 83.1%	743 80.4%	466 82.3%	535 84.3%	1001 83.3%
	TOTAL	444 99.8%	476 99.4%	920 99.6%	564 99.6%	635 100.0%	1199 99.8%

Literacy levels:

Response	Level	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Congolese Swahili	Easy	291 65.4%	142 29.6%	433 46.9%	17 3.0%	4 0.6%	21 1.7%
	Difficult	49 11.0%	64 13.4%	113 12.2%	71 12.5%	40 6.3%	111 9.2%
	Do not read at all	105 23.6%	271 56.6%	376 40.7%	477 84.3%	591 93.1%	1068 88.9%
Lingala	Easy	138 31.0%	48 10.0%	186 20.1%	1 0.2%	1 0.2%	2 0.2%
	Difficult	88 19.8%	35 7.3%	123 13.3%	4 0.7%	3 0.5%	7 0.6%
	Do not read at all	218 49.0%	394 82.3%	612 66.2%	560 98.9%	631 99.4%	1191 99.2%
French	Easy	80 18.0%	36 7.5%	116 12.6%	2 0.4%	0 0.0%	2 0.2%
	Difficult	93 20.9%	45 9.4%	138 14.9%	6 1.1%	3 0.5%	9 0.7%
	Do not read at all	272 61.1%	398 83.1%	670 72.5%	557 98.4%	630 99.2%	1187 98.8%
Kinyarwanda	Easy	74 16.6%	43 9.0%	117 12.7%	28 4.9%	21 3.3%	49 4.1%
	Difficult	57 12.8%	29 6.1%	86 9.3%	63 11.1%	57 9.0%	120 10.0%
	Do not read at all	313 70.3%	406 84.8%	719 77.8%	469 82.9%	551 86.8%	1020 84.9%
Runyoro/Rutooro	Easy	102 22.9%	54 11.3%	156 16.9%	308 54.4%	279 43.9%	587 48.9%
	Difficult	79 17.8%	38 7.9%	117 12.7%	127 22.4%	139 21.9%	266 22.1%
	Do not read at all	262 58.9%	387 80.8%	649 70.2%	129 22.8%	216 34.0%	345 28.7%
Runyankole/Rukiga	Easy	49 11.0%	27 5.6%	76 8.2%	324 57.2%	289 45.5%	613 51.0%
	Difficult	72 16.2%	37 7.7%	109 11.8%	120 21.2%	126 19.8%	246 20.5%
	Do not read at all	322 72.4%	414 86.4%	736 79.7%	121 21.4%	217 34.2%	338 28.1%

Literacy levels:

Cont....

English	Easy	90 20.2%	22 4.6%	112 12.1%	108 19.1%	102 16.1%	210 17.5%
	Difficult	82 18.4%	49 10.2%	131 14.2%	182 32.2%	158 24.9%	340 28.3%
	Do not read at all	271 60.9%	408 85.2%	679 73.5%	271 47.9%	373 58.7%	644 53.6%
Other	Easy	51 11.5%	21 4.4%	72 7.8%	12 2.1%	15 2.4%	27 2.2%
	Difficult	8 1.8%	6 1.3%	14 1.5%	4 0.7%	5 0.8%	9 0.7%
	Do not read at all	3 0.7%	2 0.4%	5 0.5%	2 0.4%	0 0.0%	2 0.2%

Level of educational attainment by age group:

Age Group	Highest Level of Schooling	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
15-19	Never attended	6 5.7%	20 24.7%	26 14.0%	7 6.2%	5 3.6%	12 4.8%
	Did not complete	78 74.3%	45 55.6%	123 66.1%	73 64.6%	89 64.5%	162 64.5%
	Primary	18 17.1%	14 17.3%	32 17.2%	29 25.7%	39 28.3%	68 27.1%
	Completed O-level	3 2.9%	2 2.5%	5 2.7%	4 3.5%	4 2.9%	8 3.2%
	Completed A-level	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.7%	1 0.4%
	College	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	University	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	TOTAL	105 100%	81 100%	186 100%	113 100%	138 100%	251 100%

Level of educational attainment by age group:

Cont....

Age Group	Highest Level of Schooling	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
20-24	Never attended	14 26.9%	37 48.7%	51 39.8%	1 1.3%	13 12.3%	14 7.6%
	Did not complete	23 44.2%	31 40.8%	54 42.2%	47 60.3%	48 45.3%	95 51.6%
	Primary	8 15.4%	5 6.6%	13 10.2%	25 32.1%	32 30.2%	57 31.0%
	Completed O-level	7 13.5%	1 1.3%	8 6.3%	5 6.4%	8 7.5%	13 7.1%
	Completed A-level	0 0.0%	1 1.3%	1 0.8%	0 0.0%	1 0.9%	1 0.5%
	College	0 0.0%	1 1.3%	1 0.8%	0 0.0%	3 2.8%	3 1.6%
	University	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.9%	1 0.5%
	TOTAL	52 100%	76 100%	128 100%	78 100%	106 100%	184 100%
25-59	Never attended	61 21.2%	178 55.3%	239 39.2%	56 15.0%	115 29.5%	171 22.4%
	Did not complete	130 45.1%	108 33.5%	238 39.0%	209 56.0%	179 45.9%	388 50.9%
	Primary	63 21.9%	25 7.8%	88 14.4%	73 19.6%	80 20.5%	153 20.1%
	Completed O-level	17 5.9%	7 2.2%	24 3.9%	23 6.2%	13 3.3%	36 4.7%
	Completed A-level	10 3.5%	1 0.3%	11 1.8%	7 1.9%	0 0.0%	7 0.9%
	College	2 0.7%	2 0.6%	4 0.7%	5 1.3%	2 0.5%	7 0.9%
	University	5 1.7%	0 0.0%	5 0.8%	0 0.0%	0 0.0%	0 0.0%
	TOTAL	288 100%	321 99.7%	609 99.8%	373 100%	389 99.7%	762 99.9%

Aware partner is involved in concurrent partnership

Question	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Aware partner is involved in concurrent partnership	Yes	14	7	21	11	19	30
	No	25	11	36	27	13	40
	TOTAL	39	18	57	38	32	70

Have you ever been forced to have sex against your will

Variable	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Forced to have sex against your will	Yes	10 2.2%	27 5.6%	37 4.0%	17 3.0%	91 14.3%	108 9.0%
	No	434 97.5%	452 94.4%	886 95.9%	549 97.0%	544 85.7%	1093 91.0%
	TOTAL	444 99.8%	479 100.0%	923 99.9%	566 100.0%	635 100.0%	1201 100.0%

