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**INCEPTION REPORT**

**PROCUREMENT REFERENCE NO: UNRA/WRKS/2021-2022/00094/NSP**

**Project Name: CIVIL WORKS FOR THE UPGRADING OF PALLISA**

**(7.5KM) AND KUMI (12.2KM) TOWN ROADS**

**Consultancy Assignment:**

**SERVICE PROVISION FOR AWARENESS CREATION AND MANAGEMENT OF HIV/AIDS, GENDER, GENDER-BASED VIOLENCE, CHILD PROTECTION, OCCUPATIONAL AND COMMUNITY HEALTH AND SAFETY AND OTHER SAFEGUARD RISKS (MALARIA AND TB) ON CIVIL WORKS FOR UPGRADING OF OF PALLISA (7.5KM) AND KUMI (12.2KM) TOWN ROADS**

**JULY 2024**

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**1.0 INTRODUCTION**

**1.1 Background**

UNRA’s Mission is ‘**To Efficiently Develop and Maintain a Safe and Sustainable National Road Network for the Economic Development of Uganda’.**

Road infrastructure projects are associated with an influx and interaction of people from different walks of life. These include but are not limited to; construction workers, engineers, truck drivers, machine operators, food vendors and project communities. These human interactions predispose the project workers and the community members to HIV/AIDS, Human rights violations, Child rights abuse, Gender Based Violence (GBV), other vices that pose risks to individuals and or groups of persons. Violations can be physical, sexual, economic or psychological in nature. Similarly, road construction poses Occupational Health and Safety (OSH) complications not only to road users but also to construction staff.

Hence the need to implement a number of social safeguards initiatives including awareness creation and management of HIV/AIDS, Gender, Gender-Based Violence, Child Protection, Community and Occupational Health and Safety and other Safeguard Risks associated with road upgrading and rehabilitation projects.

Child Care and Youth Empowerment Foundation (**CCAYEF**) having been nominated by UNRA as the Consultant - Nominated Service Provider (**NSP**) to provide services for “Awareness Creation and Management of HIV/AIDS, Gender-Based Violence, Child Protection, Occupational and Community Health and Safety and other Safeguards Risks (Malaria and TB) on Civil Works for Upgrading of Pallisa (**7.5Km**) and Kumi (**12.2Km**) Town Roads”, one of the deliverables is and inception report.

## 1.2 Purpose of this Inception Report

An inception report has been prepared and will be submitted to the contractor for onward submission to Supervision Consultant and Client. This is a key document for defining the direction of the assignment. The NSP has summarized the assignment methodology and work plans, tasks and assignments to be carried out and information obtained up to the time of submission of the Inception Report. The Inception Report contains the following information:

* An updated outline methodology for achieving the project objectives
* An updated status of key staff mobilized for the assignment
* A detailed work program and activities on the assignment.
* Quality Management and Control Plan for the Assignment
* Contents for the Monthly Progress Report of activities
* A detailed Monitoring Framework Report for the key tasks

**1.3 Project description**

The project involves civil works for the upgrading of Pallisa (**7.5km**) and Kumi (**12.2km**) town roads. This project is a unique one. It involves Civil Works in two towns which are about 43Km apart with heterogeneous communities. Pallisa Town council is predominantly habited by Bagwere, Basoga and Itesot while Kumi Town is predominantly habited by Itesot and Bagisu.

Pallisa is a Town Council while Kumi is a Municipal Council. Hence, different administrative structures and functions as prescribed by the Local Government Act. Despite the diverse project dynamics, our team will endeavor to effectively and efficiently accomplish the tasks ahead of us.

**2.0 OUR UNDERSTANDING OF THE ASSIGNMENT/TASKS**

We understand that the assignment to be implemented as expected, several tasks will be undertaken. The core tasks include the following;

1. Raise HIV/AIDs awareness, prevention and control among the project workforce and communities in the project areas.
2. Prevent gender-based Violence/discrimination through Gender mainstreaming, awareness and mitigation.
3. Promote Child Rights awareness and Protection among contractor's work force and local community in project areas
4. Promote Community and Occupational, Health and Safety among the project workforce and communities in the project areas.
5. Address other safeguard risks including; Malaria, TB, Hepatitis B, STIs, etc.

**3.0 KEY DELIVERABLES**

The expected key deliverables for this assignment are the following;

1. Prepare and submit an inception report describing the understanding of the tasks, methodology and activities to perform the tasks, stakeholder engagement plan.
2. Prepare and submit a Baseline report detailing stakeholder analysis, the prevailing conditions on HIV/AIDS, Gender/GBV, Child protection, TB, Malaria, Health and Safety.
3. Prepare and submit Monthly activity reports that shall present the progress against planned activities, schedule and key performance indicators, targets, highlights and other issues of concerns.
4. Prepare and submit Quarterly Progressive reports about planned interventions and agreed upon work plans.
5. Annual report that will include achievements, key observations, lessons learnt and recommendations on how to enhance performance for each task.
6. Compilation and submission of assignment completion report.

**4.0 Proposed approach to the execute the tasks**

For the efficient and successful execution of the assignment, our planned approaches are aligned in line with the tasks as highlighted above. In table 1below, the tasks are further described and the proposed approaches outlined.

