

DATA ASSESSMENT STUDY OF POPULATION AGEING IN UGANDA

**ASSESSMENT REPORT SUBMITTED TO THE UNITED NATIONS
DEPARTMENT FOR ECONOMIC AND SOCIAL AFFAIRS**

by

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Kampala, April 15th 2016

Acknowledgements

United Nations Department for Economic and Social Affairs is applauded for initiating a process of assessing the status of data on the important subject of population ageing in Uganda. Appreciation is extended to the Ministry of Gender, Labour and Social Development, for the enabling study environment. Particular gratitude goes to Staff of the Department of Population Studies at Makerere University who graciously read through the draft and made useful constructive criticisms. Lastly, Corporate and Individual Authors whose works constitute the bibliographic and database search arena are greatly acknowledged.

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List of Abbreviations and Acronyms

BoU	Bank of Uganda
ESP	Expanding Social Protection
HAI	Help Age International
KCCA	Kampala Capital City Authority
MFEP	Ministry of Finance and Economic Planning
MoH	Ministry of Health
MIPAA	Madrid International Plan of Action on Ageing
MoGLSD	Ministry of Gender, Labour and Social Development
MoLG	Ministry of Local Government
MPS	Ministry of Public service
MUPA	Makerere University Pensioners Association
NEC	National Electoral Commission
NIRA	National Identification and Registration Authority
NNOPU	National Network for Older Persons Organisation of Uganda
NPA	National Planning Authority
NSSF	National Social Security Fund
SAGE	Social Assistance Grants for Empowerment
TAFU	The Aged Family Uganda
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
URBRA	Uganda Retirement Benefits Regulatory Authority.
UN	United Nations
UNCST	Uganda National Council for Science and Technology
UNDESA	United Nations Department for Economic and Social Affairs
UNFPA	United Nations Population Fund
UNHS	Uganda National Household Survey
USDL	Uganda Scholarly Digital Library
VFG	Vulnerable Families Grant
WB	World Bank
WHO	World Health Organisation

Executive Summary

The Report of the Data Assessment Study reviews the status of data on population ageing and identifies available data that can be used for evidence-based policy formulation on issues of older persons in Uganda. The report further identifies data gaps that need to be filled for more informed policy formulation.

The Report shows that most of the available national data are collected by the National Statistical Office through censuses and surveys. There is fairly rich data which can be used to understand the demographic, social and economic characteristics of older persons. Unfortunately the censuses are decennial and the long inter-censal intervals sometimes hinder planning based on current data. The more frequent surveys provide some data about demographic and socioeconomic characteristics but age coverage is limited as is the case with Demographic and Health Surveys which target women aged 15-49 and men aged 15-54.

The Report further indicates availability of data and statistics relating to the three MIPAA priority directions. National population censuses and surveys form most of the sources of these data. Census and survey tools include the household questionnaire which generates substantial amount of age-specific data on aspects such as poverty, economic activity and modes of transportation. There are also data from smaller studies, with spatial and temporal limitations which complement the large sources.

Notwithstanding availability of basic data, the Report indicates paucity of information regarding quantification of unpaid work and socio-cultural contributions of older persons. There are also data gaps in health regarding certain Non-Communicable Diseases as well as infectious ailments especially HIV/AIDS. Data gaps are also evident within the realm of enabling environment about which there are hardly any data on age-friendly facilities and personal ownership of housing structures. One glaring information gap is lack of national data pertaining to older persons' own views, reflections and experiences. It is recommended that analysis of available raw data be done as a matter of urgency. Second, the Ministry in charge of older persons is urged to consider running a national survey that brings out a holistic national picture of population ageing. Third, a recommendation for including modules targeting older persons in the regular national censuses and surveys is made.

Chapter 1 Background

1.1 Introduction

1.1.1 Country profile

Uganda is a tropical East African country located between 1⁰ 29' South and 4⁰ 12' North latitude, 29⁰ 34' and 35⁰ East longitude (Figure 1). The country is landlocked, bordered by South Sudan in the North, Kenya in the East, Tanzania in the South, Rwanda in the South West and the Democratic Republic of Congo in the West.

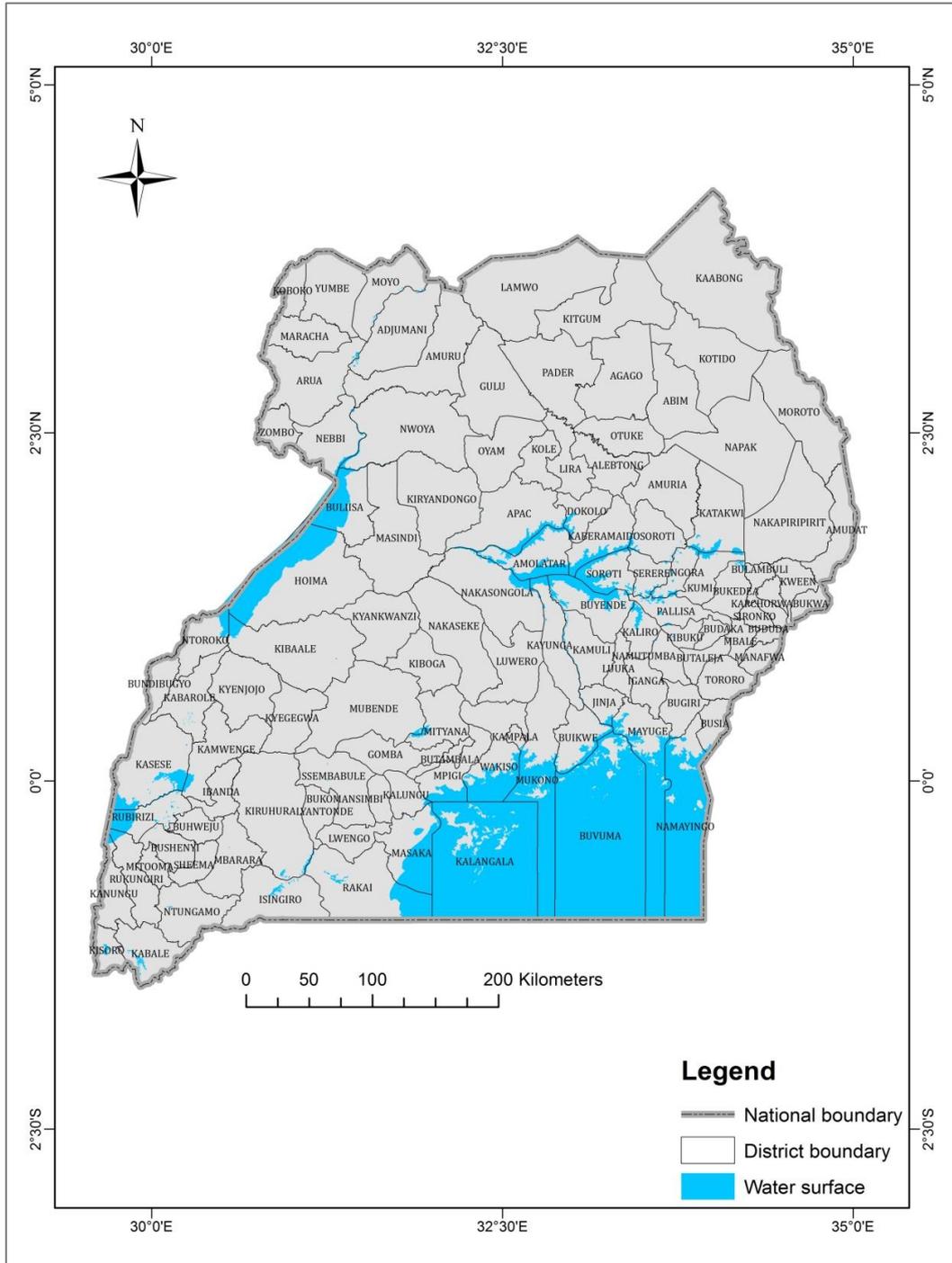
The central and lake basin areas of the country experience equatorial climate with plenty of rain and sunshine moderated by relatively high altitude. In most parts of the country, the mean annual temperature is 21⁰ C but there are wide variations ranging from lows of 15⁰ C in the highlands of the South West to highs in excess of 30⁰ C in the North Eastern region. The Central, Eastern and Western regions have two rainy seasons while in the Northern region there is one broad rainy season.

The population size has steadily increased from a mere 2.5 million in 1911 to 34.6 million in 2014(UBOS, 2016) and the average annual growth rate has remained between 2.0% to 3.2% since 1931 (Table A1). Projections indicate the country will have 102 million persons by 2050(UNDESA, 2015).The country has a diverse culture comprising of numerous religions, tribes, traditions, value systems and languages. While English is the official language, a number of other languages are spoken. A current development is the promotion of Swahili in the spirit of regional integration within the East African Community (EAC).

Uganda is largely a rural country with just over one fifth of the population living in urban areas. The definition of urban areas in Uganda has changed over time. While the previous censuses up to 1991 defined an urban area to include gazetted urban centres and ungazetted trading centres with a population exceeding 1,000 persons, the 2002 and 2014 censuses defined urban areas to include only the gazetted urban centres (UBOS, 2014). In 2014 the population of all urban centres was 7.4 million spread across 259 urban centres. These urban centres comprise of 1 city, 33 municipalities, 163 Town Councils and 62 Town Boards. In terms of administration, the country is divided into 111 districts and one city. The districts are further subdivided into counties, sub counties and parishes. These administrative units are

used in the implementation and monitoring of government programmes at the respective levels.

Figure 1 Uganda and district administrative units



1.1.2 Ageing landscape

The absolute number of older persons has been rising in Uganda (Table A2) even though the proportion is still low owing to persistently high fertility rate. For example, while the number

recorded during the 1969 was 479,043, this figure increased to 686,260 as per the 1991 national census (Ministry of Finance and Economic Planning [MFEP], 1995). The 2002 national census indicated that older persons numbered 1,100,483 (UBOS, 2005) while the 2006 Uganda National Household Survey showed that this figure was 1,196,400. The recent national household survey has shown that there were 1,304,500 older persons in the country (UBOS, 2012). The 2014 Population Census indicated that the older persons were 1,433,305 (UBOS 2016). This population is projected to reach 5,420,000 by 2050 (UNFPA & HAI, 2012).

The ageing population is faced with financial, physical and health constraints. For those who do not have a background of working in the public service and are therefore not eligible for pension, economic life can be quite hard while for those few receiving a government pension, it is too little to enable them afford basic requirements (MoGLSD, 2009a). For those who may happen to experience health problems, the absence of an appropriate later life health care system complicates matters.

Notwithstanding the challenges older persons face, this population group makes significant contribution to households and communities. Many of the older persons are very supportive of their less successful and vulnerable family members. Perhaps one of the most reported contributions of older persons is playing the role of caregivers to HIV/AIDS orphans (Ntozi, 1997; Schatz & Ogunmefun, 2007). The care is of course not limited to this orphan category since orphans are associated with other causes of death and vulnerable children in general at times find themselves under the care of their aging relatives (Makondo, Graupner & Smith, 2002). Besides, older persons also take care of grandchildren whose parents have migrated for work purposes or social reasons as well as when there is a dispute in the family.

Although Uganda has collected rich data on many issues including those of older persons, the national demographic and health surveys have not covered the specific concerns of older men and women (Ntozi, 2007). There is limited documentation that indicates problems and contributions of older persons. Understanding such issues can translate into better formulation of evidence-based policies and programmes for better social development. This study assessed the status of data on population ageing which can be used for evidence-based policy formulation on issues pertaining to older persons.

1.2 The Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing (MIPAA) and the Political Declaration adopted at the Second World Assembly on Ageing in April 2002 is a resource for policymaking, suggesting ways for Governments, non-governmental organizations, and other actors to re-orient the ways in which their societies perceive and care for their older citizens. It can be considered a turning point on how the world addresses the key challenge of building a society for all ages. It also represents the first time Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights. The Plan of Action focuses on three priority areas: *older persons and development*; *advancing health and well-being into old age*; and *ensuring enabling and supportive environments*.