Accepting attitudes toward PLHIV

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Accepting attitudes towards PLHIV	Yes	77 9.0%	63 7.3%	140 16.3%	113 9.4%	92 7.7%	205 17.1%
	No	347 40.4%	371 43.2%	718 83.7%	451 37.7%	540 45.2%	991 82.9%
	TOTAL	424 49.4%	434 50.6%	858 100.0%	564 47.2%	632 52.8%	1196 100.0%

Reached by prevention programmes

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Reached by prevention programmes	Yes	129 29.0%	65 13.6%	194 21.0%	91 16.1%	60 9.4%	151 12.6%
	No	316 71.0%	414 86.4%	730 79.0%	475 83.9%	575 90.6%	1050 87.4%
	TOTAL	445 100.0%	479 100.0%	924 100.0%	566 100.0%	635 100.0%	1201 100.0%

Had STI symptoms in past 12 months

Indicator	Response	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Had STI symptoms in past 12 months	Yes	46 10.3%	60 12.5%	106 11.5%	146 25.8%	365 57.5%	511 42.5%
	No	399 89.7%	419 87.5%	818 88.5%	420 74.2%	270 42.5%	690 57.5%
	TOTAL	445 100.0%	479 100.0%	924 100.0%	566 100.0%	635 100.0%	1201 100.0%

Never married and never had sex:

Indicator	Age Group	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Never married and never had sex	15-19	23 24.7%	8 13.3%	31 20.3%	29 27.6%	22 21.6%	51 24.6%
	20-24	16 66.7%	5 83.3%	21 70.0%	21 58.3%	9 60.0%	30 58.8%
	15-24	39 33.3%	13 19.7%	52 28.4%	50 35.5%	31 26.5%	81 31.4%

Sources where HIV information is received:

Variable	Sources	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Sources from which info on HIV/AIDS was received in past 12 months	Radio	168 39.6%	118 27.2%	286 33.3%	205 36.3%	224 35.4%	429 35.9%
	TV/Video	140 33.0%	77 17.7%	217 25.3%	27 4.8%	23 3.6%	50 4.2%
	Newspaper	1 0.2%	0 0.0%	1 0.1%	22 3.9%	19 3.0%	41 3.4%
	Poster/pamphlet	39 9.2%	25 5.8%	64 7.5%	2 0.4%	7 1.1%	9 0.8%
	Health facility	103 24.3%	95 21.9%	198 23.1%	141 25.0%	218 34.5%	359 30.0%
	VCT centre	61 14.4%	69 15.9%	130 15.2%	18 3.2%	36 5.7%	54 4.5%
	ANC/PMTCT centre	23 5.4%	64 14.7%	87 10.1%	7 1.2%	35 5.5%	42 3.5%
	Community health worker	93 21.9%	62 14.3%	155 18.1%	84 14.9%	78 12.3%	162 13.5%
	Friend	1 0.2%	0 0.0%	1 0.1%	30 5.3%	31 4.9%	61 5.1%
	Family member	26 6.1%	14 3.2%	40 4.7%	5 0.9%	12 1.9%	17 1.4%
	PLHIV	22 5.2%	13 3.0%	35 4.1%	10 1.8%	9 1.4%	19 1.6%
	Peer outreach worker	38 9.0%	19 4.4%	57 6.6%	7 1.2%	5 0.8%	12 1.0%
	School	54 12.7%	38 8.8%	92 10.7%	63 11.2%	71 11.2%	134 11.2%
	Place of worship	26 6.1%	22 5.1%	48 5.6%	21 3.7%	55 8.7%	76 6.4%
	Public meeting	72 17.0%	47 10.8%	119 13.9%	95 16.8%	90 14.2%	185 15.5%
	Other	55 13.0%	26 6.0%	81 9.4%	13 2.3%	11 1.7%	24 2.0%
TOTAL	922	689	1611	750	924	1674	

Sources through which people would prefer to receive information on HIV/AIDS

Variable	Sources	Refugees			Nationals		
		Male	Female	Total	Male	Female	Total
Preferred sources from which info on HIV/AIDS can be received	Radio	191 45.0%	185 42.6%	376 43.8%	353 62.6%	387 61.2%	740 61.9%
	TV/Video	191 45.0%	157 36.2%	348 40.6%	90 16.0%	72 11.4%	162 13.5%
	Newspaper	56 13.2%	31 7.1%	87 10.1%	77 13.7%	44 7.0%	121 10.1%
	Poster/pamphlet	44 10.4%	45 10.4%	89 10.4%	29 5.1%	18 2.8%	47 3.9%
	Health facility	141 33.3%	152 35.0%	293 34.1%	339 60.1%	445 70.4%	784 65.6%
	VCT centre	108 25.5%	118 27.2%	226 26.3%	25 4.4%	39 6.2%	64 5.4%
	ANC/PMTCT centre	5 1.2%	0 0.0%	5 0.6%	13 2.3%	31 4.9%	44 3.7%
	Community health worker	64 15.1%	53 12.2%	117 13.6%	268 47.5%	298 47.2%	566 47.3%
	Friend	28 6.6%	18 4.1%	46 5.4%	62 11.0%	66 10.4%	128 10.7%
	Family member	23 5.4%	15 3.5%	38 4.4%	25 4.4%	37 5.9%	62 5.2%
	PLHIV	39 9.2%	31 7.1%	70 8.2%	27 4.8%	30 4.7%	57 4.8%
	Peer outreach worker	42 9.9%	26 6.0%	68 7.9%	71 12.6%	39 6.2%	110 9.2%
	School	55 13.0%	42 9.7%	97 11.3%	90 16.0%	72 11.4%	162 13.5%
	Place of worship	42 9.9%	28 6.5%	70 8.2%	129 22.9%	130 20.6%	259 21.7%
	Public meeting	56 13.2%	52 12.0%	108 12.6%	241 42.7%	185 29.3%	426 35.6%
	Other	37 8.7%	19 4.4%	56 6.5%	42 7.4%	36 5.7%	78 6.5%
	TOTAL		1122	972	2094	1881	1929

Appendix B: Household information sheet

To be completed by team leader

Serial number of household	Number of eligible people (15-59) in household	Number of participants recruited	Number of participants refused	Reason for household and participant refusal	Household absent			
					Date Visit 1	Date Visit 2	Date Visit 3	Absent household recruited

Appendix C: Participant Information Sheet

Serial number of household	Household member number	Age (yrs)	Gender 1. Male 2. Female	Relationship to the head of household 1. Household Head 2. Spouse 3. Son/Daughter 4. Father/Mother 5. Brother/Sister 6. Other relative 7. Living in household but not a relative	Visit 1	Visit 2	Visit 3	Eligible Y=Yes N=No
					1 = Refusal 2 = Individual not eligible 3 = Questionnaire completed 4 = Questionnaire partly completed 5 = Household member absent 6 = Others (Specify) <i>(for each household member record the correct answer)</i>			

To be completed by interviewers recruiting the household

Appendix D: Survey instrument in English

BEHAVIOURAL SURVEILLANCE SURVEY FOR KYAKA II BY UGANDA AIDS COMMISSION, MINISTRY OF HEALTH & UNHCR

Serial number of questionnaire

Household serial number

CONSENT FORM

Hello Sir/ Madam,

My name isI am an interviewer from the Ministry of Health. We are conducting a behavioural survey in this community and requesting people to participate. This will help in developing better health services in your community, especially related to HIV/AIDS.