***Table 1: Outline of proposed approaches***

|  |  |
| --- | --- |
| **Task Description** | **Proposed Approaches/Activities** |
| 1. Design and conduct a KAP Baseline Survey to establish the HIV/AIDS risk factors, population at risk, identify hotspots, map out existing services and service providers, | i. Prepare baseline survey tools i.e Questionnaires , stationery, recorders, Letters of introduction to participants, PPE and IDs for research assistants |
| ii. Conduct a transect walk to establish data collection areas with assistance of the local councils and establish a representative number of households to be reached during the survey. |
| iii. Carry out data collection, cleaning, analysis |
| iv. Prepare Baseline situation Assessment report |
| v. Submission of Baseline study report |
| 2. Create Awareness about HIV/AIDS/STIs prevention, HIV Counseling and Testing, Management of STIs, Condom education and distribution | i. Establish and operationalize a clinic for the project staff/communities |
| ii. Reviewing Contractors HIV/AIDS Policies, OSH Plans Gender & child protection plans |
| ii. Identify, support and establish collaborative/MoUs with other medical service providers , existing structures along the project area to assist the program implementation |
| iii. Procure, distribute condoms and carry out condom use education to the project staff and project affected communities |
| iv. provide HIV/AIDS Counselling and testing at the clinic and through community outreaches |
| v. Carry out HIV/AIDS awareness and mitigation through meetings, distribution of IEC materials, Community outreaches, radio talk shows, films shows, etc. |
| vi. Screen and manage STIs for project workers and project affected communities |
| vii. Effect referrals to HIV/AIDS care and support to existing services |
| 1. Conduct schools’ HIV/AIDS/STIs/SRH sensitizations |
| 3. Prevent gender-based Violence/discrimination through Gender mainstreaming, awareness and mitigation. | i. Review of Contractors Gender Action Plans and Procedures on the project |
| ii. Preparing Gender related data on the project |
| iii. Gender awareness raising for personnel on the program to integrate  equity |
| iv. Training contractors’ workers on Gender issues during the project |
| v. Conducting sensitization and awareness campaigns along the project  road |
| vi. Supporting a Gender friendly work environment at all project sites |
| vii. Gender and grievance management |
| viii. Gender Inspections and monitoring |
| 4. Child Rights and Protection Awareness creation, mitigation among contractor's work force and local community in project areas | i. Preparation of the Child Protection Management Plan |
| ii. Awareness raising and prevention of Child abuse on the project |
| iii. Creating a child friendly environment during the project |
| iv. Empowering children to know their rights |
| v. Coordination and collaboration with child protection services |
| vi. Measures for reporting Child abuse cases and response mechanisms |
| 5. Gender Awareness and Mainstreaming | i. Review of Contractors Gender Action Plans and Procedures on the  project |
| ii. Preparing Gender related data on the project |
| iii. Gender awareness raising for personnel on the program to integrate  equity |
| iv. Training contractors’ workers on Gender issues during the project |
| v. Conducting sensitization and awareness campaigns along the project road |
| vi. Supporting a Gender friendly work environment at all project sites |
| vii. Gender and grievance management |
| viii. Gender Inspections and monitoring |
| 6. Promote Community and Occupational, Health and Safety among the project workforce and communities in the project areas. | i. Review of Contractors Management Plans and documents |
| ii. Promoting workers participation in OSH program |
| iii. Promoting Community participation in OSH program |
| iv. Worker education and training |
| v. Monitoring and reporting |
| 7. Reporting | i. Preparing an Inception report |
| ii. Presenting the Baseline Assessment Report |
| iii. Preparing Monthly progress reports |
| iv. Compiling Annual Performance Review Report |
| v. Compiling Final Evaluation Report |

## 4.1 Team Composition

Our Team to carry out the project tasks comprises of Specialists and Officers with the requisite knowledge and experience. Our experience from past programs and projects shall assist us to achieve success implementation of the proposed intervention. The selection of our team members was further guided by the criteria shown below:

* Availability for the execution of the Project
* Academic qualifications in accordance with the Terms of Reference requirements;
* Experience in the execution of such assignments;
* Capability to undertake the tasks assigned as identified in our Methodology and in accordance with the Terms of Reference
* Ability to adopt to new environments and approaches to ensure a successful project;
* Possession of strong communication skills

*Table 2**: Main tasks and roles of the NSP-CCAYEF staff*

| **Name** | **Position** | **Task Assignment** |
| --- | --- | --- |
| Dr. Kkonde Anthony | HIV/AIDS Public Health Specialist /Team Leader | * Community and contractor sensitization * Building links with local service providers as necessary * Base line study * Monitoring Framework * Work with the project Sociologist to produce appropriate IEC materials * Reporting - including monthly, progress and evaluation reports * Procurement of all materials and supplies * Client and Contractor Liaison * Overall Contract Management |
| Okwakol Samuel | Sociologist | * Community and contractor mobilization and sensitization * Building links with local service providers as necessary * Participate in Base line study * Carry out impact assessment of the project interventions * Work with the Public Health Specialist to produce appropriate IEC materials * Reporting * Assist the Team Leader in Contract Management |
| Maria Jane Kubulamwana | Full time Qualified Nurse | * HIV/AIDS testing * Testing for other sexually transmitted infections * General first aid in contractor workforce and application of basic medical testing and treatment, including, but not restricted to HIV/AIDS etc * Maintaining monthly record of all treatment administered and numbers of case |
| **Akol Jacinta** | HIV/AIDS Sexual Health Counselor | * Counselling of Contractor Staff and community members before and after * HIV/AIDS testing * Working with and within target communities |
| **Ruth Namusisi** | Gender/Child Protection Officer | * Guide in making gender sensitive project interventions * Conduct gender and Gender Based Violence awareness sensitization * Make gender analysis for the project related activities * Generate gender disaggregated data for incorporation in the reports * Ensuring that the activities target and address child related concerns; * Quality assurance of activities to ensure desired outcomes; * Responsible for design of activities and targets groups for each activity; * To design approaches to ensure that target groups are reached and the desired outcomes are realized; * Mobilize various government and non-government actors involved in child protection activities and programmes to rejuvenate their activities along the road project; |
| **Wandeme Fred** | Occupational Safety and Health | * Conduct occupational safety and Health; and Road Safety sensitization and awareness campaigns * Monitor occupational safety and health for the project related activities * Guide project in undertaking occupational safety and health intervention * Document occupational health and safety activities, events and other aspects for the project |

## Details of Planned Approaches

This section represents the methodology for undertaking the NSP assignment aimed at achieving the objectives of the assignment with appropriate details added from the Inception work. The methodology presents the main tasks and procedures for undertaking the various tasks or activities.

### 4.2.1 Document Identification and Review

The identification and review of existing documents is a key starting point for the effective implementation and completion of the work. The analysis of existing strategies, policies, programs, plans and projects at national, regional and local levels will give our team a solid background for the planning exercise. Client support for accessing these documents is critical.

**Methods:** work with the project team (Contractor and Consultant) to identify relevant documents; prepare a list and officially submit the request to the contractor (hard copy and digital); review documents.

*Table* *2: List of documents to be reviewed*

| **No.** | **Document/ Information** |
| --- | --- |
| 1 | Existing OSH Policy OSH Management Plan including the Traffic Control Plan and No Alcohol and drugs Policy |
| 2 | Existing Child Protection Policy & Gender Action plans |
| 3 | Existing HIV /AIDS Workplace Policy |
| 4 | Numbers of staff (ALL) |
| 5 | Numbers of male staff |
| 6 | Number of Females staff |
| 7 | Number of disabled/Vulnerable staff |
| 8 | Resettlement Action Plan Report |
| 9 | Environmental and Social Impact Assessment Report |
| 10 | Roads Sub-Sector HIV/AIDS Policy |
| 11 | Contractor’s Environment & Social Management Plan |

### Stakeholder Engagement and Information Gathering

Effective implementation of the assignment will require collection of data/information and compilation of data from several relevant sources and individuals along the project area and the vicinities. Comprehensive field reconnaissance, interviews, stakeholder engagements, community out reaches, will be important components during data gathering.