1.2.1 Older persons and development

All persons along the life course have something to offer to their households and communities. The MIPAA recommends that older persons should be full participants in the development process and also share in its benefits. No individual should be denied the opportunity to benefit from development. The impact of population ageing on the socio-economic development of society, combined with the social and economic changes taking place in all countries calls for urgent action to ensure sustained empowerment of older persons. In addition, migration, urbanization, the shift from extended to smaller, mobile families, lack of access to technology that promotes independence and other socioeconomic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support. Under this priority direction, there are 14 objectives and 107 recommendations for action which are summarised under 8 issues:

- 1: Active participation in society and development
- 2: Work and the ageing labour force
- 3: Rural development, migration and urbanization
- 4: Access to knowledge, education and training
- 5: Intergenerational solidarity
- 6: Eradication of poverty
- 7: Income security, social protection/social security and poverty prevention
- 8: Emergency situations

1.2.2 Advancing health and well-being into old age

The epidemiological transition which started in the now more developed countries is now under way in all regions of the world. This indicates a shift in disease pattern from predominance of infectious and parasitic diseases to one of chronic and degenerative diseases. Many developing countries and countries with economies in transition are, however, confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases. The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can translate into limited or even total lack of old age-specific budgetary allocations, facilities and services. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care, mental health services, promotion of healthy lifestyles and supportive environments, can reduce later-life disability levels and effect budgetary savings. Under this priority direction, there are 13 objectives and 78 recommendations for action summarised under 6 issues:

1. Health promotion and well-being throughout life
2. Universal and equal access to health-care services
3. Older persons and HIV/AIDS
4. Training of care providers and health professionals
5. Mental health needs of older persons
6. Older persons and disabilities.

1.2.3 Ensuring enabling and supportive environments

Policies that empower older persons and support their contribution to society are required. This includes access to basic services such as clean water and adequate food. It also requires policies that simultaneously strengthen both lifelong development and independence and that support social institutions based on principles of reciprocity and interdependence. Governments are expected to play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves. Under this priority direction, there are 8 objectives and 51 recommendations for action. All of these are summarised under 4 issues:

1. Housing and the living environment
2. Care and support for caregivers
3. Neglect, abuse and violence
4. Images of ageing

1.3 Objectives

The main objective of this report is to present results of the assessment of the status of empirical data on population ageing for evidence-based policy formulation in Uganda. The specific objectives are to present evidence of available data on older persons, identify gaps in data required for policy formulation on population ageing issues; and propose a typology of data gaps in current information on population ageing in the country.

1.4 Methodology

Data were collected through desk study which involved conducting document review, database search and electronic/internet search. These methods helped in identification of available data and assessment of data gaps in information on population ageing. In some cases, challenges of accessing relevant documentation necessitated minimal travel to selected organisations for purposes of having basic insight of the status of data.

Document review

National and international documents were reviewed as a way of understanding the population ageing landscape in the country. Key write-ups reviewed were policy, regulatory and legal documents. Notable examples are the National Policy for Older Persons in Uganda, the National Council for Older Persons Act, the MIPAA and the WHO framework on ageing. Reports and publications of research, academic and civil society organisations were also reviewed.

Legal provisions, rules and regulations guiding data collection, dissemination and sharing were explored. Search and documentation of existing guidelines pertaining to research and ethics was made. To this end, the Uganda National Council for Science and Technology (UNCST), the national institution charged with approving, coordinating and guiding national research and development, was a priority area of focus. Attention was also paid to any regulatory guidelines that govern data collecting agencies such as the National Statistical Office.

Database search

Databases were searched for purposes of identifying available ageing data. The national statistics office database and other databases for public and private organisations were the

major areas of focus. In some cases, instruments used to capture census and survey data were studied to obtain an idea of the type data collected by the National Statistical Office and selected line ministries.

Electronic/internet literature search

Electronic/internet literature searches were conducted for purposes of enriching data generated by document reviews and database-searches. AFRAN, MEDLINE, HINARI and MAKULA e-databases as well as international e-journals such as ELSEVIER were searched. To determine the level to which any data on population ageing is archived, the Uganda Scholarly Digital Library (USDL), a major e-database national repository, was searched. Overall electronic searches helped to discover works done on population ageing as published in various journal articles.

1.5 Structure of the Report

The data assessment Report of population ageing in Uganda is presented in seven chapters. Chapter one presents a background of the report while chapter two describes the policy and institutional landscape. The status of data on older persons' background characteristics is assessed in chapter three. In chapter four, the status of data pertaining to older persons and development is examined while the status of data about health and wellbeing is analysed in chapter five. The data status about enabling and supportive environment is described in chapter six and lastly conclusions and recommendations are given in chapter seven.

Chapter 2 National policy and institutional framework

2.1 Introduction

This chapter presents existing policy, institutional and regulatory frameworks. These include the provisions of the Constitution of Uganda on older persons, the National Policy for Older Persons of Uganda, the National Council for Older Persons' Act and selected frameworks governing data collection.

2.2 Constitution of the Republic of Uganda and Older Persons

The 1995 Constitution of Uganda recognizes the rights of older persons and provides the basis for the enactment of laws and development of policies that address their concerns. It stresses the rights and opportunities as well as all other services irrespective of age and other social, cultural and demographic aspects. Further, the constitution provides for welfare and maintenance of the aged in Uganda. However the question of the extent to which the constitution is adhered to remains unanswered.

2.3 National Policy for Older Persons of Uganda (NPOP)

The Government of Uganda has a policy that aims at addressing issues of older persons. The 2009 policy, which is set within the framework of the Government of the Republic of Uganda, has several objectives, namely to:

- a) provide a framework for legislation, coordination, and programming for older persons,
- b) create a conducive environment for strengthening family and community based support systems for older persons
- c) provide opportunities for strengthening the capacities of older persons to harness their potentials
- d) promote the mainstreaming of older persons issues in the monitoring and evaluation systems of stakeholders.

The National Policy for Older Persons focuses on several priority areas that aim to improve the quality of life and the potential of older persons. Economic empowerment is one such area which calls for, among others, interventions for promoting income generating projects for older persons, supporting older persons' entrepreneurship skills and mobilizing older persons to access micro credit. Another priority area is social equity which advocates for decentralization of the processing and disbursement of retirement benefits and establishing older persons' grants schemes to cover chronically poor older persons in the informal sector. Regarding health as another priority area, the policy recognizes the importance of studies on

health needs of older persons. Further interventions aimed at improving the health of older persons include re-orienting health workers, promoting special outreach health programmes and including drugs for treatment of later life illnesses on the essential drug list.

The policy recognizes that the majority of older persons live in semi-permanent and make-shift structures which are predominantly grass thatched, with mud walls and rammed earth floors. Consequently, the policy calls for interventions that advocate for appropriate shelter for older persons. Owing to recognition of absence of age-friendly buildings, pavements, public toilets and walkways, the policy calls for interventions that address accessibility needs of older persons. A case is made for educating planners and architects on the needs of older persons.

The policy further recognizes the vital information older persons have on various aspects of community life which, unfortunately, has not been well captured and documented for posterity. Consequently it points out need for interventions that advocate for inclusion of issues of older persons in periodic national censuses and surveys, conducting studies on older persons, establishing a database on older persons and disseminating information on older persons about their cultural background.

2.4 National Council for Older Persons Act (2012)

The composition of the National Council for Older Persons is limited to only persons aged at least 60 years of age and at least one third of the Council must be women of 60 years and above. The objectives of the National Council for Older Persons are to:

- (a) act as a coordinating body between government Departments and other service providers and older persons;
- (b) provide a structure for conduct of free and fair elections of representatives of older persons conducted at any level of local government;
- (c) set standards and regulations to guide government, Civil Society Organizations and private sector on the quality of services provided to older persons with the view of redressing any bottlenecks encountered;
- (d) act as a platform for older persons and stakeholders to meet regularly at least once in a year to review the performance of the national council;

- (e) monitor and evaluate the extent to which Government, civil society organizations and the private sector meet the needs of older persons in planning and implementing programmes designed for equality and full participation of Older Persons.

The functions of the National Council are to:

- a) act as a body at national level through which needs, problems, concerns, potentials and abilities of older persons can be communicated to government and its agencies.
- b) monitor and evaluate the extent to which Government, NGOs and the private sector include and meet the needs of older persons in their planning and service delivery;
- c) act as a coordinating body between Government departments, other service providers and older persons.
- d) solicit for and acquire funds and other resources from Government and development partners for use in the performance of the national council's functions.
- e) advocate for the promotion of and encourage activities and individuals for the promotion and development of programmes and projects designed to improve the lives and situation of older persons.
- f) carry out or commission surveys and investigations in matters or incidents relating to violation of rights of older persons and non-compliance with policies and programmes.
- g) hold annual general meetings of representatives from district councils for older persons for the purpose of reviewing the council's performance and plan for the subsequent year.
- h) assist the Electoral Commission to ensure the conducting of free and fair elections of representatives of older persons to the respective local government councils.
- i) perform any other function relating to the foregoing or conducive or incidental to the carrying out of the objects of the national council as the Minister may determine.

The National Council for Older Persons Act further provides for Lower Councils for Older Persons namely district or city council for older persons. There is also provision for a municipality, city division, town or sub county council for older persons for every municipality, city division, town or sub county. Lastly, there is provision for a council for older persons at every parish or ward and village. Composition of councils takes into consideration gender balance.

2.5 Data collection regulatory framework

Research and data collection in the country is regulated by laws and institutions. The Uganda Bureau of Statistics Act (1998) provides for the development and maintenance of a national statistical system to ensure collection, analysis and publication of integrated, relevant, reliable and timely statistical information. The Act establishes Uganda Bureau of Statistics as the coordinating, monitoring and supervisory body for the national statistical system and other incidental matters. Population, Housing, Vital occurrences and Migration are some of the issues about which statistical data are collected, compiled, analyzed and published. Censuses, surveys and other data collection activities are undertaken under the authority of Uganda Bureau of Statistics Act, 1998.

Uganda National Council for Science and Technology (UNCST) is a semi-autonomous government agency established in 1990 by Act of Parliament with specific functions for research and development coordination. The Council conducts registration and approval of all research activities in all sectors intended to be undertaken in the country. UNCST operates National guidelines for research involving humans as research participants(UNCST, 2007).These guidelines are intended to guide individuals and institutions to conduct research in Uganda in a scientifically and ethically appropriate manner. The overall objective of these guidelines is to facilitate the conduct of research without compromising the rights and welfare of research participants. Specifically, these guidelines are to protect the rights and welfare of research participants; provide ethical standards and procedures for the conduct of research involving humans as research participants; and ensure that research takes into account social and cultural sensitivities of participating communities.

The guidelines apply to all research including data collection on older persons. Considering that some investigations on older persons have ethical implications, studies have to be approved by UNCST before commencement of data collection.

2.6 Data producers, users and accessibility

2.6.1 Data producers

Research and data generation in the area of population ageing in Uganda is not as entrenched compared to studies in the ‘traditional’ demographic areas of fertility, mortality and migration. There are however a number of Organisations, Ministries, Institutions and

Individuals who generate data that can be used as an important starting area in understanding the situation of older persons in the country.

Uganda Bureau of Statistics, which coordinates the national statistics system is the Lead Agency in collecting, analyzing and disseminating data. This National Statistical Office conducts regular Censuses and Surveys and is the only data collecting agency that collects national demographic data on each and every older person in the country down to the village level through censuses. Nonetheless some issues peculiar to older persons are not necessarily the centre of focus which creates gaps in data required for evidence policy formulation on population ageing.

Government Ministries, Departments and Authorities (MDAs) are also engaged in data collection though the extent to which this is done is limited. The Ministry of Health is responsible for coordinating, monitoring and evaluating all health services and interventions in the country. The health administrative data which are captured in the Health Management Information System (HMIS) are collected from all health providers at all levels. The tools used to collect data for inputting into the HMIS are the Out Patient Department and Inpatients Registers. Information on age, type of disease, blood test results, place of residence up to parish level is collected. This is summarized on a monthly basis and submitted to the Ministry Headquarters where a national health profile is compiled. The administrative data covers epidemic diseases, other infectious communicable diseases and selected Non-Communicable diseases. These data are disaggregated by age and are inclusive of persons aged 60 and above (See Appendix VII). A major limitation is that the data are based on reports and therefore do not reflect holistic health situation among all older persons.