May we proceed? ___Yes ___No

You've been selected randomly and we wish, with your permission, to interview you. Be assured that we want to learn from your experience and all the information we collect will be used to help us fight against HIV/AIDS in your community, country and region. Some of the questions asked, are of a sensitive nature, but please note that your name will not be recorded in the questionnaire, and any details related to your privacy will be kept confidential. It will not be used in relation to registration, food distribution or any other services. Your participation in this survey is very important and we rely on you to provide us with accurate information that will help us to develop effective activities to fight HIV spread.

The interview will take approximately 45 minutes, but with your cooperation it can be done quickly. May I have your permission to undertake this interview? ___Yes___ No

If you do not want to participate, why.....

Name and signature of the interviewer that a verbal consent was obtained:

Name of interviewer

Signature of the interviewer

_____/2009

Date (dd/mm/yyyy)

IDENTIFICATION

COUNTRY|_|

DISTRICT|_|_|

CAMP/ SURROUNDING AREA (Camp = 1, Surrounding area = 2)|_|_|

NAME OF CAMP/ SURR AREA|_|_|

URBAN/ RURAL (Urban = 1, Rural = 2)|_|

NAME AND CODE OF INTERVIEWER

_____ |_|_|_|

CONTROL				
	CONTROL ON FIELD LEVEL	CONTROL IN CENTRAL OFFICE	DATA ENTRY CLERK 1	DATA ENTRY CLERK 2
NAME	-----	-----	-----	-----
ID	-----	-----	-----	-----
DATE	-----	-----	-----	-----
REMARKS				

<p><i>Date of interview:</i> ___/___/2009</p> <p>dd/ mm/ vvvv</p>

<p><i>Start time of interview:</i> ___/___</p> <p>hr min</p>
--

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

N°	QUESTIONS	ANSWERS	SKIP
<i>A. Socio-demographic</i>			
101.	Record sex of the respondent	1 = Male 2 = Female _ _	
102.	How old are you? Record age in years	Record number of years 99 = Don't know _ _ _	
103.	What is your date of birth?	dd/mm/yyyy _ _ _ _ _ 99 = Don't know _ _ _	
104.	In which country were you born?	1 = Kenya 2 = Rwanda 3 = Uganda 4 = Somalia 5 = Congo (DRC) _ _ _ 6 = Burundi 7 = Sudan 8 = Other (Specify) _____ 98 = No answer 99 = Don't know	

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
105.	What is your current nationality?	1 = Kenyan 2 = Rwandan 3 = Ugandan 4 = Somali 5 = Congolese (DRC) _ _ _ 6 = Burundian 7 = Sudanese 8= Other (Specify) _____ 98 = No answer 99 = Don't know	
106.	Are you currently a refugee?	1 = Yes 2 = No _ _ _ 98 = No answer 99= Don't know	
107.	What is your religion?	1 = Catholic 2 = Protestant 3 = Moslem 4 = Born-again _ _ _ 5 = Other (Specify) _____ 98= No answer 99= Don't know	

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
108.	<p>What is the highest level of schooling you have completed? (different from a literacy programme)</p>	<p>0 = Have never attended school 1 = Did not complete primary education 2 = Primary 3 = Completed O-level _ _ 4 = Completed A-level 5 = College 6 = University 98= No answer 99= Don't know</p>	
109.	<p>How easy is it for you to read a paper written in</p> <ul style="list-style-type: none"> i. Congolese Swahili? ii. Lingala iii. French? iv. Kinyarwanda? v. Runyoro/Rutooro? vi. Runyankole/Rukiga? vii. English viii. Other language? _____ (specify) <p><i>(Hold up a paper written in each language)</i></p> <p>CIRCLE ONE ANSWER FOR EACH QUESTION</p>	<p>1 = Easy 2 = Difficult 3 = Do not read at all</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>	
110.	<p>Do you earn an income or a salary?</p>	<p>1 = Yes 2 = No _ _ 98= No answer 99= Don't know</p>	

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
111.	<p>In what sector do you earn the income?</p> <p><i>(Only one answer is possible. Record the principal income sector.)</i></p>	<p>0 = None</p> <p>1 = Agriculture (crop production)</p> <p>2 = Trading</p> <p>3 = Pastoralism (animal husbandry)</p> <p>4 = Transport <input type="text"/></p> <p>5 = Fishing</p> <p>6 = Crafts</p> <p>7 = Private services</p> <p>8 = Public services (government)</p> <p>9 = Humanitarian or development group</p> <p>10 = Other (Specify) _____</p> <p>98= No answer</p> <p>99= Don't know</p>	
112.	<p>How long have you been living in the community where you currently live? (Record answer based on the number of complete/whole years)</p>	<p>1 = Always</p> <p>2 = Less than 6 months</p> <p>3 = 6-11 months</p> <p>4 = 1-2 years <input type="text"/></p> <p>5 = 3-5 years</p> <p>6 = More than 5 years</p> <p>98 = No answer</p> <p>99 = Don't Know</p>	
113.	<p>Refugees only: Cross-check 106 =Yes</p> <p>How long ago did you leave the country where you were born?</p>	<p>Record number of years <input type="text"/></p> <p>99 = UNKNOWN</p>	
114.	<p>Refugees only: Cross-check 106 =Yes</p> <p>How many countries have you transited through or lived in since you left your home country, including the country where you currently live?</p>	<p>Record number of countries <input type="text"/></p> <p>99 = UNKNOWN</p>	

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
115.	In the last 12 months, have you been away from the community where you currently live for one continuous month or more?	1 = Yes 2 = No _ _ 98= No answer 99 = Don't know	If NO go to 117
116.	Why were you away from this place for one month or more?	1 = Employment 2 = Trade 3 = Family-related 4 = Political reasons 5 = Military-related _ _ 6 = School-related 7 = In jail 8 = Health-related 9 = Holiday 10 = Religion-related 11 = Other (specify) _____ 98= No answer 99= Don't know	
117.	How often do you go to the camp/surrounding community?	0= Never 1 = Less than once a month 2 = Once a month _ 3 = Many times in a month 98 = No answer 99 = Don't know	If NEVER go to 119