We will work in close collaboration with existing local government and community structures understand of the local dynamics, while identifying issues, opportunities, constraints and locally determined priorities.

*Table 3**: Stakeholder engagement plan*

| Category | Stakeholder Name | Interests, Information collected or requirements from consultation | Methods of Engagement |
| --- | --- | --- | --- |
| Pallisa Town Council | * Town Clerk * Medical Office of Health * Health Inspector * Community Development Officer * Education Officer * Police * Hospital Management | * Mitigation of likely impacts of the project. * District Development Plans * Baseline KAP, economic & social information. * Administrative structures * Views and concerns. * Grievance management * Existing service providers and their contacts * Existing services availabe | Formal meetings, KIIs  FGDs, discussions,  Review of reports and documents, etc. |
| **Kumi Municipal Council** | * CAO/Town Clerk * DHO/MOH * Community Development Officer * Municipal Education Officer * Health Centers IV In charge * RDC |
| Local Communities at Parishes(wards) and villages (cells) | Communities along the project road | * Anticipated impacts and expectations from the proposed project; * Local Solutions to mitigate negative impacts and enhance positive; * Links and ties with the local community issues that needs to be addressed | * Community meetings * Focus Group Discussions * survey questionnaires * individual discussions |
| Existing Reproductive health service providers or NGOs in  HIV/AIDS, SGBV and Child protection & awareness sector | NGOs, CBOs and  Faith Based Organizations | * Anticipated impacts and expectations from the proposed project; * Local Solutions to mitigate negative impacts and enhance positive; * Range and Scope of services delivered * Linkages and available services | * Key informants interviews * Review of reports/documents * individual discussions |

### Undertaking Knowledge, Attitude and Knowledge baseline Survey

In order to establish appropriate interventions, we shall undertake a KAP survey in the project area to get a thorough understanding of all aspects of the existing situation. This will enable us to understand the social, cultural, economic, environmental, physical, legal/institutional, and political contexts associated with HIV/AIDS, STIs, GBV, Gender, Child rights/protection and other social safeguards. Information about Hot spots, possible drivers of HIV, existing service providers, etc, will be gathered.

Data collection will be done using structured questionnaires, focus group discussions, key informant interviews, observations, review of existing data, etc. Collected data will be analyzed and the findings will guide the choice of interventions.

**Proposed Outline of the Baseline Survey Report**

1. Executive summary
2. Introductions, assignment and scope of survey and Project objectives
3. Description of project area
4. An analysis and definition of the project area of influence
5. The survey methodology and detailed stakeholder analysis
6. Socio-economic baseline information of the area

* Existing knowledge, attitudes and practices relating to HIV/AIDS and STIs, GBV, Gender and Child protection in the local communities.
* Existing patterns of sexual behavior and practice in the project area
* Existing prevalence rates for HIV, TB and reported cases of STIs
* Detailed Inventory of sexual health services offered in the project area
* Gender analysis (gender disaggregated) of the contractor’s staff and communities in the surrounding project area

1. Analysis on Occupational Health and Safety procedures for the project related activities
2. A gender analysis for project workers and communities (gender and age disaggregated) surrounding the project area.
3. Analysis of child care issues in the community and potential risks from the project for children
4. Discussions of findings
5. Recommendations
6. Conclusions
7. Appendices

**4.2.4 Proposed monitoring framework**

An overall monitoring framework will be developed for routine (daily) gathering of information on key aspects of project activities’ outputs and overall progress. It will provide information for planning, tracking progress on project implementation and for feedback about the progress of the project to the Client (UNRA), Contractor, the Consultant as well as beneficiaries of the project.

CCAYEF staff shall be responsible for preparing monthly work plans that will guide implementation of activities on the project in collaboration with the main contractor and Supervision consultant. In order to track progress of implementation and achievements of activities, a monitoring framework of activity performance indicators will be prepared. Reporting on monitoring results will be done monthly, quarterly and annually.