The Ministry of Public Service provides strategic and managerial leadership on all matters of human resources in Uganda's public service. It facilitates enabling policies, systems and structures pertaining to human resources in the public service. Particulars of all public servants should be submitted to the Ministry if their remuneration is to be managed on the national public service payroll. It therefore follows that administrative data are available on all public servants (including older persons) at the ministry. The distribution of retired public servants by age, sex, occupation and pre-retirement work place can easily be determined from the public service database. Public access to these data can only be achieved upon application and procedural clearance by management of the ministry.

The Ministry of Internal Affairs facilitates the legal movement of persons to and from Uganda and regulates the residence of immigrants. It enforces national and regional immigration laws and verifies Uganda citizenship. Through its Department of Immigration, substantial administrative data on migrant old persons can be generated. However and as expected, the data are only limited to emigrant and immigrant older persons and are not representative of the majority of ageing Ugandans. In addition, these data are collected for administrative purposes and degree of accuracy cannot be ascertained. Like with Ministry of Public Service, access to these data can only be achieved upon application and procedural clearance by management of the ministry.

A major limitation of information from ministries is that the data generated rarely universally cover all sub-national administrative units of the country. It is not common to find age and sex disaggregated data on older persons for each and every village within a parish, sub county, county and district. The sub-national units themselves hardly collect data on a systematic basis perhaps due to limited financial and technical capacity as well as varying priorities.

The National Social Security Fund (NSSF) is National Saving Scheme mandated by Government through the National Social Security Fund Act, Cap 222 (Laws of Uganda). It was established by an Act of Parliament to provide social security services to employees in the private sector. It covers all employees in the private sector including Non Governmental Organizations, who are not covered by the Government's pension scheme. The Fund aims in part to protect employees against the risks and uncertainties of social and economic life. Data generated from NSSF can be useful to understand the financial situation of retired older persons in the country. However these data are confidential and access requires application that justifies the need. There is no guarantee that full access will always be granted.

The National Identification and Registration Authority (NIRA) is mandated to create, manage, maintain and operationalise the national identification register by registering all citizens of Uganda. The National Electoral Commission (NEC) was established to ensure regular elections in the country. The election registers contains information on all registered voters aged 18 years and above. The databases of NIRA and NEC are clearly sources of administrative data on Uganda's population including older persons. These could be one of

the few sources of big data on older persons considering that they contain photographs of all registered persons.

The Academia are some of the data producers on population issues in the country. For example, Makerere University has a Department of Population Studies instituted in the School of Statistics and Planning in the College of Business and Management Studies which conducts research on population issues. This Department has Staff who have collected data on challenges, benefits and disparities in access to healthcare among older persons in the country (See Table A6 - meta data).

2.6.2 Data users

Users of data generated on older persons include Ministry of Gender, Labour and Social Development, Ministry of Public Service, Ministry of Health, Ministry of Local Government and Ministry of Finance, Planning and Economic Development. Usage of such data in these institutions is largely for administrative purposes. Academic Institutions use data generated by censuses and surveys predominantly for purposes of achieving scholarly objectives. A substantial number of dissertations done by students from Makerere University, for example, are based on secondary data generated by the National Statistical Office. However, the proportion of studies focusing on older persons is still low.

2.6.3 Data accessibility

The access to information act, 2005 provides for the right of access to information. This is pursuant to article 41 of the Uganda constitution (Uganda, 1995) which states:

(1) Every citizen has a right of access to information in the possession of the State or any other organ or agency of the State except where the release of the information is likely to prejudice the security or sovereignty of the State or interference with the right to the privacy of any other person.

(2) Parliament shall make laws prescribing the classes of information referred to in clause (1) of this article and the procedure for obtaining access to that information.

The foregoing article indicates existence of relevant supporting law that provides access to information and some agencies, to some extent, operate in a manner in which information is made public. For example, reports of studies done by the Uganda Bureau of Statistics are usually publicly launched and disseminated. The public can therefore have access to

information on the general situation of the population, including that of older persons. Some reports such as NHS and DHS reports are also available online. However access to micro raw data for robust statistical analysis may require submission of written request to the management of the Bureau.

Other data producers release reports but most of these are not as comprehensive as those published by the National Statistical Office. Many consist of snapshot scenarios posted on websites and which are lacking in depth and breadth of coverage as far as the situation of older persons is concerned. Some of the information is treated as confidential and access requires physical visits to the offices of relevant data producers. Precise guidelines governing access to data collected by Ministries and other Organizations are hardly in the public domain.

Makerere University, which is the leading research-oriented university in the country, requires that all Theses and Dissertations be deposited in the Makerere University Main Library. Soft and hard copies of the documents are required. Once this is done, the documents are entered into the Library's archiving system where they can be identified using MAKULA database search engine. Other materials are uploaded onto the Uganda Scholarly Digital Library which is a major e-database repository that can be accessed by users at the Library. Where work on population ageing is published in e-journal databases that Makerere University subscribes to (such as HINARI, AGORA, OALE or GALE) any access can be achieved through issuance of a password by the University Authorities. Therefore although data and information are available, accessibility is not automatic; some process ought to be followed.

2.7 Data & statistics for policy and programme action

Policy makers and programme designers find information generated by producers quite useful. Information generated by the National Statistical Office has been found handy and consequently frequently cited and used in programme design. For example, the design of the Social Assistance Grant for Empowerment (SAGE) was informed in part by data on older persons which was generated by the Uganda Bureau of Statistics. This programme which aims at ameliorating the conditions in later life uses data on number of persons aged 60+ in the districts of Karamoja and 65+ in the rest of the 14 pilot districts.

As stated earlier, a National Council for Older Persons Act was enacted in 2012. The background work ahead of the enactment of this Act was informed, in part, by the numbers of older persons. The operationalisation of the Act will obviously have financial implications which will require quantification based on data on older persons.

2.8 Summary

This chapter has presented an overview of the policy and institutional framework in which population ageing issues in the country can be understood. It has indicated that the Government of Uganda has put in place appropriate policy and legal instruments which if implemented can lead to achievement of MIPAA goals and ultimately improve the quality of life of older persons in the country. It has also indicated that while data are collected, the National Statistical Office is the only organisation engaged in regular collection of national data on ageing issues. Usage of data on population ageing is low and data accessibility is limited.

Chapter 3 Background characteristics of older persons

3.1 Introduction

The overall objective of this chapter is to assess the status of data pertaining to background characteristics of older persons. Censuses and surveys are the main sources of data considered. Age, sex, marital status, place of birth, previous residence, duration of residence, living arrangement, household headship are parent survival status are the major demographic characteristics considered. Literacy, school attendance and education are the major social traits assessed while type of activity and occupation are the main economic characteristics examined.

3.2 Demographic characteristics

3.2.1 Population Census data

Uganda has conducted seven population censuses since the end of the Second World War in 1948, 1959, 1969, 1980, 1991, 2002 and 2014. The questionnaires contain questions that can generate data on date of birth, age and sex of the population. From these questions, the number of older persons by age and sex can be determined. The 2014 census for example indicated that there were 1,433,305 persons aged 60 and above of whom 619,380 were males and 813,925 were females. The census questionnaires also carry a question that can generate data on distribution of older persons aged 10 and above by marital status (Appendix IV).

The questionnaire also investigated migration history of all household members. For all members, questions were asked:

- *In which district was (NAME) living before moving to this district?*
- *How many years has (NAME) lived in this district continuously?*

In the 2002 questionnaire, there were questions which could generate data on the number of migrant and non-migrant older persons at district and international level. These questions were followed by contingency questions which can generate data about number of older persons by previous residence and duration of residence.

A question on relationship of each household member to the head of the household was also crafted in the 2014 and 2002 questionnaires. The question stated:

What is (NAME'S) relationship to the head of the household?

Data generated by this question gives some idea of the nature of older persons' living arrangement. Although the 2014 census had a question on living arrangement, it did not have one on the family which could be a data gap regarding the type of families in which older persons live. Similarly the question on number of children was put to only women aged 12-54, which limits direct understanding of the number of children ever born to older women.

The 2014 and 2002 census questionnaires had a question that can generate data on the survival status of parents for all members of a household. Two questions were asked:

- *Is (NAME'S) biological **mothers** still alive? (Yes=1, No=2, Don't Know= 3)*
- *Is (NAME'S) biological **father** still alive? (Yes=1, No=2, Don't Know= 3)*

From these questions, survivorship of older persons' parents can be easily determined. Knowledge of such information can be used to make further inference on the situation and responsibilities of older persons. For example, if a person aged 60 and above still has parents, this would probably mean that such a person may have the additional responsibility of caring for his aged parents; a situation that could be a source of social and economic pressure in circumstances of scarce resources. Another benefit of parent survival status data and death in the households is measuring adult mortality. The data can be subjected to demographic methods, such as those developed by Brass and Hill to generate indicators of adult mortality, including that of older persons.

A weakness of population census data is that the data on fertility and mortality is limited to women aged 12-54. If the question had been extended to old ages of women (60+), the data could be used to compute the number of children of older persons and how many are dead. These would form fertility, mortality and wellbeing indicators for the aged population.

3.2.2 Survey data

Uganda has conducted a series of household surveys since 1988 (UBOS & ICF International 2012). These include Demographic and Health Surveys (1988/89, 1995, 2000/01, 2005 & 2010), Household Budget Surveys (1989 & 1990) and National Household Surveys (1993/94, 1994/95, 1997, 1999/2000, 2002/03, 2005/06 and 2009/10). The DHS tool consists of three questionnaires: the Household questionnaire, the Woman's Questionnaire and the Man's questionnaire. The Household questionnaire asks questions about all members of a household. It is from this tool that persons eligible for tailored investigations (women aged 15-49; men aged 15-54 and children aged 0-5) are selected. The Household Questionnaire has

other general questions that capture information on older persons. For example in the 2011 UDHS Household questionnaire (See Appendix II) information on older persons can easily be obtained about age, sex, living arrangement, residence and marital status using questions 7, 4, 3, 5 & 8 respectively.

Older persons' profile regarding other characteristics can also be built up from the household questionnaire by **filtering** and **matching** with other variables at analysis stage using a series of STATA commands or any other analytical software. However, it is important to note that with the Household Questionnaire the older persons is not necessarily the respondent unlike the other two DHS questionnaires where relevant individual eligible men and women are the ones personally being interviewed. This lends credence to the fact that older persons' own views, reflections and perceptions are not captured in DHS – hence a gap.

UNHS and HBS use the approach described above. The questionnaires used in most of these surveys also have an inbuilt household module with questions that can generate data on age and sex distributions (See Appendix III). Data by demographic characteristics such as age, sex, living arrangements, residence and marital status of persons aged 60 and above can be teased out and filtered from the large household dataset.

3.2.3 Other data and statistics

International institutions and organizations are other sources of demographic statistics on older persons in many countries Uganda inclusive. These include UN agencies such as UNDESA, UNDP, UNFPA and World Health Organisation and some other international organizations such as the World Bank and HelpAge International. For example, there is fairly detailed information on Uganda's older persons in terms of number aged 60+, percentage of total population aged 60+, number of persons aged 80+, percentage of total population aged 80+, sex ratio for the population aged 60+, life expectancy at age 60 by sex and percentage currently married at age 60 and above (UNFPA & HAI, 2012).

3.3 Social characteristics

3.3.1 Population Census data

Census questionnaires contain some questions that generate data on various socioeconomic characteristics from which data on older persons can be derived. In the 2014 and 2002

population censuses, one of the questions sought information about religion for all persons in a household. The question stated:

What is (NAME'S) religion?