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
118.	<p>The last time you visited the camp/surrounding community, what was your main reason?</p> <p><i>Only one answer can be recorded</i></p>	<p>1 = Employment</p> <p>2 = Trade</p> <p>3 = Shopping/ Market</p> <p>4 = Health care</p> <p>5 = School</p> <p>6 = Entertainment <input type="checkbox"/></p> <p>7 = Food</p> <p>8 = Visit relative/friend</p> <p>9 = Collect firewood</p> <p>10 = Attend religious service</p> <p>11 = Other (specify) _____</p> <p>98= No answer</p> <p>99= Don't know</p>	
119.	<p>Have you ever been married or lived as if married?</p>	<p>1 = Yes</p> <p>2 = No <input type="checkbox"/></p> <p>98 = No answer</p> <p>99= Don't know</p>	<p>If NO go to 121</p>
120.	<p>How old were you when you first married or lived as if married?</p>	<p>Age in years</p> <p>99 = Don't Know <input type="checkbox"/></p>	
121.	<p>What is your current relationship status?</p>	<p>1 = Currently married</p> <p>2 = Co-habiting</p> <p>3 = Divorced/Separated <input type="checkbox"/></p> <p>4 = Widow/Widower</p> <p>5 = Single</p> <p>98= No answer</p> <p>99= Don't know</p>	<p>If 3 or 4 or 5, go to 124</p>
122.	<p>Are you in a monogamous or polygamous marriage?</p>	<p>1 = Monogamous</p> <p>2 = Polygamous <input type="checkbox"/></p> <p>98= No answer</p> <p>99= Don't know</p>	

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
123.	Are you currently living with your spouse or another long-term sex partner?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	
B. Alcohol and drug use			
124.	In the past 4 weeks, how often have you had drinks containing alcohol?	1 = Everyday 2 = At least once a week <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = At least once a month 4 = Never 98 = No answer 99 = Don't know	
125.	Have you taken any drugs that were not prescribed by a health professional in the past 12 months? (This can include orally, sniffing, injection, other locally common methods for using drugs) Note: A health professional does not include traditional medical practitioners	1 = Yes 2 = No <input type="checkbox"/> 98 = No answer 99 = Don't know	If NO go to 129
126.	What drugs have you taken? Record all answers given	1 = Marijuana <input type="checkbox"/> 2 = Khat/miraa <input type="checkbox"/> 3 = Heroin <input type="checkbox"/> 4 = Opium <input type="checkbox"/> 5 = Amphetamines <input type="checkbox"/> 6 = Drugs/herbs from traditional healer <input type="checkbox"/> 7 = Other (Specify) _____ <input type="checkbox"/> 98 = No answer 99 = Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
127.	Have you injected yourself or been injected with any drugs that were not prescribed by a health professional in the past 12 months? Note: A health professional does not include traditional medical practitioners	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If NO go to 129

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
128.	<p>Have you used a needle or syringe to inject drugs that were not prescribed by a health professional that had already been used by another person in the past 12 months?</p> <p>Note: A health professional does not include traditional medical practitioners</p>	<p>1 = Yes</p> <p>2 = No _ _ _ </p> <p>98 = No answer</p> <p>99= Don't know</p>	
C. Circumcision			
129.	<p>Some men and women have been circumcised. Have you been circumcised?</p>	<p>1 = Yes</p> <p>2 = No _ _ _ </p> <p>98 = No answer</p> <p>99 = Don' t know</p>	<p>If No, go to 132</p>
130.	<p>If circumcised, where did the circumcision take place?</p>	<p>1 = Traditional/Community</p> <p>2 = Health facility _ _ _ </p> <p>98 = No answer</p> <p>99 = Don't know</p>	
131.	<p>At what age were you circumcised?</p>	<p>Record number of years</p> <p>99 = DON'T KNOW _ _ _ </p>	
132.	<p>If you could choose, would you prefer a sexual partner who was circumcised or not circumcised?</p>	<p>1 = Circumcised</p> <p>2 = Not circumcised _ _ _ </p> <p>3 = Don't know/ no preference</p> <p>98 = No answer</p> <p>99= Don' t know</p>	
133.	<p>MEN ONLY</p> <p>Would you be interested in getting circumcised if it was affordable and safe?</p>	<p>1 = Yes</p> <p>2 = No _ _ _ </p> <p>98 = No answer</p> <p>99 = Don't know</p>	

SECTION I: BACKGROUND CHARACTERISTICS (37 questions)

Cont....

D. Military Activity			
134.	Have you ever been involved in any official or unofficial military, paramilitary or police activities?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If NO go to 201
135.	For how long were you involved in military, paramilitary or police activities? (Record answer based on the number of complete/whole years)	1 = Less than 6 months 2 = 6 to 12 months 3 = 1 to 2 years _ _ 4 = 3 to 4 years 5 = 5 or more years 98 = No answer 99 = Don't know	
136.	Are you currently involved in military, paramilitary or police activities?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If YES go to 201
137.	How long ago did you leave your military, paramilitary or police activities?	Record number of years If less than one year, record 00 99 = Don't know _ _ 	

SECTION II: MALE and FEMALE CONDOMS (11 questions)

N°	QUESTIONS	ANSWERS	SKIP
201.	Have you ever heard of condoms?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If NO , go to 301
202.	What do you think condoms are used for? Unprompted question. Record all answers given.	1 = Protects against STI/HIV/AIDS _ 2 = Prevents pregnancy _ 3 = Family Planning _ 4 = Other (Specify) _____ _ 99 = Don't know _ _ 	
203.	Have you ever used a condom?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If NO , go to 208
204.	Do you know where you can obtain a condom?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If NO , go to 207
205.	Where do you usually get condoms? Only one answer can be recorded	1 = Pharmacy 2 = Health facility 3 = At the market 4 = From my friends _ _ 5 = At the shop 6 = Community health worker 7 = Other (Specify) _____ 98 = No answer 99 = Don't know	

SECTION II: MALE and FEMALE CONDOMS (11 questions)

Cont....