***Table 4: ACTIVITY IMPLEMENTATION MONITORING FRAMEWORK***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Outputs** | **Target group** | **Verifiable Indicators** | | **Means of Verification** | **Responsibility** | **Assumptions & Risks** |
| **Objective 1: Reduce the risk of transmission of the HIV virus between and among construction workers, their families and the local community** | | | | | | | |
| Conduct HIV/AIDS awareness meetings with project workers inclusive of sub-contactors | Project staff aware of their HIV sero statuses, HIV/AIDS prevention and mitigation | Project workers and Sub-contractor workers | Number of awareness meetings/sensitization sessions held | | -Attendance registeration forms with gender disaggregated data  -Activity reports with photos | -Public health specialist  -Counsellor  -Project Manager’s Team  -Sociologist | Contractor allows time for workers sensitization. |
| Condoms educatin and Distribution to both project workers and community | Access to free condoms among project workers and commuity improved | Project workers, local community | -Number of condoms distributed  -Number of condom distribution points refilled  -Number of condom use education sessions held | | -Activity reports with photos | - Health counsellor  -Nurse  -Sociologist | None |
| HIV/AIDS senstization for project affected communities in collaboration with local actors | Community sensitization campaigns/meetings conducted | Community members, schools, trading centres | -Number of campaigns/meetings conducted  Number of participants reached | | Activity reports with attendance lists and photos | - Local leaders  -Sociologist | None |
| Produce and distribute HIV/AIDS prevention IEC materials in the project area | Community members and project staff informed about HIV prevention | Local community and project worker spaces | Number of displayed IEC materials | | -Reports  -Photographic evidence | - Local leaders  -Sociologist | All people can read |
| Conduct radio talk shows on local radios to communicate HIV, TB | Community members informed about HIV/TB prevention | Local community in project area | Number of radio shows conducted | | Activity reports with photos and studio recordings | - Local leaders  -Sociologist | Range and reach of radio stations in the region |
| Conduct HTC/VCT services, for workers and communities through out-reaches | Access to HCT/VCT services for workers and communities enhanced | Project workers and community along the project road | Number of workers and local community members offered VCT/HCT | | -Monthly reports  -Referrals made | -Nurse  -Counselor  -Sociologist | Logistics will be available for community outreaches |
| Screening, diagnosis and treatment of STIs for project workers | Project workers and their contacts treated for STIs | Project workers | Number of project workers with STIs treated | | -Monthly reports | -Nurse  -Counselor | Project workers with STIs will present themselves |
| Hold HIV/AIDS/STI sensitization film shows (Moonlight shows) | Project workers and communities sensitized on HIV by Edutainment | Project workers and community along the project area | Number of film shows held | | -Activity reports | Counselor  -Sociologist | Convenient places will be available for the film shows |
| Management of project staff clinic | Project staff clinic fully operational | Project workers | Number of project staff treated for STIs, Malaria, first Aids at the clinic | | -Monthly reports | -Nurse  -Counselor | Contractor and NSP will fulfill their obligations |
| Conduct school sensitization on HIV, STIs and pregnancies | Adolescents and youth in schools knowledgeable about HIV, STIs, etc. | Adolescents and youth | Number of schools reached and number of adolescents and youth sensitized | | Activity repots with attendance lists and photos | -Nurse  -Counselor  -Sociologist | School administrators will provide the time and allow students |
| **Objective 2. Prevent Gender Based Violence, discrimination, and Promote Gender awareness in the Contractor’s**  **workforce and local community in the project area** | | | | | | | |
| **Activity** | **Outputs** | **Target group** | **Verifiable Indicators** | | **Means of Verification** | **Responsibility** | **Assumptions & Risks** |
| Conduct awareness on workers Code of Conduct including GBV and Child Protection/abuse | Workers and communities knoledgeable about GBV and Child protection | Project workers and communities along the project area | Number of project staff and community members sensitized | | Activity repots with attendance lists and photos | -Counselor  -Sociologist |  |
| Monitor Implementation of an anti sexual- Harassment Policy | Non occurence of Incidents of sexual abuse on the project | Project workers | Number of harassment cases reported | | Monthly reports incidents of harassment | -Counselor  -Sociologist | Incidents of sexual harrassment will be reported |
| Organize targeted sensitization for hot spots, special groups at risk and risky groups | Incidents of GBV and Child abuse reduced in the communities | The communities along the project area | Number of outreaches/meetings held and number people or villages reached | | Activity reports and attendance lists | -Counselor  -Sociologist | None |
| Sensitize local community on prevention of gender-based violence | Knowledge about women’s rights, GBV andchild abuse prevention improved | Women and men groups | No. of sensitizations  No. of participants reached | | Activity reports | Sociologist | none |
|  |  |  |  | |  |  |  |
| Use media and IEC materials to ensure Children, families and communities recognize the risks for violence, abuse, exploitation and neglect | Prevalence of GBV and Child abuse reduced in communities | Schools, Community, camp sites, etc. | Number and variety of IEC materials distributed | | Activity Reports with photos | Sociologist |  |
| Provision of safe and gender separate toilets, bathing, changing rooms and sanitary facilities | Gender sensitive facilities designed | Project management | | No. of gender sensitive facilities | Observation  Weekly inspections Monthly report | -Gender specialist  -Sociologist | None |
|  |  |  |  | |  |  |  |
| **Objective 3. Promote Child Rights awareness and Protection among contractor's work force and local community in**  **project areas** | | | | | | | |
| **Activity** | **Outputs** | **Target group** | **Verifiable Indicators** | | **Means of Verification** | **Responsibility** | **Assumptions & Risks** |
| Induction of project workers on prevention of child abuse, violence and child labor | Cases of child violence, abuse and labor eliminated | Project staff | % reported child abuse cases, violence or exploitation  receiving age and gender sensitive services | | Activity reports with photos | Safety Officer  Gender officer |  |
| Empowering children to know their rights | Cghildren knowledgeable about their rights | Students/children in and out of school | Number of sessions held in schools | | -Third party records from Police  -Activity reports | Gender officer  Sociologist  Counselor |  |
| Conducting community dialogues meetings on child protection | Awareness on child protection and abuse increased | Project affected community | No. of meetings held on child protection cases  No. of community members participating in dialogues about child rights and abuse (gender disaggregated) | | Activity reports | Gender officer  Sociologist  Counselor |  |
| Display child protection information using IEC materials to sensitize workers and local community | Increased understanding about child protection | Project affected community | No. of IEC materials procured and distributed (number and type)  No. of IEC materials displayed | | Distribution list | Gender officer  Sociologist  Counselor |  |
| Monitoring reporting of child abuse cases and victims receiving psychosocial services | Effective grievance mechanism in place | Project affected community | No. of cases or abuse victims who receive referrals for service | | Clinic reports  Third party  Survey reports | Gender officer  Sociologist  Counselor |  |
| Hold dialogues on prevention of child abuse at schools and homes | Prevalence of Child abuse reduced in communities | Schools, SMC & PTAs,  Community leaders | No. of campaigns conducted  No. of persons participating as champions | | Activity Reports with photos | Sociologist | none |
| **Objective 4. Promote Community and Occupational, Health and Safety among the project workforce and communities in the project areas.** | | | | | | | |
| **Activity** | **Outputs** | **Target group** | **Verifiable Indicators** | | **Means of Verification** | **Responsibility** | **Assumptions & Risks** |
| Inducting project workers on safety rules, PPE use and safe work methods | Project workers knowledgeable and consistently using PPEs | Project workers | No. of inductions and  No. of workers attending | | Activity reports  Induction list & photos | Safety Officer | All staff are available |
| Train workers on knowledge and skills to do their work safely and to be able to avoid creating hazards and placing themselves and others at risk. | Workplace injuries minimized for project staff and the general community | Project workers | -Warning signature well spread along construction areas  -No graveous injuries reported among workers and the communities | | Activity reports & photos | Safety Officer | All staff are available |
| Establish ways for workers to communicate freely on health and safety issues on the project without fear of retaliation. | Suggestion boxes installed | Project workers | No of suggestion boxes installed | | Activity reports & photos | -Safety Officer  -Sociologist | Project management team will be in agreement |
| Conduct sensitization sessions in schools on road safety and construction works hazards | No repoted incidences of construction related injuries to pupils and students | Pupils and students in project affected communities | No. Of sensitization sessions held  -No. Of students sensitized | | Activity reports | -Sociologist  -Gender officer  -Safety officer |  |
| Carry out Safety & health inspections and audits | Safety Performance Improvedt | Construction sites, camps and stock pile areas | Observed safety precautions/procedured in place | | Activity reports | -Safety officer  -Sociologist |  |
| Conducting fire drills and first aid training | Reduced cases of injury at work sites | Project workers | No. of drills organized | | Activity report and attendance | -Safety officer  -Sociologist | None |
| Hold regular internal team meetings and review plans and reports | Work plans prepared and action points integrated | Program team or NSP staff | No. of program meetings | | Activity report and attendance |  |  |
| Implementing Emergency preparedness and response | Emergency response services to accidents implemented | Project management team | EPR Dcocument in place | | Observatble EPR indicators in workplaces in place | Project management team |  |
| **Objective 6. Technical Reporting** | | | | | | | |
| **Activity** | **Outputs** | **Target group** | **Verifiable Indicators** | | **Means of Verification** | **Responsibility** | **Assumptions & Risks** |
| An inception report |  | At the end of one month after commencement of project. |  | |  |  |  |
| Baseline Conditions Assessment Report |  | End of three months from commencement of services |  | |  |  |  |
| Monthly Progress Reporting | Achievements, Report on the activities conclude for the reporting month  And Planned activities for the next month | Within one week after end of reporting month |  | |  |  |  |
| Quarterly report | Achievements, Report on the activities conclude for the reporting month  And Planned activities for the next month Challenges faced and lessons learnt during the quarter | Quarterly by 15th of the month after the quarter period |  | |  |  |  |
| Final Evaluation Report |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |

**4.2.5 Sequencing and description of the tasks**

CCAYEF (NSP) shall undertake several tasks during implementation of the activities. Table 5 describes the main tasks we shall undertake at commencement and throughout implementation of the assignment. All tasks shall be sequenced in a manner that they are logically concluded and evaluated.