The 2014 census questionnaire (Appendix IV) had questions that measured literacy, school attendance and educational attainment. These questions, respectively, were:

- *Can (NAME) read and write a simple sentence in any language?* (For all household members aged 10 and above).
- *Did (NAME) attend school in 2014, leave school before 2014 or never been to school?* (For all household members aged 3 and above).
- *What is the highest grade / class of formal education that (NAME) completed?* (For all household members aged 3 and above who had been in school).

Data generated by these questions help to understand the national distribution of older according to the three social indicators.

3.3.2 Survey data

Uganda has conducted many surveys on various topics, such as National budget surveys, National Household surveys, Uganda National Service Delivery surveys, Malaria Indicator surveys and AIDS indicator surveys. Unlike Uganda censuses which have traditionally asked direct questions about socioeconomic characteristics of individuals over a wide age range, some surveys ask questions from a narrow age range. For example, Demographic and Health Survey investigations ordinarily focus on women aged 15-49 and men aged 15-54. However data about social characteristics of older persons can still be teased out using information generated from the household schedule.

3.3.3 Other data and statistics

Selected statistics on social indicators are available in publications of International institutions and organizations. These include UNDESA, UNFPA, HelpAge International and World Health Organisation (Table A6).

3.4 Economic Characteristics

3.4.1 Population censuses

The 2014 population census household schedule probed for the economic characteristics of individual older persons, through questions on main economic activity of those aged 10 years

and above (Appendix IV). A question on the main type of work done was also asked. The following questions were asked:

- *What was (NAME'S) main activity status in the last 7 days?*
- *What was (NAME'S) main type of work (occupation) during the last 7 days?*

The first question gives data on working status of the older persons, including whether they are retired or pensioned and whether they were too old to work. The responses to the second question would indicate details of occupation. From data generated by these questions, the extent of older persons' participation in income-generating activities can be determined.

The 2014 census questionnaire had questions on source of livelihood, remittances and agriculture (Appendix IV, Sections 4 and 5). These questions, respectively, were:

- What was the main source of the household's livelihood in the last 12 months?
- Did the household receive any money or physical items from any relative / family member / friend abroad during the last 12 months?
- Does this household undertake any of the following agricultural activities (exotic/cross breed cattle, local cattle rearing, goat rearing, sheep rearing, piggery, poultry, rabbit rearing, apiculture, aquaculture, crop growing).

These questions give an idea about the source of income for households to which older persons belong. One limitation of the data, however, is that it is not possible to determine the extent to which older persons control the amount of money generated through the various sources.

3.4.2 National Surveys

As stated elsewhere in the report, Uganda has conducted periodic surveys. These include Demographic and Health Surveys (DHS), National Household Surveys (NHS) and National Budget Surveys (NBS). The household modules as well as the larger modules of the questionnaires used in these surveys contain questions which generate economic data. NHS is particularly a rich source of data on activity status, employment and industry and income. For example, the 2009/2010 UNHS asked a question on source of household earnings (Appendix III). The question was:

- *What is the household's most important source of earnings during last 12 months?* The options were:

1=Subsistence farming 2=Commercial farming 3=Wage employment 4=Non-agricultural enterprises
5=Property income 6=Transfers (pension, allowances, social security benefits etc) 7=Remittances
8=Organisational support (e.g. food aid, WFP, NGOs etc) 96=Other (specify)

The survey also asked questions on incomes received in households in the last 12 months. Respondents were asked to state the amount of income in **cash** and in **kind** received on a range of items. The items were:

- Property income (imputed rents of owner, net actual rents received from building/household property, net rent received from land, royalties, interest received and dividends)
- Current transfers and other (pension and life insurance annuity benefits, family allowances and other social security benefits, remittances and assistance received from others, other income such as inheritance, alimony and scholarships)
- Income from enterprises (household and non-household based Enterprises)
- Income from employment (salary/wage)
- Income from subsistence activities (crop farming, livestock farming and other activities)

There are also statistics on older persons available in e-journals which are derived from re-analysis of existing UNHS data (Wandera, Kwagala, & Ntozi, 2015; Wandera, Ntozi, & Kwagala, 2014b; Wandera, Golaz, Kwagala, & Ntozi, 2015). Although most of these statistics are descriptive of background characteristics, some also provide useful insights on the economic profile of aged persons in the country

3.5 Summary

This chapter has presented evidence of available data that describe background characteristics of older persons in the country. Most of these data are collected through national censuses and surveys with smaller studies complementing the larger sources. The household questionnaire rather than an ‘individual older person questionnaire’ is the tool often used to capture data on older persons. Considering that the respondent is not necessarily an older person, some of the information on older person is reported and does not reflect statements directly originating from older persons themselves.

Chapter 4 Older persons and development

4.1 Introduction

Older persons and development is one of the three priority directions of the MIPAA. This section presents the status of data regarding older persons and socio-economic contributions; care giving and voluntarism; later life social protection and poverty.

4.2 Economic contributions of older persons

Past Uganda censuses and surveys have not asked direct questions about economic contributions that older persons make to their households, communities and the nation. This limits knowledge about older persons' contributions in terms of taxes, financial assistance to family members and overall contribution to national coffers. This is therefore an area with paucity of data and calls for national census and survey organizers to collect some of this data. At present, only a general picture can be obtained using data generated from National Household Survey inquiry. The 2009/2010 NHS asked questions on household expenditure. This was in reference to foods and beverages, durable and semi-durable goods and non-durable goods. In addition questions were asked on non-consumption expenditure on items such as income tax, property rates, local service tax, pension/social security payments, remittances, gifts, subscriptions, funerals and other social functions. HBS used to collect information which NHS presently obtains. As later explained in section 4.5.1, HBS were the precursor of current NHS.

There are some studies which have examined economic activity among older persons in Uganda. One such study assessed factors that influence engagement of older persons in income-generating activities (Nzabona, Ntozi & Rutaremwa, 2013). This study established prevalence of later life engagement in small scale informal income-generating activities and concluded that age, education, limb joint health status, ownership of domestic livestock and transport facilities influenced involvement in these activities.

4.3 Socio-cultural contributions of older persons

Past Uganda censuses and surveys have not asked direct questions about socio-cultural contributions that older persons make to their households, communities and the nation. Just like with economic contributions, there is hardly any big data that evidences the socio-

cultural roles of older persons such as membership and leadership of social organizations, arbitration in conflicts, propagation of cultural norms and indigenous knowledge.

There are some studies which have examined the value, that is, the importance, benefits or contributions of older persons to their households and communities. One such study assessed the socio-demographic determinants of the value (Nzabona & Ntozi, 2015) and analysed the factors influencing older person's social contributions regarding possession of indigenous knowledge, leadership of social organisations and advice on behaviour norms. This study indicated that older persons who were aged 60-69, educated to primary and above, owned land, with migrant children, with limb ill-health and lived in the Western, Northern and Kampala urban regions of the country were more likely to have high aggregate value than those who were aged 80+, uneducated, landless, with no migrant children, with no limb joint ill-health and lived in the Central region.

4.4 Care giving and voluntary role of older persons

Although there is paucity of big national data on the care giving role of older persons, there are various studies which indicate the significant contributions older persons, especially older females, make to childcare (Kasedde, Doyle, Seeley, & Ross, 2014; Ntozi & Nakayiwa, 1999; Ntozi & Mukiza-Gapere, 1995). A number of these studies have a section that assesses status of available data on older persons' care giving role particularly with regard to orphans and other children. Ntozi and Nakayiwa (1999) in their study of how households cope with the AIDS epidemic found that orphans were mainly cared for by relatives, especially grandmothers. This was indicative of the social value of older persons to their households and communities. The present study has not been able to find evidence of big data regarding older persons' voluntary role and extent to which the value of unpaid work done at old age has been quantified.

4.5 Older Persons and Poverty

A major challenge of older persons is poverty. This section analyses two main sources of data on poverty in Uganda, namely national based surveys and population censuses.

4.5.1 Surveys

Uganda has had several national surveys with an objective of assessing poverty in the country. These World Bank supported surveys were National Household Budget surveys and

later were named National Household surveys. The surveys had a household schedule that listed all residents of the households. The later questions were for the households, but it can be assumed that older persons in households experienced similar levels of poverty as other members of the household. For example, the 2011 UNHS asked questions on the household properties, which are indicators of wealth/poverty of the households. The question was: ‘Does your household have electricity, radio, cassette player, TV, mobile phone, fixed phone, refrigerator, table, chair, sofa-set, bed, cupboard, clock? Another question on means of transport was ‘Does any member of the household own’: a watch, bicycle, motorcycle or motor scooter, animal-drawn cart, car or truck, boat with or without a motor? A third question on ownership of agricultural land was asked: ‘Does any member of household own any agricultural land? If yes, ‘How many acres of agricultural land do members of household own?’ A fourth question was on livestock: ‘Does this household own any livestock, herds, other farm animals or poultry? If yes how many animals does the household own?’

Responses to the above questions are used to estimate the level of wealth a household has, which the older persons in the household are associated with. For instance, if a household has a motor car, the older person in the house can use it to access a health facility if sick. The position is that in the event an older person belongs to a given household having certain resources, he/she is assumed to benefit from them. However, there is no guarantee that the older person is in control as he/she was not directly asked; hence a gap that calls for some direct survey.

In survey investigations, the questions are generally answered by the head of household or other responsible member of the household who is not necessarily an older person. Linking the responses to older persons in a household should not be a problem since analytical software commands (STATA or otherwise) will **filter** out and identify older persons based on the variable AGE and then match them with other characteristics. Researchers have already done this (with focus on health variables) and used NHS household data to predict prevalence of NCDs (Wandera, Kwagala & Ntozi 2015; Wandera, Golaz, Kwagala, & Ntozi, 2015).

4.5.2 Population Censuses

For several censuses in Uganda (1980,1991, 2002 and 2014), households were probed about the conditions of their houses, in terms of occupancy, type of dwelling unit, number of rooms, materials used for the floor, wall and roof. Answers to these questions were used to

assess the level of poverty in the household, which was linked to members of households, including the older persons.

The same censuses asked questions on ownership of various household assets, bank accounts, sets of clothes, shoes, blankets, household-based enterprise, farm animals and poultry, and agricultural land for production, sale and home consumption. Answers to these questions can be linked to household members, including the aged, so that levels of poverty experienced by older persons are estimated.

4.6 Later life social protection

Uganda runs a largely contributory social protection system for which a tiny proportion of older persons are beneficiaries. Employees who have worked in the private sector have a contributory retirement benefits scheme run by the National Social Security Fund (NSSF). Those who have been in the public sector obtain their benefits from the Ministry of Public Service (MPS) under a non-contributory arrangement. There are many institution-specific contributory and non-contributory schemes, such as Makerere non contributory-In house retirement scheme (from July 1996 – March 2009), Makerere University Retirement Benefits Scheme (MURBS) (contributory since April 2009), Mbarara University Retirement Benefits scheme (contributory), Bank of Uganda staff Retirement Benefits Scheme (old non-contributory) and Bank of Uganda Defined Retirement Scheme (new contributory scheme) (URBRA, 2016), which run social protection schemes for retired employees. The nature of work and life-style in post-retirement phase may not be readily determined and this calls for tracer or longitudinal studies that ascertain the quality of life of the older persons after retirement. Available data on older persons from all these institutions is mainly for administrative purposes and the number of retirees by age, sex and occupation can be determined. Unlike the National Statistical Office which periodically publishes census and survey reports, the Agencies dealing with social protection hardly put their data into public domain. The data are treated as confidential and access is limited and guided by regulations put in place by relevant Boards of Trustees.