N°	QUESTIONS	ANSWERS	SKIP
206.	Can you obtain a condom every time you need one?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If YES, go to 208
207.	What is the <i>main</i> constraint to obtaining a condom every time you need one? <i>Only one answer can be recorded</i>	1 = Too far away (geographical access) 2 = Too expensive 3 = Places not open at convenient hours 4 = Not available _ _ 5 = Fear of being seen 6 = Health worker's attitude 7 = Other (specify) _____ 98 = No answer 99 = Don't know	
208.	Have you ever heard of a female condom?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If NO, go to 301
209.	Have you ever used a female condom?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	
210.	Would you/your partner be willing to use a female condom if available?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	
211.	Do you know where you can obtain a female condom?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	

SECTION III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions)

	QUESTIONS	ANSWERS	SKIP
A. Sexual Activity			
301.	Have you ever had sexual intercourse? (Sexual intercourse is defined as penetrative vaginal or anal sex)	1 = Yes 2 = No 98= No answer 99 = Don't know	IF NO, go to 337
302.	At what age did you first have sexual intercourse?	Age in years 99 = Don't know	
303.	The last time you had sex, did you use a condom?	1 = Yes 2 = No 98 = No Answer 99 = Don't know	
B. Regular Sex Partners			
304.	Have you had a regular sex partner in the past 12 months? (A regular sexual partner is defined as spouse or live-in sexual partner) Cross check: If 121 does not equal 1 OR 2, then probe to make sure the definition of "regular partner" is understood	1 = Yes 2 = No	If No go to 309
305.	How many regular partners did you have sex with in last the 12 months?	Record number 98 = No answer 99 = Don't know	
306.	What was the nationality of your most recent regular partner?	1 = Kenyan 2 = Rwandan 3 = Ugandan	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
		4 = Somali 5 = Congolese (DRC) _ _ _ 6 = Burundian 7 = Sudanese 8 = Other (Specify) _____ 98 = No answer 99 = Don't know	
307.	How old was your most recent regular partner?	Record age in years 98 = No answer 99 = Don't know _ _ _	
308.	The last time you had sex with your regular partner, did you use a condom?	1 = Yes 2 = No _ _ _ 98 = No answer 99 = Don't know	
C. Non regular partnership			
309.	Have you had sex with a casual partner in the past 12 months? (A casual sex partner is defined as any sexual partner different from the one with whom you live or are married to and from whom you did not receive or give money, gifts or favours for sex)	1 = Yes 2 = No _ _ _ 98 = No answer 99 = Don't know	If No go to 322
310.	How many casual partners did you have sex with in last the 12 months?	Record number 98 = No answer _ _ _ 99 = Don't know	
311.	Are you having sex with your regular partner and another individual, concurrently? (concurrent partnership)	1 = Yes 2 = No 98 = No answer _ _ _ 99 = Don't know	
312.	Is your regular partner having sex with another individual, concurrently (concurrent partnership)	1 = Yes	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
		2 = No 98 = No answer _ _ _ 99 = Don't know	
313.	What was the nationality of your most recent casual partner?	1 = Kenyan 2 = Rwandan 3 = Ugandan 4 = Somali 5 = Congolese (DRC) _ _ _ 6 = Burundian 7 = Sudanese 8 = Other (Specify) _____ 98 = No answer 99 = Don't know	
314.	How old was your most recent casual partner?	Record age in years 99 = Don't know _ _ _	
315.	What was the marital status of your most recent casual partner?	1 = Currently married 2 = Never married 3 = Divorced/Separated _ _ _ 4 = Widow/ Widower 5 = Co-habiting 6 = Other (Specify) _____ 98 = No answer 99 = Don't know	
316.	What was the occupation of your most recent casual partner?	1 = Businessperson 2 = Trader 3 = Student	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
		4 = Driver 5 = Truck driver 6 = Bicycle/motorcycle _ _ _ 7 = Housemaid 8 = Pastoralist 9 = Farmer 10 = Military, paramilitary, police 11 = Commercial sex worker 12 = Humanitarian or development worker 13 = Unemployed 14 = Other (Specify) _____ 98 = No answer 99 = Don't know	
317.	The last time you had sex with a casual partner, had either of you taken any alcohol?	1 = Yes 2 = No _ _ _ 98 = No answer 99 = Don't know	
318.	The last time you had sex with a casual partner did you use a condom?	1 = Yes 2 = No _ _ _ 98 = No answer 99 = Don't know	If No go to 320
319.	Who suggested using a condom the last time you had sex with a casual partner?	1 = My partner 2 = Myself _ _ _ 3 = Joint decision 98 = No answer 99 = Don't know	Go to 321
320.	What was the <i>main</i> reason you did not use a condom the last time you had sex with a casual partner?	1 = No condoms available 2 = Free condoms not available 3 = Too expensive	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
	<i>Record only one answer</i>	4 = Partner objected 5 = Don't like them 6 = Used other contraceptive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 = I trust my partner 8 = Didn't think of using one 9 = Don't know what condom is 10 = Want to have a child 11 = Religious reasons 12 = Unplanned sex 13 = Didn't think it was necessary 14 = Other (Specify) _____ 98 = No answer 99 = Don't know	
321.	In the past 12 months, how often did you use a condom with all of your casual sex partners?	1 = Every time <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 = Frequently (more than 50% of the time) 3 = Sometimes (less than 50% of the time) 4 = Never 98 = No answer 99 = Don't know	
D. Transactional Sex			
322.	Have you ever had sex in exchange for money, a gift or a favour?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If No go to 337
323.	The last time you exchanged sex, was it for money, a gift or a favour?	1 = Money 2 = Gift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = Favour 4 = More than one thing (eg: Money and gift, money and favour, gift and favour) 98 = No answer 99 = Don't know	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
324.	Who was the last person with whom you exchanged sex for money, a gift or a favour?	1 = Refugee 2 = Person from local community 3 = Military, paramilitary, police <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 = Humanitarian or development worker 5 = Other (Specify) _____ 98 = No answer 99 = Don't know	
325.	Refugees only : Cross-check 106 =Yes During which period in your life did you exchange sex for money, a gift or a favour? <i>Record all answers</i>	A. Before displacement <input type="checkbox"/> <input type="checkbox"/> 1 = Yes 2 = No B. = During displacement <input type="checkbox"/> <input type="checkbox"/> 1 = Yes 2 = No C. = After displacement <input type="checkbox"/> <input type="checkbox"/> 1 = Yes 2 = No	
326.	Nationals only: Cross-check 106=No During which period in your life did you exchange sex for money, a gift or a favour? <i>Record all answers</i>	A. = Before refugees arrived <input type="checkbox"/> <input type="checkbox"/> 1 = Yes 2 = No B. = After refugees arrived <input type="checkbox"/> <input type="checkbox"/> 1 = Yes 2 = No	
327.	Have you had sex in exchange for money, a gift or a favour in the past 12 months?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99= Don't know	If No go to 337
328.	In the past 12 months, how many partners did you have sex with in exchange for money, a gift or a favour?	Record number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 = Don't know	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
329.	The last time you exchanged sex, was it for money, a gift or a favour?	1 = Money 2 = Gift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = Favour 4= More than one thing (example: Money and gift, money and favour, gift and favour) 98 = No answer 99 = Don't know	
330.	Who was the last person with whom you exchanged sex for money, a gift or a favour?	1 = Refugee 2 = Person from local community 3 = Military, paramilitary, police <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 = Humanitarian or development worker 5 = UN peacekeeper 6 = Other (Specify) _____ 98 = No answer 99 = Don't know	
331.	How old was the last person with whom you exchanged sex for money, a gift or a favour?	Record age in years 98 = No answer 99 = Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
332.	The last time you exchanged sex for money, a gift or a favour, had you taken any alcohol?	1 = Yes 2 = No 98 = No answer 99 = Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
333.	The last time you exchanged sex for money, a gift or a favour, did you use a condom?	1 = Yes 2 = No 98 = No answer 99 = Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If No go to 335