***Table 5: Tasks to be undertaken during the NSP assignment***

| **Task No.** | **TASK DESCRIPTION** |
| --- | --- |
| 1. | **Mobilisation** |
| 1.1 | Mobilization of the project implementation team |
| 1.1 | Gathering Project Data and Desk review |
| 1.2 | A Joint Preliminary Site Reconnaissance |
| 1.3 | Preparation of Inception Report |
| **2**. | **Baseline Survey and Preparation of the Baseline Assessment Report** |
| 2.1 | Prepare baseline survey tools (Questionnaires on HIV/AIDS, Gender and Child protection), Letters of introduction to participants, PPE and IDs for research assistants |
| 2.2 | Mobilize and train research assistants |
| 2.3 | Provide stationery, camera and voice recorders. |
| 2.4 | Conduct a transect walk to establish the areas with assistance of the local council and establish a representative number of households to be reached during the survey. |
| 2.5 | Prepare Baseline Condition Assessment report |
| 2.6 | Submission of Baseline assessment report |
| **3.** | **Development of Monitoring Framework** |
| 3.1 | Purpose of Monitoring Framework |
| 3.2 | Prepare Method Statements |
| 3.3 | Definition of roles and responsibilities |
| 3.4 | Implementation Monitoring Framework |
| **4.** | **Review of Contractors’ HIV/AIDS Work place Policies, OSH, Child protection, Gender Plans** |
| 4.1 | Request and receive Policies and Plans from Contractor |
| 4.2 | Review Contractors Plans and summarize review comments for improvements |
| **5.0** | **Implementing HIV/AIDS awareness and mitigation program** |
| 5.1 | Conduct demonstration on proper use and disposal of male and female condoms among the workforce and affected communities in the project area. |
| 5.2 | Distribute both male and female pieces of condoms among the workforce and affected communities in the project area. |
| 5.3 | Display and distribute IEC materials with information on HIV/AIDS,GBV, and Child Protection |
| 5.4 | Conduct voluntary HIV testing among the Contractors workforce |
| 5.5 | Assist affected individuals to access care, counseling and treatment |
| 5.6 | Reporting outputs from activity implementation |
| **6.0** | **Child Protection Awareness** |
| 6.1 | Preparation of the Child Protection Management Plan |
| 6.2 | Awareness raising and prevention of Child abuse on the project |
| 6.3 | Creating a child friendly environment during the project |
| 6.4 | Empowering children to know their rights |
| 6.5 | Coordination and collaboration with child protection services |
| 6.6 | Measures for reporting Child abuse cases and response mechanisms |
| **7.0** | **Gender Awareness and Mainstreaming** |
| 7.1 | Preparing Gender related data on the project |
| 7.2 | Gender awareness raising for personnel on the program to integrate equity |
| 7.3 | Training contractors’ workers on Gender issues during the project |
| 7.4 | Conducting sensitization and awareness campaigns along the project road |
| 7.5 | Supporting a Gender friendly work environment at all project sites |
| 7.6 | Gender and grievance management |
| 7.7 | Gender Inspections and monitoring |
| 7.8 | Review of Contractors Gender Action Plans and Procedures on the project |
| **8.0** | **Occupational Safety and Health Awareness** |
| 8.1 | Promoting workers participation in OSH program |
| 8.2 | Promoting Community participation in OSH program |
| 8.3 | Worker education and training |
| 8.4 | Sensitize Community members of OSH |
| 8.5 | Review of Contractors Management Plans and documents |
| 8.6 | Monitoring and reporting |
| **9.0** | **Reporting** |
| 9.1 | Preparing an Inception report |
| 9.2 | Presenting the Baseline Assessment Report |
| 9.3 | Preparing Monthly progress reports |
| 9.4 | Compiling Quarterly progress reports |
| 9.5 | Compiling Annual Performance Review Report |
| 9.6 | Compiling Final Evaluation Report |



**5.0 BASELINE ASSESSMENT STUDY**

We shall establish the key characteristics of the population likely to be directly affected by the project. Both qualitative and quantitative data will be collected to investigate and analyze HIV/AIDS, STIs, Sexual Health, Socio-economic issues that are informing the baseline survey. Primary and secondary data will be obtained from target locations from potential respondents and stakeholders. The baseline assessment is expected to run for a total of 30 days.

**5.1 Methodology and data collection techniques, tool and target respondents**

To understand the project baseline conditions, we shall use the following tools and techniques to systematically collect information about objects of the study i.e. people or objects and settings in which they occur.

i. We will establish a representative sample size using statistical sampling methodologies ii. Administer semi-structured questionnaire. The questionnaires shall be designed to capture information on program related activities including;

* ***Existing knowledge, Attitudes and practices (KAP) on aspects of the assignment- HIV/AIDS, GBV, VAC and community /OSH among in local communities at risk of infection with the HIV virus***
* ***Existing patterns of sexual behavior and practice in project affected communities, the analysis should be gender and age sensitive***
* ***Existing prevalence rates for HIV/AIDS and reported cases of STIs***
* ***Detailed inventory of sexual health services offered in the project area with an assessment of resources and capacity.***

1. We shall use key informants to gain access to valuable information from knowledgeable community leaders and health staff at various levels. Interviewing (face to face) using interview guide checklists for available information.
2. Focus group discussions (moderated group discussions with groups on particular topics) along the road for the project-affected community to collect views and concerns on the proposed road project specifically about HIV/AIDS, GBV and Child protection and Gender issues. The FGDs will be held with Community health promoters/Village health Teams, PAPs, out of school youth, men and women, sex workers and project workers.
3. Using available information with a data checklist, compilation forms for analysis of information routinely collected and from health facilities that may not have been published.
4. Observing using eyes and other senses to gather firsthand data on the program, processes or behavior being studied while recording the characteristics and behaviors. (this will be largely non-participant observations)