Following the formulation of the Uganda National Policy for Older Persons (MoGLSD, 2009b, 2011) and the study on knowledge, attitudes and practice regarding older people's social protection and vulnerability (Synovate, 2011), the Government instituted a social cash transfer programme called 'Social Assistance Grants for Empowerment (SAGE). This

scheme targeted persons aged 60 years in two Karamoja districts (Moroto and Nakapiripirit) and 65 years and above in twelve other districts (Amudat, Apac, Kaberamaido, Katakwi, Kiboga, Kole, Kyankwanzi, Kyegegwa, Kyenjojo, Napak, Nebbi and Zombo) (MoGLSD, 2011). These grant beneficiaries receive approximately \$7(25,000 Ugandan Shillings) each month as non-contributory assistance. This grant is meant for all older persons especially those who were not part of the formal employment sector. However, the programme is yet to be rolled out to other districts pending funding availability (MoGLSD, 2016). The Expanding Social Protection (ESP) Secretariat, which is a semi-autonomous institution under the Ministry of Gender, Labour and Social Development, is a source of data pertaining to the operations of SAGE and Vulnerable Families Grant (VFG) which it manages (MoGLSD, 2016).

4.7 Summary

This chapter has presented the status of data on older persons and selected aspects of development. Like the background characteristics examined in the preceding chapter, most of the data on development aspects are derived from censuses and surveys. Similarly, considering that respondents in household-based interview are not necessarily older persons, some information on older persons is reported and therefore does not necessarily reflect the views of older persons themselves. The chapter has also indicated existence of data gaps in areas such as quantification of unpaid work and social-cultural contributions of older persons.

Chapter 5 Health and wellbeing of older persons

5.1 Introduction

Advancing health and wellbeing into old age is another priority direction of the MIPAA. This section outlines the health areas for which data availability assessment was made.

5.2 Health promotion and well being

MIPAA recommends that older persons have full access to preventive and curative care, which include disease prevention, focusing on maintaining independence, prevention and delay of disease. Malaria is one of the leading killers of people (young and old) in Africa in general and Uganda in particular. Uganda has conducted several Malaria indicator surveys as well as having a module in recent UDHS which inquire on malaria that have produced statistics of malaria and its prevention. One of the effective malaria prevention strategies in Uganda is using mosquito nets. In the 2011 UDHS household questionnaire, questions 126 through 135 were exclusively about mosquito nets. One of them (question 135) asked:

‘Who slept under this mosquito net last night’.

This question directly applied to all individual members of the household, including older persons.

In addition, the 2014 census asked two questions on mosquito nets: ‘Does this household have any mosquito nets?’ ‘If yes, were the mosquito nets given free or bought?’ The answer to the latter question included who gave the nets. From the first question, one assumes that the households that have nets use them to protect all members of the household, including the older persons. The data, however, has its own limitations since the extent to which older persons own and sleep under a mosquito net is not automatically determinable. This calls for more age-specific inquiries on the subject matter.

5.3 Access to healthcare

MIPAA further observes that investing in health care for older persons extends their healthy and active years. It makes a case for a continuum of care ranging from health promotion and disease prevention to the provision of primary health care and acute treatment. This includes those targeting older persons suffering painful or incurable illness or disease. Older persons are also said to experience financial, physical, psychological and legal barriers to health-care services. They may also encounter age discrimination and age-related disability

discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons.

The 2014 census attempted to investigate issues of access to healthcare. Questions were asked on distance from health facilities namely:

*What is the distance from home to the nearest **public** health facility on foot, irrespective of whether you use the facility or not?*

*What is the distance from home to the nearest **private** health facility on foot, irrespective of whether you use the facility or not?*

These questions generated only a modicum of information pertaining to healthcare access since, clearly, the wider aspects of healthcare access were not investigated. Censuses have also not traditionally asked questions that would generate needed data about geriatric services and facilities. Furthermore all large national studies have not engaged with pertinent questions such as availability of drugs and marginalization of older persons regarding health care service delivery. There are however some studies which indicate prevalence of discrimination against older in the process of accessing healthcare (Nzabona, 2015; Wandera, 2016).

Organizations, such as Hospice Uganda, offer palliative care and some data on palliative services can be obtained. The number of older patients by nature of illnesses (such as cancers and HIV/AIDs) and their management can be determined (Jagwe & Barnard, 2002). The Health Management Information System (HMIS) of the Ministry of Health has some data on basic health indicators but public access to these data is limited. Understanding the full picture may require formal request for these data and making physical visits to the Ministry on appointment.

5.4 Older persons and HIV/AIDs

In Uganda, fairly rich data on HIV/AIDs data abounds with reference to youths, reproductive age women, and other population sub-groups of interest. By contrast, information about this health challenge is limited among older persons. National studies focusing on HIV/AIDS include the AIDS indicator survey (AIS) which covered persons up to age 54 (MoH & ICF International, 2012). The only data of this survey that can be used to study older persons is from the household schedule, which is limited to background characteristics, such as age, sex,

living arrangements, education and marital status, but not HIV/AIDS. Studies on HIV have largely been small studies which are not nationally representative (Kasedde et al., 2014; Kuteesa et al., 2012; Mugisha et al., 2013; Seeley, Wolff, Kabunga, Tumwekwase, & Grosskurth, 2009).

There is dearth of national data on HIV among older people. All national surveys do not focus on HIV among older people. The government of Uganda needs to pay attention to this neglected area. The national statistical office, Uganda Bureau of Statistics (UBOS) or the Ministry of Health (MoH) should consider including older persons in their collection of data about HIV/AIDS. There are however some administrative data in health centres which are obtained when individuals, including older persons, opt for voluntary testing (See Appendix VI). However, like all administrative data, such data is likely to suffer from coverage and completeness errors and may not offer a holistic picture of the prevalence of HIV/AIDS among older persons.

5.5 Older persons and non-communicable diseases

Uganda is said to have entered the epidemiological transition and is experiencing rising cases of non-communicable diseases (NCDs). The available data on NCDs has been the UNHS. In the 2010 UNHS, a question that generated information on NCDs was asked about all members of the household aged 10 years and above (Appendix III, Section 5). The question stated:

Is (NAME) currently suffering from any of the following diseases?

- Diabetes
- High blood pressure
- Heart disease

The question allowed multiple responses about these three health conditions (UBOS, 2010). A major limitation with the UNHS data stems from the fact that other chronic conditions (such as asthma, Alzheimer's, Parkinson's, rheumatoid arthritis, neoplasms and bronchitis) were not investigated. This is a big data gap considering that NCDs are on the rise. There is room to improve measurement of these health conditions in the UNHS by widening the scope of chronic conditions that can be asked. In addition, the UNHS depends on self-reporting, which is known to have lower prevalence for NCDs or under reporting. Up to 2014, there had not been any national survey on NCDs in Uganda.

Partly in response to rising NCDs (using evidence from records in health units), the Ministry of Health has taken initiative to address the challenge (Schwartz et al., 2015). The Ministry has recently initiated a national baseline survey on NCDs in Uganda (Guwatudde et al., 2015). This survey was a nationally representative survey (n=3906). In the survey, behavioural, physical and biochemical measurements were taken. Tobacco use, alcohol consumption, diet, cervical cancer screening, history of raised pressure, diabetes, raised cholesterol and cardiovascular diseases were the behavioural issues considered. Physical measurements of blood pressure and biochemical assessment of blood glucose/lipids were done. All though this NCDs baseline study was not tailored to focus on older people, by using variable age, one can easily conduct analysis for NCDs among older people.

In January 2012, researchers at Uganda Research Unit on AIDS and London School of Hygiene and Tropical Medicine used qualitative and quantitative methods to describe older persons' perceptions of anaemia in rural Uganda (Mugisha et al., 2014). They considered age 50 as the threshold for older persons. They found that older people perceived themselves to be anaemic because of symptoms and beliefs about the causes. The study recommended that anaemia prevention and control programs in Uganda should target older people and correct misconceptions about the causes and treatment of anaemia. The results however may not be representative since the study did not cover the entire country.

5.6 Older persons and disability

Just like non-communicable diseases, certain aspects of disability increase with age. The Uganda National Household Survey (UNHS), Uganda Demographic and Health surveys and the Uganda Population and Housing Censuses collect data on disability using six domains: sight, hearing, mobility, communicating / understanding, remembering or concentrating, and personal care (UBOS, 2010, 2014 & UBOS and ICF International Inc. 2012). They use the six domains designed by the UN Washington Group meeting on disability statistics. The questions which are used to capture disability in the UDHS, UNHS and Census (Appendix II, III & IV respectively) include the following:

- a) *Does (NAME) have difficulty seeing, even if he/she is wearing glasses?*
- b) *Does (NAME) have difficulty hearing, even if he/she is wearing a hearing aid?*
- c) *Does (NAME) have difficulty walking or climbing steps?*
- d) *Does (NAME) have difficulty remembering or concentrating?*

- e) *Does (NAME) have difficulty (with self-care such as) washing all over or dressing, feeding and toileting?*
- f) *Does (NAME) have difficulty communicating, (for example understanding others or others understanding him/her) because of a physical, mental or emotional health condition?*

In the 2010 UNHS, these six questions were originally coded into five categories: (1=No difficulty; 2=Some difficulty; 3=A lot of difficulty; 4=Cannot perform at all and 8= Don't know). Based on these measurements, some studies have performed secondary data analysis and published data on disability among older persons in Uganda (Wandera, Ntozi & Kwagala, 2014a).

In addition, other research institutions generate data on disability. For example, there are data from a general population cohort of the Medical Research Council / Uganda Virus Research Institute (UVRI), and the Africa Centre Demographic Information System (2009/10). These data from a sample of 510 older persons were derived using instruments adapted from the World Health Organization (WHO) Study on Global Ageing and Adult Health (Nyirenda et al., 2013).

5.7 Later life loneliness

Studies have established association between loneliness and ill-health. In spite of its potential and actual threat to life, loneliness is not directly targeted by censuses and surveys. The closest it can get to understanding later life loneliness is to analyse data on living arrangements available in the household schedule. It can be assumed that older persons living alone are likely to be experiencing heightened loneliness. However, caution needs to be exercised while making the conclusion since studies have indicated that living alone is not necessarily synonymous with feeling lonely (Victor, Scambler, Bond & Bowling, 2000).

There are however some studies which have been conducted in a bid to quantify later life loneliness and the predictors of the phenomenon. For example Nzabona, Ntozi & Rutaremwa (2015) indicate that approximately 7 in 10 older persons (69%) felt lonely. Place of residence, marital status, ownership of media, receipt of pension benefits and prevalence of limb joint ill-health predicted loneliness. Although this study used fairly robust statistical methods to analyse predictors of later life loneliness, the data was obtained from five out of the 112

districts and did not engage with a wide range of questions that would have generated richer information on the subject. Much work is needed for a more comprehensive understanding of loneliness among older persons in the country.

5.8 Older persons and mortality

In both population censuses and some surveys, such as UDHS, the survivor/mortality of older persons are probed using parents survivorship questions: is natural mother of (name in the household) alive and is natural father (name) alive. Although these questions are targeted to young persons of 0-17 years to measure levels of orphan hood in the country, the data from them can be converted to measure adult mortality. The indirect Brass-Hill methods are applied to the responses to these questions to compute adult mortality, including older persons' mortality.

5.9 Summary

This chapter has presented the status of data on the health and wellbeing of older persons. It indicates that there are data on health issues such as disability which is periodically studied in censuses and surveys. Some surveys have also captured data on non-communicable diseases such as diabetes, heart disease and hypertension. Although there is some administrative data on HIV/AIDs among older persons, information from systematic surveys is lacking as many of these investigations hardly focus on persons aged 60 and above. There is also paucity of data on a wide range of Non-Communicable Diseases such as Alzheimer's and Parkinson's diseases.

Chapter 6 Enabling and supportive environments

6.1 Introduction

Ensuring enabling and supportive environments is the third priority direction of the MIPAA. This section outlines the enabling and supportive areas for which data assessment was made.

6.2 Housing

The Census questionnaires contain sections with questions on housing conditions from which data on older persons can be derived. In the 2014 census questionnaire, some of the questions sought information about occupancy, tenure, type, number of rooms, type of material used, materials used for construction type of roof, wall and floor of the dwelling unit. Although these questions generated data about the characteristics of housing environment in which older persons live, it may not be immediately clear whether older persons themselves owned the housing units. Older persons in high quality housing units may as well have been staying with relatives or friends. In data analysis this challenge may be somewhat minimized (though not eliminated since information is just reported by respondents who are not necessarily older persons). The variable age can be matched with categories of *occupancy tenure* to determine which older persons were living in dwelling units that were ‘owner occupied’, ‘free public’, ‘free private’ ‘subsidised public’, ‘subsidised private’, ‘rented public’ or ‘rented private’.