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
334.	Who suggested using a condom the last time you exchanged sex for money, a gift or a favour?	1 = My partner 2 = Myself <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = Joint decision 98 = No answer 99 = Don't know	Go to 336
335.	What was the <i>main</i> reason you did not use a condom the last time you exchanged sex for money, a gift or a favour? <i>Record only one answer</i>	1 = No condoms available 2 = Free condoms not available 3 = Too expensive 4 = Partner objected 5 = Don't like them 6 = Used other contraceptive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 = I trust my partner 8 = Didn't think of using one 9 = Don't know what condom is 10 = Want to have a child 11 = Religious reasons 12 = Unplanned sex 13 = Didn't think it was necessary 14 = Other (Specify) _____ 98 = No answer 99 = Don't know	
336.	In the past 12 months, how often did you use a condom with all of the people with whom you exchanged sex for money, a gift or a favour?	1 = Every time 2 = Frequently (more than 50% of the time) 3 = Sometimes (less than 50% of the time) 4 = Never <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	
<i>E. Forced Sex</i>			
337.	Have you ever been forced to have sex against your will?	1 = Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 = No 98 = No answer	If No , go to 347

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
		99 = Don't know	
338.	<p>REFUGEE ONLY : Cross-check 106 =Yes</p> <p>During which period in your life were you forced to have sex?</p> <p><i>Record all answers</i></p>	<p>A. Before displacement <input type="checkbox"/></p> <p>1 = Yes</p> <p>2 = No</p> <p>B. = During displacement <input type="checkbox"/></p> <p>1 = Yes</p> <p>2 = No</p> <p>C. = After displacement <input type="checkbox"/></p> <p>1 = Yes</p> <p>2 = No</p>	
339.	<p>Nationals only: Cross-check 106=No</p> <p>During which period in your life were you forced to have sex?</p> <p><i>Record all answers</i></p>	<p>A. = Before refugees arrived</p> <p><input type="checkbox"/></p> <p>1 = Yes</p> <p>2 = No</p> <p>B. = After refugees arrived</p> <p><input type="checkbox"/></p> <p>1 = Yes</p> <p>2 = No</p>	
340.	<p>Who forced you to have sex?</p> <p><i>More than one answer can be given. Record all answers</i></p>	<p>1 = Regular partner <input type="checkbox"/></p> <p>2 = Family member other than regular partner <input type="checkbox"/></p> <p>3 = Non-family member <input type="checkbox"/></p> <p>98 = No answer <input type="checkbox"/></p>	<p>If Regular partner or other family member (1 or 2) only, go to 342</p>
341.	<p>If you were forced to have sex by a non-family member, who forced you?</p> <p><i>More than one answer can be given. Record all answers</i></p>	<p>1 = Refugee <input type="checkbox"/></p> <p>2 = Person from local community <input type="checkbox"/></p> <p>3 = Military, paramilitary, police <input type="checkbox"/></p> <p>4 = Humanitarian or development worker <input type="checkbox"/></p> <p>5 = UN peacekeeper <input type="checkbox"/></p> <p>6 = Other (Specify) _____ <input type="checkbox"/></p> <p>98 = No answer <input type="checkbox"/></p> <p>99 = Don't know <input type="checkbox"/></p>	

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
342.	Have you been forced to have sex against your will in the past 12 months?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If No, go to 347
343.	How many times were you forced to have sex in the past 12 months?	Provide Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 = Don't know	
344.	Who forced you to have sex? <i>More than one answer can be given. Record all answers</i>	1 = Regular partner <input type="checkbox"/> 2 = Family member other than regular partner <input type="checkbox"/> 3 = Non-family member <input type="checkbox"/>	If Regular partner or other family member only, go to 346
345.	If you were forced to have sex by a non-family member, who forced you? <i>More than one answer can be given. Record all answers</i>	1 = Refugee <input type="checkbox"/> 2 = Person from local community <input type="checkbox"/> 3 = Military, paramilitary, police <input type="checkbox"/> 4 = Humanitarian or development worker <input type="checkbox"/> 5 = UN peacekeeper <input type="checkbox"/> 6 = Other (Specify) _____ <input type="checkbox"/> 98 = No answer <input type="checkbox"/> 99 = Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
346.	How old was the last person who forced you to have sex?	1 = Older than me 2 = Younger than me <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = Same age as me 98 = No answer 99 = Don't know	
F. Anal Sex			
347.	Have you had anal sex with a man or a woman in the past 12 months? Anal sex included both penetrative and receptive anal intercourse	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If No, go to 401

Section III: SEXUAL HISTORY AND RISK BEHAVIOUR (52 questions) Cont....