***Table 6: Category of target respondents***

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Stakeholder Category** | **Stakeholder to be reached** | **Data collection tools** |
| 1. | Local Government | * LC V Chairperson * CAO * DOH * DCDOs * Town Clerk, * Sub County CDOs | KIIs |
| 2. | Civil Society organizations | -NGOs  -Sexual Health service providers | KIIs and FGDs |
| 3. | -Vulnerable groups  -Local community & PAPs | -Youth groups  -Women groups and other vulnerable groups  -Boda boda Associations  -Households’ heads | -FGD-  -Survey questionnaires  - KIIs |
| 4. | Project level | -Project management and workers | -FGDs,  -KIIs,  -Survey questionnaires |

### 6.0 OBSERVATION ALONG THE PROJECT

After the meeting with the Contractor on 21st to 22nd December 2023, the Contractor’s HR Officer oriented the NSP team for familiarization tour of the project sites including active work sites. culvert and bridge construction sites, local community affected by the works and other ancillary site as in the photos below.

|  |  |
| --- | --- |
| C:\Users\Dr Konde\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\20240521_120424.jpg |  |

**CCAYEF STAFF DURING INTRODUCTION MEETING WITH UNRA AND THE CONTRACTOR AT PALLISA**



**REONISCANCE FIELD VISIT OF THE PRJECT AREA IN PALLISA TOWN WITH UNRA AND CONTRACTOR TEAMS**



**SOME CCAYEF STAFF AT KUMI CONTRACTORS’ CAMP SITE**

**7. ANNEXUTURES**

**A. KEY INFORMANT INTERVIEW GUIDE FOR STAKEHOLDERS**

***Category: CAO, DHO, Health Inspectors, HIV focal persons, DCDO, Health Facility In-charges, local Leaders, CDOs, CBOs, NGOs***, etc.

1. Would you consider HIV/ AIDS, STIs, to be a problem in this community? If yes, explain (Probe Prevalence, Incidence...)

2. Which categories of people do you think is mostly at risk of getting HIV/AIDS and other STIs in this community? Give reasons to why you think so.

3. What is the main role or responsibility of your department in HIV/AIDS and STI prevention?

4. Who are the main service providers of the HIV and STI services in this community/district?

5. Apart from HIV/AIDS and STI prevention programs, what other programs are in place for the most vulnerable populations?

6. What kind of services should be delivered to this community to reduce HIV/AIDS and other STIs?

7. What do you think should be your role as community members in this HIV/AIDS, GBV, Child protection awareness program?

8. What strategies or approaches do you think could improve STI prevention and treatment in this community within the next 2 years?

9. In your opinion, do you believe that road construction projects are a possible source of spread of HIV/AIDS and other STIS in the country. If yes how?

10.What do you think UNRA can do to control the spread of HIV/AIDS and other STIs under road construction projects?

11. Do both men and women equally access employment opportunities under the road construction project?

12. What are some of the issues affecting this community as a result of the road construction project?

13. Has the road construction project affected the relations between men and women in your community?

14. In your opinion, do you believe that the road construction project is a source of gender-based violence (e.g. prostitution, rape, defilement, physical, etc.?)

**B. KEY INFORMANT/ ROAD CONSTRUCTION WORKERS’ GUIDE**

1.Where is you home area?

2.What kind of work do women on this road?

3. What kind of work men do on this project?

4. Do you use protective gears? Name them.

5. How do the construction workers spend their leisure time? Where? Mention particular Pubs/Places.

6. Have you heard about HIV/AIDS?

7. What are the ways through which HIV is transmitted?

8. How does one prevent himself/herself from getting HIV Infection? Probe for other strategies

9. Are there health facilities that provide HIV/AIDS services for the construction workers?

10. In your opinion how does HIV/AIDS affect men, women, households and communities?

11. Are there specific services targeting children, Youth, women and vulnerable groups? Name them.

12. What challenges do you face in accessing HIV/AIDS services on the project?

13. Make recommendations on what (employer, government) should do to control the spread of HIV/AIDS among road construction workers and the community

14. Does the Contractor promote Health and safety amongst the construction Workforce and within Local community?

15. Does the contractor have OSH personnel? Do you know him/her?

16. Have you had any training regarding OSH you were hired?

17. Have you experienced any form of physical violence on this project? (Mention forms of physical violence)

18. Have you experienced any form of sexual violence on this project? (Mention forms of sexual violence)

19. Have heard of any worker who has had physical or sexual violence?

20. What are the official working hours per day and per week?

21. Are both men and women equally represented on decision making structures on the road construction project?

22. Make recommendation on what can be done to address the gender issues on a road construction project.

**C. HEALTH CARE FACILITY ASSESSMENT - OBSERVATION CHECK LIST**

**SECTION A:**

Fill this form for each facility sampled. Questionnaire number \_\_\_\_\_/\_\_\_\_\_\_

Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ I day month year

|  |
| --- |
| COMPLETE THIS SECTION BEFORE OBSERVATION |
| District Sub- County Parish Name of facility |
| Position /Title of respondent |
| Name of Interviewer Date of Interview |

SECTION B:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Information (Respondent)  Position / Title.  Gender □M □F  Education level □Primary □Secondary □Tertiary □ Others ( tick in box)  Roles and responsibilities  ……………………………………………………  …………………………………………………….  …………………………………………………….  Have you received any HIV/AIDS, STI training (name the type of training)  ………………………………………………………………………………  ………………………………………………………………………………  ………………………………………………………………………………..  Drug supply & services offered  Does this health unit receive HIV/AIDS drugs? □Yes □No. If Yes Name the sources  ……………………………………………………  ……………………………………………………  ……………………………………………………  Do you have an STI Drug list? □Yes □No  Do you have an HIV Drug list? □Yes □No  Do you have a problem with STI and HIV drugs supply? □Yes □No. If Yes, what problem(s)?  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………  Do you have standard STI and HIV treatment guidelines? □Yes □No  What HIV services are available at this facility? □HCT □ART □PMTCT □PEP (kits)  Have you had any stock out of any of the following drugs in the last 12 months?   |  |  |  | | --- | --- | --- | |  |  | Stock out period in weeks | | STI drugs | □Yes □No |  | | HIV drugs | □Yes □No |  | | Condoms | □Yes □No |  | | HIV testing kits | □Yes □No |  |   **Gender Issues**  What HIV/AIDS services do women access at the facility?  What HIV/AIDS services do men access at the facility?  What HIV/AIDS services do the youth access at the facility?  What HIV/AIDS services do the children access at the facility?  Have you experienced cases of gender-based violence related to HIV/AIDS? □Yes □No  If yes. Give a scenario?  Observation Checklist (to be filled in by the Observer) | | | |
| What to observe | Available | Not available | Comment |
| Waiting area |  |  |  |
| IEC on STI prevention and treatment |  |  |  |
| IEC on HIV prevention, TB & Malaria treatment and care, |  |  |  |
| Audio – visual |  |  |  |
| Sitting space |  |  |  |
| Condom dispensers |  |  |  |
| 2. Examination room |  |  |  |
| Job Aids on HIV/STI treatment |  |  |  |
| Register for HIV clients |  |  |  |
| Register for STI clients |  |  |  |
| IEC on STI prevention and treatment |  |  |  |
| IEC on HIV prevention treatment and care |  |  |  |
| STI treatment guidelines/Flow chart |  |  |  |
| HIV treatment guidelines, Flow chart |  |  |  |
| 3. Structural arrangement |  |  |  |
| Privacy in examination room\*\* |  |  |  |
| Easy access to pharmacy from examination room |  |  |  |
| Separate dispensing window for HIV |  |  |  |