Uganda presently has 112, 181, 1,382 and 7,241 districts, Counties, Sub counties and Parishes respectively (UBOS, 2014). However, there is hardly any data that indicates personal ownership of dwelling units by older persons themselves. Since housing has been associated with quality of life (Costa-Font, 2008; Howden-Chapman, Signal, & Crane, 1999; Lewis, 1997; Zainal, Kaur, Ahmad, & Khalili, 2012), the extent to which housing is beneficial to older persons’ life in Uganda can be immediately determined.

6.3 Transportation and age-friendly facilities

In Section 2 of the 2002 and Section 3 of 2014 census questionnaires, further questions on distance to the nearest basic facilities are asked and data on older persons can further be derived using the age variable. The question that sought information on distance include:

What is the distance from home to the nearest primary school?

What is the distance from home to the nearest source of water?

The 2014 census questionnaire added another question on distance to Police station/post, an important security facility. The questionnaire also sought information about whether any member of a given household owned a transport facility such as motor vehicle, motorcycle, bicycle, wheel chair, canoe/boat or donkey. Although these questions are in a separate section of the household schedule, it is possible to link the responses to individual older persons in the household by assuming that these facilities are equally accessed by the older persons.

Censuses and surveys in Uganda however hardly collect information on age-friendly facilities. There are data gaps in the area of age-friendly transport facilities, urban pavements, walk-ways, stairways, recreation facilities or sanitation facilities. Although the Uganda National Service Delivery surveys (UNSDS) bring out issues of transport and age-friendly services for older persons, data required for time series analysis are lacking.

6.4 Care and support of older persons

6.4.1 Surveys

Some information on care and support of older persons can be found in the annual inward personal transfer's surveys that are carried out by the Uganda Bureau of Statistics and the Bank of Uganda to estimate value in cash and in kind of remittances sent by Ugandans living abroad to their respective households in Uganda. Older persons can be analyzed using the age variable and response questions on relationship to the household head with the sender and whether the household reported receiving remittances. The questions include:

What is the age of the household head in completed years?

- a) *Does this household have any family members or friends living abroad?*
- b) *How many of these send money/items in kind to the family?*
- c) *What is the household head's relationship to sender?*

(1=spouse 2=parent 3=daughter 4=son 5=sister 6=brother 7=other 8=friend 9=others specify).

6.4.2 Population Censuses

The 2014 census probed information on international remittances. The questions used were:

- *Did the household receive any money or physical items from any relative/family member/friends abroad during the last 12 months?*
- *If yes, in which countries do the relatives/family members/friends reside?*

These two questions give responses that can generate data on the level of support from the remittances. Such data can be linked to older persons in the household.

6.5 Neglect, abuse and violence against older persons

Data on violence against older persons in Uganda is lacking. The Uganda population and housing censuses does not collect data on violence among older persons. The UDHS collects data on domestic violence but concentrates on ages 15-49 for women and 15-54 for men. Data on gender-based violence (GBV) among older persons is also missing (UBOS, ICF International, & Inc, 2011). The recent survey on GBV among older persons was conducted by HelpAge USA in conjunction with HelpAge International, Uganda country program. However, this survey was confined to refugee settlements in Adjumani and Kyangwali in western Uganda and not the entire population. The report of this survey is not yet published.

6.5 Summary

This chapter has assessed the status of data on enabling and supportive environments. Data on transport, housing and other conditions are mainly obtained through censuses and surveys. However, these are generic data pertaining to households in which older persons live and hardly constitute precise reflections of individual older persons. Consequently, the extent to which older persons are in control of facilities may not be readily ascertained. The chapter indicates paucity of data pertaining to vital later life facilities such as age-friendly transport facilities, urban pavements, walk-ways, stairways or recreation facilities. Overall there is lack of evidence for older persons' enabling environment being on the national data collection agenda.

Chapter 7 Summary of findings, conclusions & recommendations

7.1 Introduction

In this chapter the second section presents a summary of the status of data on ageing and points out the main data gaps. The third section gives conclusions drawn from the results. Lastly policy recommendations are made in the third section.

7.2 Summary of findings

The study has indicated that there is presence of required policy and legislative arrangements for championing the cause of older persons. This is enshrined in the Constitution of the Republic of Uganda, the National Policy for Older Persons and the National Council for Older Persons Act. These are consistent with the MIPAA to which Uganda subscribes.

The assessment indicates availability of data generated through censuses and surveys. This can be used to understand the background characteristics of older persons. From the census data, the number of older persons by age, sex, place of residence, marital status and other demographic characteristics can be determined. From census and survey data it is also possible to have an idea of the social, economic and health situation of older persons using the household information. Disability is perhaps one health area where prevalence can be readily determined in comparison with other later-life challenges. There is also a fair picture of prevalence of certain non-communicable diseases such as diabetes, heart disease and hypertension among older persons. Unfortunately, the data generated by household questionnaire are based on reporting by persons who are not necessarily older persons themselves and such information may therefore not always reflect older persons own views, opinions and facts.

Notwithstanding availability of basic data on older persons' profile, there are some gaps in information required for evidence-based policy formulation. Although there are some administrative data on HIV/AIDs among older persons, information from systematic surveys is lacking as many of these investigations hardly focus on persons aged 60 and above. There is also paucity of data on a wide range of Non-Communicable Diseases such as Alzheimer's and Parkinson's diseases. In terms of elaborate and detailed personal interviews, surveys such as the Uganda Demographic Surveys only target women and men aged 15-49 and 15-54 respectively and are therefore of limited value as far as older persons are concerned.

Although some information on older persons is available from survey household questionnaire, much of the desired data that are required for implementing MIPPA priorities are lacking.

There is paucity of data pertaining to vital later life facilities such as age-friendly transport facilities, urban pavements, walk-ways, stairways or recreation facilities. For example while traditional surveys and censuses collect information on type of toilet facilities (flush toilet, VIP latrine, Covered latrine, Uncovered latrine, Ecosan etc), no considerations are taken to find out prevalence of age-friendly latrines. A data gap therefore exists in this regard and presents a limitation in understanding later life situation considering that some of the oldest old persons have squatting difficulties.

7.3 Conclusions

There is a sound policy and regulatory framework which sets the stage for achieving the MIPAA and national objectives on population ageing. A substantial amount of data on older persons is available but not much of it has been analyzed for policy purposes. Censuses and surveys are the major sources of demographic, social and economic data which can inform policy on issues of older persons and development.

Notwithstanding existence of enabling policy environment and basic data, there is paucity of information especially in some key areas such as Non-Communicable Diseases, access to health care, social value of older persons and age-friendly facilities. Above all, there are significant limitations in national data pertaining to older persons' own views, reflections and experiences. It is therefore presently difficult to understand the precise situation of individual older persons residing in each of the 7,241 parishes located in the 112 districts of the country.

7.4 Recommendations

Relevant stakeholders are urged to analyse already existing census and survey data and thus increase understanding of the state of older persons and population ageing in the country. Second, the relevant sector Ministry may consider running a national survey that brings out a holistic picture of population ageing in the country as part of addressing one of the priority areas dealing with research and documentation. Third, a systematic arrangement should be put in place to include modules targeting older persons in the regular national censuses and surveys.

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Appendix I Selected Data and Statistics on Population and Ageing in Uganda

Table A1 Trend in population size by sex and average growth rate, 1911 – 2014

Census year	Male	Female	Total	Average Annual growth rate (%)
1911	1,116,903	1,349,422	2,466,325	
1921	1,320,286	1,534,322	2,854,608	1.5
1931	1,707,437	1,834,844	3,542,281	2.2
1948	2,481,394	2,477,126	4,958,520	2.0
1959	3,236,902	3,212,656	6,449,558	2.5
1969	4,812,447	4,722,604	9,535,051	3.9
1980	6,259,837	6,376,342	12,636,179	2.7
1991	8,185,747	8,485,558	16,671,705	2.5
2002	11,824,273	12,403,024	24,227,297	3.2
2014	17,060,832	17,573,818	34,634,650	3.0

Source: Uganda Bureau of Statistics (2016). The National Population and Housing Census 2014 – Main Report, Kampala

Table A2 Age-specific sex ratio among older persons in Uganda, 1991-2014

Age group	1991	2002	2014
60-64	89.9	91.0	79.2
65-69	102.5	103.7	83.2
70-74	94.5	90.0	71.0
75+	111.4	93.4	71.6

Source: Uganda Bureau of Statistics (2016). The National Population and Housing Census 2014 – Main Report, Kampala

Table A3 Trends in number of older persons by sex & broad ages groups in Uganda, 1969-2014

Age	1969			1991			2002			2014		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
60-64	84,922	82,090	167,012	116,788	140,446	257,234	173,325	190,440	363,765	194,448	245,500	439,948
65-69	63,303	60,585	123,887	72,205	91,247	163,452	115,081	110,948	226,029	136,730	164,390	301,120
70-74	45,185	43,042	88,227	55,550	73,956	129,505	102,302	114,302	216,604	115,111	162,134	277,245
75+	51,956	47,962	99,917	53,506	82,562	136,069	142,026	152,059	294,085	173,091	241,901	414,992
Total	245,366	233,679	479,043	298,049	388,211	686,260	532,734	567,749	1,100,483	619,380	813,925	1,433,305

Source: Uganda Bureau of Statistics (2016). The National Population and Housing Census 2014 – Main Report, Kampala

Table A4 Distribution of older persons by single years, sex and residence, 2014

Age	Sex		Residence		Total
	Male	Female	Rural	Urban	
60	67,821	101,156	142,367	26,610	168,977
61	27,660	30,016	48,178	9,498	57,676
62	40,433	43,400	69,916	13,917	83,833
63	24,467	29,983	45,698	8,752	54,450
64	34,067	40,945	63,940	11,072	75,012
60-64	194,448	245,500	370,099	69,849	439,948
65	38,535	53,452	78,027	13,960	91,987
66	27,355	28,904	48,300	7,959	56,259
67	25,794	27,397	45,604	7,587	53,191
68	24,195	29,450	45,961	7,684	53,645
69	20,851	25,187	39,636	6,402	46,038
65-69	136,730	164,390	257,528	43,592	301,120
70	41,332	76,740	101,447	16,625	118,072
71	15,133	16,227	26,695	4,665	31,360
72	22,923	25,373	40,941	7,355	48,296
73	14,786	18,078	27,998	4,866	32,864
74	20,937	25,716	40,457	6,196	46,653
70-74	115,111	162,134	237,538	39,707	277,245
75	20,699	29,017	42,441	7,275	49,716
76	13,728	14,637	24,367	3,998	28,365
77	10,909	9,898	17,764	3,043	20,807
78	14,228	16,761	26,450	4,539	30,989
79	9,781	10,809	17,764	2,826	20,590
75-79	69,345	81,122	128,786	21,681	150,467
80	18,385	41,761	51,132	9,014	60,146
81	8,173	8,029	13,871	2,331	16,202
82	8,936	10,947	16,477	3,406	19,883
83	5,956	8,174	11,483	2,647	14,130
84	8,823	12,101	17,977	2,947	20,924
80-84	50,273	81,012	110,940	20,345	131,285
85	6,569	11,450	15,175	2,844	18,019
86	4,810	5,825	8,935	1,700	10,635
87	3,768	4,666	7,148	1,286	8,434
88	3,196	4,338	6,389	1,145	7,534
89	2,787	4,399	5,676	1,510	7,186
85-89	21,130	30,678	43,323	8,485	51,808
90	5,328	11,780	14,504	2,604	17,108
91	1,707	1,970	3,060	617	3,677
92	2,355	3,795	4,577	1,573	6,150
93	1,760	3,089	3,558	1,291	4,849
94	2,074	3,299	4,345	1,028	5,373
90-94	13,224	23,933	30,044	7,113	37,157
95+	19,119	25,156	37,080	7,195	44,275
Total	619,380	813,925	1,215,338	217,967	1,433,305