	QUESTIONS	ANSWERS	SKIP
348.	WOMEN ONLY: The last time you had anal sex with a man, did you or your partner use a condom?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	
349.	MEN ONLY: Have you had anal sex with a man in the past 12 months?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If No, go to 351
350.	MEN ONLY: The last time you had anal sex with a man, did you or your partner use a condom?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	
351.	MEN ONLY: Have you had anal sex with a woman in the past 12 months?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If No, go to 401
352.	MEN ONLY: The last time that you had anal sex with a woman, did you or your partner use a condom?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	

SECTION IV: SEXUALLY TRANSMITTED INFECTIONS (6 questions)

N°	QUESTIONS	ANSWERS	SKIP
401.	Have you ever heard about diseases/infections that can be transmitted through sexual intercourse?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	
402.	Have you had any unusual genital discharge in the past 12 months?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	
403.	Have you had any genital ulcers or sores in the past 12 months?	1 = Yes 2 = No 98 = No answer 99 = Don't know _ _ 	If NO to both 402 AND 403 , go to 501
404.	During the last time you had genital discharge, ulcer or sore, did you seek treatment?	1 = Yes 2 = No 98 = No answer 99 = Don't know _ _ 	If NO go to 406
405.	Where was the FIRST place that you went for treatment? <i>Only one answer possible</i>	1 = Public health centre 2 = Private clinic 3 = Traditional healer/doctor/ practitioner _ _ 4 = Pharmacy 5 = Friend or relative 6 = Other (specify) _____ 98 = No answer 99 = Don't know	
406.	During the last time you had unusual genital discharge, ulcer(s) or sore(s) did you inform your sexual partner(s)?	1 = Yes, all of them 2 = Some of them, not all _ _ 3 = No, none of them 98 = No answer 99 = Don't know	

SECTION V: KNOWLEDGE, OPINIONS, and ATTITUDES towards HIV/AIDS (20 questions)

N°	QUESTIONS	ANSWERS	SKIP
501.	Have you ever heard of HIV or a disease called AIDS?	1 = Yes 2 = No 98 = No answer 99 = Don't know	If NO , go to 623
502.	Refugees only: Cross-check: 106=Yes In which community do you think there are more cases of HIV/AIDS- in your community or the surrounding local community?	1 = My (refugee) community 2 = Surrounding local community 98 = No answer 99 = Don't know	
503.	Nationals only: Cross-check: 106=No In which community do you think there are more cases of HIV/AIDS- in your community or the refugee community?	1 = My (surrounding local) community 2 = Refugee community 98 = No answer 99 = Don't know	
504.	Can people protect themselves from HIV infection by staying faithful to one uninfected faithful sex partner?	1 = Yes 2 = No 98 = No answer 99 = Don't know	
505.	Can people protect themselves from HIV infection by using a condom correctly every time they have sex?	1 = Yes 2 = No 98 = No answer 99 = Don't know	
506.	Can people protect themselves from HIV infection by abstaining from sex?	1 = Yes 2 = No 98 = No answer 99 = Don't know	
507.	Can people get infected with HIV through a mosquito bite?	1 = Yes 2 = No 98 = No answer	

SECTION V: KNOWLEDGE, OPINIONS, and ATTITUDES towards HIV/AIDS (20 questions) Cont....

		99 = Don't know	
508.	Can people get infected with HIV by sharing a toothbrush with someone who is infected?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	
509.	Can people get infected with HIV by having anal sex with a male partner and not using a condom?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	
510.	Can a person get infected by HIV by getting injected with a needle that was already used by someone else?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	
511.	Can people get infected with HIV by sharing food with someone who is infected?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	
512.	Is it possible for a healthy-looking person to have HIV, the virus that causes AIDS?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	
513.	Can a pregnant woman with HIV/AIDS, transmit the virus to her unborn child during pregnancy or delivery?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	
514.	Can a woman with HIV/AIDS transmit the virus to her baby during breastfeeding?	1 = Yes _ _ _ 2 = No 98 = No answer 99 = Don't know	

SECTION V: KNOWLEDGE, OPINIONS, and ATTITUDES towards HIV/AIDS (20 questions) Cont.

<p>515.</p>	<p>If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?</p>	<p>1 = Yes (keep it secret) 2 = No 98 = No answer 99 = Don't know</p> <p style="text-align: right;"> _ _ _ </p>	
<p>516.</p>	<p>If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for him/her in your own household?</p>	<p>1 = Yes 2 = No 98 = No answer 99 = Don't know</p> <p style="text-align: right;"> _ _ _ </p>	
<p>517.</p>	<p>If a teacher is infected with the virus that causes AIDS, should he/she be allowed to continue teaching?</p>	<p>1 = Yes 2 = No 98 = No answer 99 = Don't know</p> <p style="text-align: right;"> _ _ _ </p>	
<p>518.</p>	<p>Would you buy fresh vegetables from a shopkeeper who was infected with the virus that causes AIDS?</p>	<p>1 = Yes 2 = No 98 = No answer 99 = Don't know</p> <p style="text-align: right;"> _ _ _ </p>	
<p>519.</p>	<p>Should young adolescents (ages 12-14 years) be taught how to use condoms?</p>	<p>1 = Yes 2 = No 98 = No answer 99 = Don't know</p> <p style="text-align: right;"> _ _ _ </p>	
<p>520.</p>	<p>What are the chances that you might get HIV?</p>	<p>1 = Good chance 2 = Moderate chance 3 = No chance 4 = Already infected with HIV 98 = No answer 99 = Don't know</p> <p style="text-align: right;"> _ _ _ </p>	

SECTION VI: EXPOSURE and ACCESS to INTERVENTIONS (26 questions)

N°	QUESTIONS	ANSWERS	SKIP
601.	Have you received information on HIV/AIDS in the past 12 months?	1 = Yes 2 = No <input type="checkbox"/> <input type="checkbox"/> 98 = No answer 99 = Don't know	If No, go to 603
602.	From what sources have you received information on HIV/AIDS in the past 12 months? <i>Unprompted question. Record all answers given</i>	<p><i>Mass media</i></p> 1 = Radio <input type="checkbox"/> 2 = TV/ Video <input type="checkbox"/> 3 = Newspaper <input type="checkbox"/> 4 = Poster/pamphlet <input type="checkbox"/> <p><i>Health services</i></p> 5 = Health facility <input type="checkbox"/> 6 = VCT centre <input type="checkbox"/> 7 = ANC/PMTCT centre <input type="checkbox"/> <p><i>People</i></p> 8 = Community health worker <input type="checkbox"/> 9 = Friend <input type="checkbox"/> 10 = Family member <input type="checkbox"/> 11 = Person living with HIV/AIDS <input type="checkbox"/> 12 = Peer outreach worker <input type="checkbox"/> <p><i>Other places</i></p> 13 = School <input type="checkbox"/> 14 = Place of worship <input type="checkbox"/> 15 = Public meeting <input type="checkbox"/> 16 = Others (specify) _____ <input type="checkbox"/>	
603.	From what sources would you <i>prefer</i> to receive information on HIV/AIDS? <i>Unprompted question. Record all answers given</i>	<p><i>Mass media</i></p> 1 = Radio <input type="checkbox"/> 2 = TV/ Video <input type="checkbox"/> 3 = Newspaper <input type="checkbox"/> 4 = Poster/pamphlet <input type="checkbox"/> <p><i>Health services</i></p>	

SECTION VI: EXPOSURE and ACCESS to INTERVENTIONS (26 questions) Cont....