\*\*If there is a screen for the patient or separate examination room

**D. HOUSEHOLD SURVEY QUESTIONNAIRE**

**Consent Note**

Greeting, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am a Consultant/Researcher with Child Care and Youth Empowerment Foundation which has been mandated by UNRA and Arab Contractors to conduct a baseline study on HIV&AIDS, Child protection, GBV, Gender and Occupational Safety and Health at the Contractor’s workplaces and in the local communities along the Pallisa and Kumi town roads under construction.

I would like to ask you about issues that concern you and your workplace and local communities. The information generated will help guide the Contractor and partners to develop a comprehensive HIV/ AIDS, Gender and Occupational Safety and Health program of action to respond to the HIV/AIDS at the workplace and local communities as well concerns on gender and Occupational Safety and Health.

The interview will take not more than I hour to complete. Whatever information you provide will be kept strictly confidential and will only be shown to the research team. Your name will not appear anywhere in the publications of the study findings.

Your participation in this study is entirely voluntary and you can choose not to answer any individual question that you are not comfortable with. However, we hope that you will participate in this study since your views in various components of this study are of critical importance.

**Subject consent**

I have been explained the purpose and benefits and I have understood. By signing this consent note, I voluntarily accept to participate in this study.

Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD SURVEY QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1- HOUSEHOLD INFORMATION** | | | |
| A household is defined as a group of people who routinely eat out of same pot and live on the same compound (or physical location). It is possibly that they may live in different structures. | | | |
| 1.1 | What is your gender? \*(tick box) | □Male | □Female |
| 1.2 | What is your age? (in years) |  | |
| 1.3 | What is your highest level of education? | □Never been to school  □Primary  □Secondary  □Post-secondary (certificate, diploma, degree, etc.) | |
| 1.5.2 | For how long have you stayed here? | □=<1 year  □=1-2 years  □=3-5 years  □=>5 years | |
| 1.7 | What is your occupation? | □Salaried employee  □Self employed  □Housewife  □Unemployed  □Other (specify) | |
| 1.9 | What is your religion? | □Catholic  □Anglican  □Muslim  □Born again  □Others (specify……………………………) | |
| 1.12 | What is your marital status | □Married (a) Polygamous (b) monogamous  □Single/Not married  □Separated/divorced  □Widowed  □Co-habiting | |
| 1.11 | Apart from your wife / husband how many other sexual partners do you have? | □None  □1  □2  □3  □more than 3 | |

|  |  |  |
| --- | --- | --- |
| **SECTION 2 - GENDER AWARENESS** | |  |
| 2.1 | Have you received any form of gender sensitization? | □Yes □No |
| 2.2 | What have they taught you? | □Human rights  □Gender based violence  □Gender relations  □others specify |
| 2.3 | Do you agree with the statement that road construction projects increase | □Prostitution  □Defilement  □Rape  □Immorality in society  □Family breakdown  □Violence between men and women  □School dropout, etc. |
| 2.4 | In the past twelve months, have you experienced any of the following forms of gender-based violence? | □Physical violence (e. beating)  □Sexual violence (e.g. coercion, rape, etc.)  □Defilement  □Early marriage  □Psychological violence |

|  |  |  |
| --- | --- | --- |
| **SECTION 3- AWARENESS ABOUT HIV/AIDS** | | |
| 3.1 | Have you ever heard about HIV/AIDS? | □Yes □No  □Yes □No  □Yes □No |
| 3.2 | If yes, what are the main channels of communication from which you received HIV & AIDS information and security? | □Radio  □Community meetings/workshops  □Departmental meetings  □Television  □Trainings  □New papers  □Brochures /posters  □Family members  □Friends  □Church  □Other (specify……………………...) |
| 3.3 | Which FM Station or radio do you listen to most? |  |
| 3.4 | Which Television Station do you watch most? |  |
| 3.5 | What is your preferred language of communication? |  |
| 3.6 | Have you heard of any drugs that can cure a person who has HIV virus? | □Yes □No |
| 3.7 | Have you heard of any drugs that can prolong the life of a person who has HIV virus? | □Yes □No |

|  |  |  |
| --- | --- | --- |
| **SECTION 4-KNOWLEDGE ON HIV/AIDS PREVENTION** | | |
| 4.1 | What are the common ways in which people reduce their chance of getting HIV virus? |  |
|  | Abstinence (Not having sex at all)? |  |
|  | Having one sexual partner who is not infected and who has no other partners? |  |
|  | Using a condom correctly every time they have sex |  |
|  | Having males circumcised |  |
|  | Starting early treatment |  |
|  | PMTCT |  |
|  | Others (Specify) |  |
|  | Sleep under a bed net |  |
|  | Remove breeding areas for mosquitoes |  |
|  | Good hygiene and covering mouth when sneezing |  |
|  | Wash hands after coughing or sneezing |  |
| 4.2 | What other ways can HIV be transmitted? |  |
|  | Transfusion with infected body? |  |
|  | Sharing needles among drug abusers? |  |
|  | Poor ventilation and not covering mouth |  |
|  | Others (Specify) |  |
| 4.3 | Have you undergone male circumcision? Or Are you circumcised? (male only) | □Yes □No |

|  |  |  |
| --- | --- | --- |
| **SECTION 5- KNOWLEDGE ON PMTCT** | | |
| 5.1 | Can HIV be transmitted from a mother to the child? | □Yes □No |
| 5.2 | If yes, under what circumstances/ways can the mother transmit an HIV virus to her child? |  |
|  | During pregnancy |  |
|  | During delivery? |  |
|  | During breast feeding |  |
| 5.3 | A mother who is HIV positive will always give birth to a child who is HIV infected | □Yes □No |
| 5.4 | Are there drugs that can be given to an HIV positive pregnant woman to reduce the risk of HIV transmission? | □Yes □No |