Source: Uganda Bureau of Statistics (2016). The National Population and Housing Census 2014 – Main Report, Kampala

Table A5 Estimated deaths (000's) by cause and sex among older persons in Uganda, 2000

Cause		Deaths (60-69)	Deaths (70+)
I. Communicable, maternal, perinatal and nutritional conditions		7.840	12.695
A.	Infectious and parasitic diseases	5.546	5.225
	Tuberculosis	0.488	0.527
	STDs excluding HIV	0.013	0.018
	HIV/AIDS	2.914	1.152
	Diarrhoeal diseases	0.982	1.939
	Childhood-cluster diseases	0.001	0.002
	Meningitis	0.300	0.330
	Encephalitis	0.032	0.048
	Acute hepatitis B	0.085	0.085
	Acute hepatitis C	0.011	0.013
	Parasitic and vector diseases	0.389	0.538
	Other infectious diseases	0.328	0.572
B.	Respiratory infections	1.667	5.815
	Lower respiratory infections	1.664	5.808
	Upper respiratory infections	0.002	0.006
E.	Nutritional deficiencies	0.628	1.655
	Protein-energy malnutrition	0.616	1.625
	Iron-deficiency anaemia	0.012	0.029
	Other nutritional deficiencies	0.000	0.001
II. Non-communicable diseases		12.262	22.338
A.	Malignant neoplasms	3.326	3.367
B.	Other neoplasms	0.079	0.126
C.	Diabetes mellitus	0.802	1.517
D.	Endocrine, blood, immune disorders	0.146	0.317
E.	Mental and behavioural disorders	0.026	0.040
F.	Neurological conditions	0.188	0.488
H.	Cardiovascular diseases	4.638	11.120
I.	Respiratory diseases	0.753	1.626
J.	Digestive diseases	1.539	2.009
K.	Genitourinary diseases	0.457	0.984
L.	Skin diseases	0.176	0.411
M.	Musculoskeletal diseases	0.122	0.313
N.	Congenital anomalies	0.009	0.021
O.	Oral conditions	1.095	2.086
III. Injuries		0.254	0.339
All causes		21.475	37.482
Population (000's)		590	375

Source: http://www.who.int/healthinfo/global_burden_disease/en/

Table A6 Meta-data of collected statistics and data on older persons in Uganda

Author	Year	Title / Topic	Type of data / statistics	Data size / scale	Design	MIPAA Direction		
						1	2	3
National Censuses								
UBOS	2016	2014 National Population and Housing Census	Primary & Quantitative	National	Cross-sectional	•	•	•
UBOS	2002	2002 Uganda Population and housing census	Primary & Quantitative	National	Cross-sectional	•	•	•
MFEP	1991	The 1991 Population and Housing Census	Primary & Quantitative	National	Cross-sectional	•	•	•
National Surveys								
UBOS	2011	2010/2011 Uganda Demographic & Health Survey	Primary & Quantitative	Sample	Cross-sectional		•	•
UBOS	2011	2010 Uganda National Household Survey	Primary & Quantitative	Sample	Cross-sectional	•	•	•
UBOS	2006	2005/2006 Uganda Demographic & Health Survey	Primary & Quantitative	Sample	Cross-sectional / quantitative		•	•
UBOS	2001	2000/2001 Uganda Demographic & Health Survey	Primary & Quantitative	Sample	Cross-sectional		•	•
UBOS	1996	1995/1996 Uganda Demographic & Health Survey	Primary & Quantitative	Sample	Cross-sectional		•	•
MFEP	1988/1989	1988/1989 Uganda Demographic & Health Survey	Primary & Quantitative	Sample	Cross-sectional		•	•
International Sources								
UNDESA	2015	World population prospects: Key prospects and advance tables	Secondary & Quantitative	International		•	•	•
WHO	2014	Estimated deaths by cause, sex and WHO member state, 2000	Secondary & Quantitative	International			•	
UNFPA / HAI	2012	Ageing in the Twenty-First Century: A Celebration and A Challenge	Primary/Secondary; Quantitative & Qualitative	International		•	•	•
Other Studies								
Nzabona, A.	2015	Determinants of the value and challenges of older persons in Uganda	Primary & Quantitative/qualitative	Sample	Cross-sectional	•	•	•
Nzabona,A., Ntozi, J. &Rutaremwa, G.	2015	Loneliness among older persons in Uganda: examining social, economic and demographic risk factors	Primary &Quantitative/qualitative	Sample	Cross-sectional		•	•
Wandera, S. O., et al.	2015	"Factors associated with self-reported ill health among older Ugandans: A cross sectional study." <u>Archives of</u>	Secondary & Quantitative	Sample	Cross-sectional		•	

		<u>Gerontology and Geriatrics.</u>						
Wandera, S. O., et al.	2015	"Determinants of access to healthcare by older persons in Uganda: a cross-sectional study." <i>Int J Equity Health</i> 14 (1): 26.	Secondary & Quantitative	Sample	Cross-sectional		•	
Wandera, S. O., et al.	2015	"Prevalence and risk factors for self-reported non-communicable diseases among older Ugandans: a cross-sectional study." <i>Glob Health Action</i> 8 : 27923.	Secondary & Quantitative	Sample	Cross-sectional		•	
Mulumba, M., et al.	2014	Perceptions and experiences of access to public healthcare by people with disabilities and older people in Uganda. <i>International Journal for Equity in Health</i> 13 (1): 76.	Primary & Qualitative	Sample	Cross-sectional		•	
Schwartz, J. I., Guwatudde, D., Nugent, R., & Kiiza, C.	2014	Looking at non-communicable diseases in Uganda through a local lens: an analysis using locally derived data. <i>Global Health</i> , 10 (1), 77. doi: 10.1186/s12992-014-0077-5	Systematic Review	6 journal articles on NCDs in Uganda	Systematic Review		•	
Wandera, S., Ntozi, J., & Kwagala, B.	2014	Prevalence and correlates of disability among older Ugandans: evidence from the Uganda National Household Survey	Secondary & Quantitative	Sample	Cross-sectional		•	
Murphy, G. A., et al.	2013	"Socio-demographic distribution of non-communicable disease risk factors in rural Uganda: a cross-sectional study." <i>Int J Epidemiol</i> 42 (6): 1740-1753.	Primary & quantitative	Sample	Cross-sectional		•	
Nyirenda, M., et al.	2013	"Health, wellbeing, and disability among older people infected or affected by HIV in Uganda and South Africa." <i>Glob Health Action</i> 6 : 19201.	Primary & Quantitative	Sample	Cross-sectional		•	
Nzabona, A., Ntozi, J. & Rutaremwa, G.	2013	Old is Gold: What influences older persons' engagement in income-generating activities in Uganda	Secondary & Quantitative/qualitative	Sample	Cross-sectional	•		
Nankwanga, A et al.	2012	The Impact of HIV/AIDS on Older Persons in Uganda	Primary & Qualitative	Sample	Primary & Qualitative		•	
Golaz, V., & Rutaremwa, G.	2011	The vulnerability of older adults: what do census data say? An application to Uganda. <i>African Population Studies</i> , 26 (1), 605-622.	Secondary & quantitative	10% of Census data	Cross-sectional		•	
Hjelm, K., & Atwine, F.	2011	Health-care seeking behaviour among persons with diabetes in Uganda: an interview study. <i>BMC International</i>	Primary & Qualitative	Sample	Cross-sectional		•	

		<i>Health and Human Rights, 11(11).</i>						
Scholten, F., Mugisha, J., Seeley, J., et.al.	2011	Health and functional status among older people with HIV/AIDS in Uganda. <i>BMC Public Health, 11</i> , 886. doi: 10.1186/1471-2458-11-886	Primary & Quantitative	Sample (n=510)	Cross-sectional		•	
Scholten, F., Mugisha, J., Seeley, J., et.al.	2011	Health and functional status among older people with HIV/AIDS in Uganda. <i>BMC Public Health, 11(1)</i> , 886.	Primary & Quantitative	Sample	Cross-sectional		•	
Nankwanga, A., et al.	2009	"Exploring and curbing the effects of HIV/AIDS on elderly people in Uganda." <i>Journal of Community and Health Sciences 4(2)</i> : 19-30.	Primary & Qualitative	Sample	Cross-sectional		•	
Seeley, J., et al.	2009	"This is where we buried our sons': people of advanced old age coping with the impact of the AIDS epidemic in a resource-poor setting in rural Uganda." <i>Ageing and Society 29(1)</i> : 115.	Primary & Qualitative	Sample	Cross-sectional		•	
Seeley, J., et al.	2008	The Impact of the AIDS Epidemic on the Lives of Older People in Rural Uganda, DEV Working Paper 04.	Primary & Qualitative	Sample	Cross-sectional		•	
Ssengonzi, R	2007	The plight of older persons as caregivers to people infected/affected by HIV/AIDS: evidence from Uganda. <i>Journal of Cross-Cultural Gerontology, 22(4)</i> , 339-353.	Primary & Qualitative	Sample	Cross-sectional		•	
Kikafunda, J. K. & Lukwago, F.B.	2005	Nutritional status and functional ability of the elderly aged 60 to 90 years in the Mpigi district of central Uganda." <i>Nutrition 21(1)</i> : 59-66.	Primary & quantitative	Sample (n=100)	Cross-sectional		•	
Ntozi, J., & Nakayiwa, S.	1999	AIDS in Uganda: how has the household coped with the epidemic	Primary & quantitative	Sample	Cross-sectional	•	•	
Ntozi, J. & Mukiza-Gapere	1995	Care for AIDS orphans in Uganda: findings from focus group discussions.	Qualitative	Sample	Cross-sectional	•	•	

Appendix II Selected Sections of the 2011 UDHS Household Questionnaire

UGANDA BUREAU OF STATISTICS

2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE-ENGLISH

IDENTIFICATION	
DISTRICT _____	[][][]
RESIDENCE STATUS (RURAL=3, URBAN=1) _____	[]
COUNTY _____	
SUBCOUNTY/TOWN _____	
PARISH/LC1 NAME _____	[][][][]
EA NAME _____	
NAME OF HOUSEHOLD HEAD _____	
HOUSEHOLD NUMBER _____	[][][][]
SAMPLED HOUSEHOLD NUMBER _____	[][][][]
HOUSEHOLD SELECTED FOR MALE INTERVIEW, HEIGHT, WEIGHT, ANEMIA,VITAMIN A (YES = 1, NO = 2)	[][][][]
HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE (NO = 0, FEMALE = 1, MALE = 2)	[][][][]
HOUSEHOLD SELECTED FOR UNHS IV (YES = 1, NO = 0) IF YES RECORD HH CODE	[] [][][][][][][][][][]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER
INTERVIEWER'S NAME RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		[]
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD [][] TOTAL ELIGIBLE WOMEN [][] TOTAL ELIGIBLE MEN [][] LINE NO. OF RESPONDENT TO HOUSEHOLD [][]
LANGUAGE OF THE QUESTIONNAIRE LANGUAGE USED IN THE INTERVIEW NATIVE LANGUAGE OF RESPONDENT TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)			[][]	
LANGUAGE USED: 01 ATESO 04 LUO 07 02 LUGANDA 05 RUNYANKOLE-RUKIGA 08 03 LUGBARA 06 RUNYORO-RUTORO 96			[][]	
SUPERVISOR NAME _____ [][][]		FIELD EDITOR NAME _____		OFFICE EDITOR KEYED BY

HH-1

[][][] [][] [][]

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	HOUSEHOLD SCHEDULE		AGE	IF AGE 15	ELIGIBILITY		
				MARITAL STATUS	(9)		(10)	(11)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE RECORD '95.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F	Y N	Y N	YEARS				
01			1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15

TICK HERE IF CONTINUATION SHEET USED

(2A) Just to make sure that I have a complete

listing. Are there any other persons such as small children or infants that we have not listed?