N°	QUESTIONS	ANSWERS	SKIP
		5 = Health facility <input type="checkbox"/> 6 = VCT centre <input type="checkbox"/> 7 = ANC/PMTCT centre <input type="checkbox"/> <i>People</i> 8 = Community health worker <input type="checkbox"/> 9 = Friend <input type="checkbox"/> 10 = Family member <input type="checkbox"/> 11 = Person living with HIV/AIDS <input type="checkbox"/> 12 = Peer outreach worker <input type="checkbox"/> <i>Other places</i> 13 = School <input type="checkbox"/> 14 = Place of worship <input type="checkbox"/> 15 = Public meeting <input type="checkbox"/> 16 = Others (specify) _____ <input type="checkbox"/>	
604.	Do you know a place where a person can be tested for HIV?	1 = Yes <input type="checkbox"/> 2 = No <input type="checkbox"/> 98 = No answer <input type="checkbox"/> 99 = Don't know <input type="checkbox"/>	If No or Don't know, go to 606
605.	Where can a person be tested for HIV?	1 = In local community <input type="checkbox"/> 2 = In refugee camp <input type="checkbox"/> 3 = In both sites <input type="checkbox"/> 98 = No answer <input type="checkbox"/> 99 = Don't know <input type="checkbox"/>	
606.	I do not want to know the results, but have you ever been tested for HIV? <i>(State that you do not want to know the result of the test)</i>	1 = Yes <input type="checkbox"/> 2 = No <input type="checkbox"/> 98 = No answer <input type="checkbox"/> 99 = Don't know <input type="checkbox"/>	
607.	I do not want to know the results, but has your current partner ever been tested for HIV? <i>(State that you do not want to know the result of the test)</i>	1 = Yes <input type="checkbox"/> 2 = No <input type="checkbox"/>	

SECTION VI: EXPOSURE and ACCESS to INTERVENTIONS (26 questions) Cont....

N°	QUESTIONS	ANSWERS	SKIP
		98 = No answer 99 = Don't know	
608.	I do not want to know the results, but do you know your current partner's HIV status? <i>(State that you do not want to know the result of the test)</i>	1 = Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 = No 98 = No answer 99 = Don't know	
609.	I do not want to know the results but have you and your current partner received HIV counselling and HIV testing, together as a couple? <i>(State that you do not want to know the result of the test)</i>	1 = Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 = No 98 = No answer 99 = Don't know	
610.	When was the last time you were tested for HIV?	1 = In the past 12 months 2 = 1-2 years ago 3 = 3 or more years ago <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 = Never 98 = No answer 99 = Don't know	
611.	When was the last time your current partner was tested for HIV?	1 = In the past 12 months 2 = 1-2 years ago 3 = 3 or more years ago <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 = Never 98 = No answer 99 = Don't know	
612.	When was the last time you and your current partner were tested together as a couple, for HIV?	1 = In the past 12 months 2 = 1-2 years ago 3 = 3 or more years ago <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 = Never 98 = No answer 99 = Don't know	
613.	The last time you were tested for HIV did you yourself ask for the test, was it offered to you and you accepted, or was it required?	1 = I asked for the test 2 = It was offered and I accepted <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = It was required	

SECTION VI: EXPOSURE and ACCESS to INTERVENTIONS (26 questions) Cont....

N°	QUESTIONS	ANSWERS	SKIP
		98 = No answer 99 = Don't know	
614.	The last time you and your current partner were tested together as a couple for HIV, did you ask for the test, was it offered to you and you both accepted or was it required?	1 = I asked for the test 2 = It was offered and I accepted <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 = It was required 98 = No answer 99 = Don't know	
615.	The last time you were tested for HIV did you receive counselling?	1 = Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 = No 98 = No answer 99 = Don't know	
616.	The last time you were tested for HIV, where did you go to get tested? <i>Only one answer possible.</i>	<u>Public sector</u> 1 = Hospital <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 = Health facility government 3 = Clinic/ family planning 4 = Mobile Clinic <u>Private Sector</u> 5 = Private hospital/ Clinic 6 = Pharmacy 7 = Private medical doctor 8 = Mobile clinic 9 = Traditional healer 10 = Other (Specify) _____ 98 = No answer 99 = Don't know	
617.	If you have been for couple's counselling and HIV testing, where did you go for services?	1= PMTCT 2= VCT 3= Clinic/family planning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4= Mobile clinic 5= Other (Specify) _____ 98 = No answer	

SECTION VI: EXPOSURE and ACCESS to INTERVENTIONS (26 questions) Cont....

N°	QUESTIONS	ANSWERS	SKIP
		99 = Don't know	
618.	I do not want to know the result, but, the last time you were tested for HIV did you obtain the result of the test? <i>(State again that you do not want to know the test result)</i>	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	
619.	I do not want to know the results but the last time you and your current partner were tested together as a couple for HIV, did you obtain the result of the test? <i>(State again that you do not want to know the test result)</i>	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	
620.	Would you go for an HIV test in the future?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If No, go to 623
621.	Would you and your current partner go together as a couple for an HIV test in the future?	1 = Yes 2 = No _ _ 98 = No answer 99 = Don't know	If No, go to 623
622.	What is the <i>primary</i> reason you don't want to go for a test? <i>Only one answer possible</i>	1 = Don't know where to go for a test 2 = Sure of not being infected 3 = Afraid of the result 4 = Afraid of the blood taking _ _ 5 = (Afraid of) catching an infection 6 = Fear of stigmatisation 7 = Don't think testing is confidential 8 = Too expensive 9 = Afraid of needles or injections 10 = Other (Specify) _____ 98 = No answer 99 = Don't know	
623.	Have you been given condoms in the past 12 months for example from a hospital, health post, outreach service drop-in centre, clinic?	1 = Yes 2 = No	

SECTION VI: EXPOSURE and ACCESS to INTERVENTIONS (26 questions) Cont....

N°	QUESTIONS	ANSWERS	SKIP
		98 = No answer <input type="checkbox"/> 99 = Don't know <input type="checkbox"/>	
624.	Women only Have you been pregnant in the past 5 years?	1 = Yes 2 = No <input type="checkbox"/> 98 = No answer 99 = Don't know	If No, end interview
625.	Women only When you were pregnant did you go to an ante-natal clinic?	1 = Yes 2 = No <input type="checkbox"/> 98 = No answer 99 = Don't know	
626.	Women only Were you tested for HIV during your last pregnancy?	1 = Yes 2 = No <input type="checkbox"/> 98 = No answer 99 = Don't know	

THAT IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. WE APPRECIATE YOUR HELP.

<p><i>End of the interview: __/__/h / __/__/min</i></p>