|  |  |  |
| --- | --- | --- |
| **SECTION 6 – SEXUAL BEHAVIOR AND CONDOM USE** | | |
| 6.1 | Do you agree with the statement that HIV can be transmitted through: |  |
|  | Witchcraft or supernatural powers? | □Yes □No |
|  | Mosquito bites or other insect bites? | □Yes □No |
|  | Sharing food with an HIV infected person? | □Yes □No |
|  | Other (Specify) |  |
| 6.2 | Do you agree that Prayers can heal or cure HIV & AIDS | □Yes □No |
| 6.1 | Have you had sex in the last 12 months? | □Yes □No |
| 6.2 | How many sexual partners have you had in the last 12 months? |  |
| 6.3 | If you urgently needed a condom, how long would it take you to get it? | □< 5 minutes  □31-60 minutes  □1-6 hours  □7-24 hours  □Over 7 days |
| 6.4 | If you needed a condom, how far would you get one? | □<1 km  □1-2 km  □3-5 km  □5-10 km  □> 10 km |
| 6.5 | Where do you get the condoms from in your community? | □NGO  □Government health facility  □Relative/friend  □Purchased from pharmacy / drug / shop / private clinic  □Kiosk  □Others (specify) |
| 6.6 | How much did it cost you? | □Free  □500  □500-1000  □1000 and above |
| 6.7 | Do you remember using a condom the first time you had sexual intercourse? | □Yes □No |
| 6.8 | Have you had sex with a non-regular sexual partner (non-marital non-cohabiting partner) in the last 12 months? If no, skip to 6.6 | □Yes □No |
| 6.9 | Did you use a condom at the last sexual encounter with a non-marital or non-cohabiting partner? | □Yes □No |
| 6.10 | In the last 12 months, have you engaged in sexual intercourse when either you or your partner was drunk (under influence of alcohol)? | □Yes □No |
| 6.11 | Have you engaged in sex (given sex) in the exchange of goods or services (including money) in the last 12 months? | □Yes □No |
| 6.12 | In the last 12 months, have you been forced to have sex against your will by anyone (maybe your spouse, a fellow worker, relative or a stranger) If no skip to 6.14 | □Yes □No |
| 6.13 | If yes, what step(s) did you take/ | □kept it to myself  □Told a friend/colleague about it  □Reported to my employer  □Reported to the police  □Other (Specify) |
| 6.14 | How would you rate or perceive your level of risk to getting HIV? | □High  □Moderate  □Low  □No risk at all |

|  |  |  |
| --- | --- | --- |
| **SECTION 7 – ATTITUDES STIGMA AND DISCRIMINATION** | | |
| 7.1 | Would you share a toilet or cup with a person/co-worker whom you know is HIV infected? | □Yes □No |
| 7.2 | If you knew that the canteen vendor at your workplace/community had HIV, would you buy sugar, fresh vegetables or other foods from her/him | □Yes □No |
| 7.3 | If a person/fellow worker is infected with HIV but is not sick looking should she/he be allowed to continue working? | □Yes □No |
| 7.4 | Do you know of anyone at the workplace or in this community who has openly declared has an HIV positive status? | □Yes □No |
|  | Do you agree that people with HIV should be blamed for bringing the disease to the community? | □Yes □No |

|  |  |  |
| --- | --- | --- |
| **SECTION 8 – UTILIZATION OF HIV TESTING SERVICES** | | |
| 8.1 | Have you ever been counseled for HIV testing? | □Yes □No |
| 8.2 | Have you ever tested for HIV? | □Yes □No |
| 8.3 | Did you receive your HIV test results? | □Yes □No |
| 8.4 | When was the last time u tested for HIV? | □Past 6 months  □past one year  □past 3 years  □Over past 3 years |
| 8.5 | Where was the HIV test done? \_\_\_\_\_\_\_\_\_\_\_  (Write the code of the place, see guide table 1) (Prob for place and nature of institution. If source is hospital, clinic or any health facility, write the name of the place. Also probe to identify the source and circle the appropriate code) Go to Table 1. | |
| 8.6 | How far in kilometers is the nearest HIV testing site from your residence or home? \_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 9 – HIV STATUS AND DISCLOSURE** | | | |
| 9.1 | If you tested HIV positive, would you disclose your HIV status to your sexual partners (marital or cohabiting) | | □Yes □No |
| 9.2 | Do you know the HIV status of your sexual partner/spouse? | | □Yes □No |
| 9.3 | Have you disclosed your HIV status to your spouse or sexual partner? | | □Yes □No |
| 9.4 | If you tested HIV positive, would you be willing to disclose your status to your employer? | |  |
| 9.5 | If one of you tested positive and the other negative, how would you handle the situation? | |  |
| SECTION 10 – PREVALENCE OF STI | | | |
| 10.1 | | In the past 12 months, have you had any disease which you got through sexual intercourse? | □Yes □No |
| 10.2 | | In the past 12 months, have you experienced any of the following signs and symptoms? |  |
|  | | Bad smelling/abnormal genital discharge | □Yes □No |
|  | | Genital sore or ulcer or itching of private parts | □Yes □No |
|  | | Pain on urination | □Yes □No |
|  | | Did you seek treatment? | □Yes □No |
| 10.3 | | If yes, where did you seek treatment for the STI from? \_\_\_\_\_  (Write the code of the place, see guide table 1) (Probe and nature of institution. If source is hospital, clinic or any health facility, write the name of the place. Also probe to identify the source and circle the appropriate code) |  |
|  | | Did your partner get treatment? | □Yes □No |
|  | | If yes who initiated it? | □Husband  □Wife  □Health worker  □Others |
| 10.4 | | Have you lost any family members or relatives due to HIV & AIDS | □Yes □No |
| 10.5 | | What was your relationship with the deceased? | □Spouse  □Biological child  □Relative  □Other (specify) |

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| **SECTION: 11.0 CHILD CARE AND PROTECTION** | | |
| 11.1 | Have you received any form of sensitization Violence Against Children (VAC) and Road safety for the Child? | □Yes □No  If yes from whom |
| 11.2 | Who is a Child? | □A person below 8 years  □Un-married  □A person still under the shelter of parents  □A person below 18 years. |
| 11.3 | What have they taught you? | □Child rights  □Violence Against Children  □others specify |
| 11.4 | Do you agree with the statement that road construction projects increase | □Child labor  □School drop outs  □Violence against children  □Early/un-wanted pregnancy.  □infant mortality and disability. |
| 11.5 | In the past twelve months, have you heard or reported and VAC? | □Yes  □No |
| 11.6 | Have you reported any of the above forms of violence to? | □LC1  □Police  □NGO  □Human resource |
| 11.7 | What is the common behavior in the community? | □Escalating teenage pregnancy.  □Child exploitation  □High sexual harassment  □Crime and drug abuse |