YES ADD TO TABLE

NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ADD TO TABLE

NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ADD TO TABLE

NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = CO-WIFE |
| 05 = GRANDCHILD | 12 = OTHER RELATIVE |
| 06 = PARENT | 13 = ADOPTED/FOSTER/STEPCHILD |
| 07 = PARENT-IN-LAW | 14 = NOT RELATED |
| | 98 = DONT KNOW |
| | 00 = MOTHER NOT LISTED |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				0-4 YEARS	IF AGE 5-17 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	BASIC MATERIAL NEEDS		
(1)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)		
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD 00	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD 00	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2011 school year?	During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF YES, ASK RESPONDENT TO SHOW CERTIFICATE. IF NO, PROBE: Has (NAME) ever been registered for purpose of being given a birth certificate (by LC1 officials)? 1 = HASCERTIFICATE 2 = HAS CERTIFICATE NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DONT KNOW	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?		
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE		Y N	Y N	Y N		
01	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
02	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
03	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
04	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
05	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
06	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
07	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
08	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
09	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
10	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
11	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
12	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
13	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
14	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		
15	1 2 8		1 2 8		1 2		1 2			1 2	1 2	1 2		

CODES FOR Qs 17 AND 19: EDUCATION

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>LEVEL</p> <ul style="list-style-type: none"> 0 = PRESCHOOL 1 = PRIMARY 2 = 'O' LEVEL 3 = 'A' LEVEL 4 = TERTIARY 5 = UNIVERSITY 6 = FAL 8 = DONT KNOW | <p>GRADE</p> <ul style="list-style-type: none"> 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19) 98 = DONT KNOW |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMPLETE COLUMNS 24-29 FOR ALL HH MEMBERS AGED 5 OR OLDER

COMPLETE COLUMNS 24-29 FOR ALL HH MEMBERS AGED 5 OR OLDER						
LINE NO.	DIFFICULTIES					
(1)	(24)	(25)	(26)	(27)	(28)	(29)
	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty seeing even if he/she is wearing glasses? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty hearing even if he/she is using a hearing aid? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty walking or climbing steps? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty remembering or concentrating? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty with self care such as washing all over, dressing, feeding, toileting? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW	Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty communicating foreexample understanding others or being understood by others? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

Appendix III Selected Sections of the 2009/2010 UNHS Questionnaire

Section 2: Household Roster

Ask for a complete list of Household members

PERSON ID	We would like to make a complete list of household members in the last 12 months including guests who slept here last night and those that left the household permanently	Sex 1= M 2= F	What is the relationship of [NAME] to the head of the household? 1= Head 2= Spouse 3= Son/daughter 4= Grand child 5= Step child 6= Parent of head or spouse	What is the residential status of [NAME]? 1=Usual member present 2= Usual member absent 3=Regular member present 4=Regular member absent 5=Guest 6=Usual member who left hh more than 6 months ago	During the past 12 months, how many months did [NAME] live here? WRITE 12 IF ALWAYS PRESENT OR IF AWAY LESS THAN A MONTH	If [NAME] has not stayed for 12 months, what is the main reason for absence? See Manual Annex 1	For codes 1 – 4 in column 5	
							How old is [NAME] in completed years? IF LESS THAN ONE WRITE 0	What is the present marital status of [NAME]? 1= Married monogamously 2= Married polygamous 3= Divorced/ Separated 4= Widow/ Widower 5= Never married
1	2	3	4	5	6	7	8	9

Section 5: Health: All Household Members (cont'd)

Ask the following questions about all members of the household (**usual and regular**).

P E R S O N I D	Did you make any other payments besides the normal payments at the facility? 1= Yes	If Yes, what was the payment for? 1= Official requirement 2= Token of thanks 3= Demanded	What was the cost of transportation to the place where this treatment was sought including hotel expenses? UG. UGX	During the past 6 months (including the past 30 days), did you suffer from any illness or injury? 1= Yes 2= No	For all household members aged 10 years and above			Record Person ID. No. of the person reporting.
					Does (NAME) currently use or has he/she in the past used any tobacco products such as cigarettes, cigars, pipes or chewable tobacco? 1= Yes	For how long (in years) has (NAME) been using them or did he/she use them?	Is (NAME) currently suffering from any of the following diseases? Diabetes = A High blood pressure = B Heart disease = C None of them = Z	
1	11	12	13	14	15	16	17	18
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	
							A B C Z	

Section 6: Disability and Malaria Module

Ask the following questions about all members of the household (usual and regular) unless specified.

P E R S O N	For those aged 5 Years and Above							Did [NAME] sleep under a mosquito net last night?	If Yes , under which kind or brand did (NAME) sleep?	Was this net ever soaked or dipped in a liquid to repel mosquitoes or bugs during the past 12 months?		
	Does (NAME) have difficulty seeing, even if he/she is wearing glasses?	Does (NAME) have difficulty hearing, even if he/she is wearing a hearing aid?	Does (NAME) have difficulty walking or climbing steps?	Does (NAME) have difficulty remembering or concentrating?	Does (NAME) have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc?	Does (NAME) have difficulty communicating, (for example others or others understanding him/her) because of a physical, mental or emotional health condition?	Check columns 2 – 6 if [NAME] has any difficulty: Does this difficulty reduce the amount of work [NAME] can do at any of the following:					
I D	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot see at all 8= Don't Know	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot hear at all 8= Don't Know	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot walk at all 8= Don't Know	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot remember/concentrate at all 8= Don't Know	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot care for self at all 8= Don't Know	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot communicate/understand at all	1= Yes, all the time 2= Yes, sometimes 3= No 4= NA (e.g. too young or too old to work/attend)	1= Yes 2= No (>> next person) 3= Don't Know (>> next person)	1= Olyset 2= Permanet 3= Duranet 4= Net protect 5= Interceptor 6= Other 8=Don't	1= Yes 2= No 3= Not sure		
1	2	3	4	5	6	7	At home 8a	At 8b	At 8c	9	10	11



SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS

SEC FOR PERSONS AGED 3 YEARS AND ABOVE

FOR PERSONS AGED 10 YEARS AND ABOVE

DC3

FOR FEMALES (12-54 years) ONLY

PI	P0	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	P28	P29	P30	P31	P32	P33									
Pers num	Person number	Did [NAME] attend school in 2014, list school or never been to school?	What is the highest grade / class of formal education that [NAME] completed?	What is [NAME'S] field of specialisation? <i>(If no specialisation, write 97)</i>	Can [NAME] read and write a sentence meaningfully in any language?	What was [NAME'S] main activity status in the last 7 days?	What was [NAME'S] main type of work (occupation) during the last 7 days? <i>(DESCRIBE IN NOT LESS THAN TWO WORDS)</i>	Does [NAME] own a mobile phone?	Does [NAME] use internet?	What is [NAME'S] current marital status?	How many children has [NAME] ever borne alive? Of the total children ever borne, how many are boys and how many are girls?	Of the total children ever borne, how many are alive? Among these children how many are boys and how many are girls?	Of the total children ever borne, how many are dead? Among these children, how many are boys and how many are girls?	When did [NAME] have her last live birth? <i>If N/A, write 97 for month, 9997 for year</i>	What is the sex of the last live birth?	What is the survival status of the last live birth?	If the child dead, age at death, complete month									
		<i>(Refer to code list P18)</i>	<i>(Refer to Code list P19)</i>	<i>(If no specialisation, write 97)</i>	1=Read & Write 2=Read only 3=Write only 4=No 7=N/A 8=DK	<i>(Refer to code list P22)</i>		1=Yes 2=No 7=N/A 8=DK	<i>(Refer to code list P26)</i>		<i>If the woman has never given birth, record 00 in the boxes below</i>	<i>If the woman has never given birth, record 00 in the boxes below</i>	<i>If the woman has never given birth, record 00 in the boxes below</i>	<i>If Don't Know, write 98 for month, 9998 for year</i>	1=Male 2=Female 7=N/A	1=Alive 2=Dead 7=N/A 8=DK	<i>If 60 months record</i>									
				Specialisation Detail Code		Occupation Detail Code					Total Boys Girls	Total Boys Girls	Total Boys Girls	M M Y Y Y Y			Write 9 N/A									
0	00	2	43	EDUCATION	27	10	SECONDARY SCHOOL TEACHER	45	1	1	2	05	02	03	04	01	03	01	01	00	01	20	11	1	2	01



SECTION 2: HOUSING CONDITIONS

What is the occupancy tenure of the dwelling unit?	What type of dwelling unit does this household occupy?	How many rooms were used on the Census Night for sleeping?	Types of materials mainly used for construction of the roof	Types of materials mainly used for construction of the wall	Types of materials mainly used for the floor
H1	H2	H3	H4	H5	H6
10 = Owner occupied 11 = Free Public 12 = Free Private 13 = Subsidized public 14 = Subsidized private 15 = Rented public 16 = Rented private 18 = Store 96 = Other	10 = Detached house (single or multi-storied) 11 = Semi-Detached house 12 = Flat in a Block of Flats 13 = Room or rooms of a Main House 14 = Servants Quarters 15 = Tenement (Muzigo) 16 = Garage 17 = Go down/Basement 96 = Other	If 9 or more were used, record 9	10 = Iron sheets 11 = Tiles 12 = Asbestos 13 = Concrete 14 = Tins 15 = Thatch 96 = Other	10 = Concrete/Stones 11 = Cement Blocks 12 = Burnt/Stabilised bricks 13 = Unburnt bricks with Cement 14 = Unburnt bricks with mud 15 = Wood 16 = Mud and Pole 17 = Tin/iron sheets 96 = Other	10 = Earth 11 = Rammed earth 12 = Cement screed 13 = Concrete 14 = Tiles 15 = Brick 16 = Stone 17 = Wood 96 = Other

SECTION 3: COMMUNITY SERVICES

What is the distance from home to the nearest on foot, irrespective of whether you use the service or not (Record distance in kms, if distance is given in miles, refer to code list H7-H13)	
H7 Public Health Facility	H11 Public Secondary School
H8 Private Health Facility	H12 Private Secondary School
H9 Public Primary School	H13 Police Station / Police Post
H10 Private Primary School	

SECTION 4: HOUSEHOLD CHARACTERISTICS

What source of energy does this household mainly use for lighting?
H14
10 = Electricity- National grid (Umeme) 11 = Electricity- Solar 12 = Electricity- Personal Generator 13 = Electricity- Community/thermal plant 14 = Gas 15 = Liquefied Petroleum Gas (LPG) 16 = Biogas 17 = Paraffin-Lantern 18 = Paraffin-Tadooba 19 = Candles 20 = Firewood 21 = Cow Dung 22 = Grass (reeds) 96 = Other

SECTION 4: HOUSEHOLD CHARACTERISTICS (CONTINUED)

What source of energy does this household mainly use for cooking?	What is the household's main source of water for drinking?	What is the distance to this source of water?	What type of toilet facility does this household mainly use?	Does the Household share this toilet facility with other households?	What is the most commonly used method of solid waste disposal from the household?	What type of bathroom does this household mainly use?	What type of kitchen does this household mainly use?
H15	H16	H17	H18	H19	H20	H21	H22
10 = Electricity- National grid (Umeme) 11 = Electricity- Solar 12 = Electricity- Personal Generator 13 = Electricity- Community/thermal plant 14 = Gas 15 = Liquefied Petroleum Gas (LPG) 16 = Biogas 17 = Paraffin-Stove 18 = Charcoal 19 = Firewood 20 = Cow Dung 21 = Grass (reeds) 96 = Other	10 = Piped water into dwelling 11 = Piped water to the yard 12 = Public Taps 13 = Borehole in yard/plot 14 = Public borehole 15 = Protected well/spring 16 = Unprotected well/spring 17 = River/Stream/Lake 18 = Vendor 19 = Tanker Truck 20 = Gravity Flow Scheme 21 = Rain Water 22 = Bottled Water 96 = Other	(Record distance in kms, if distance is given in miles, see conversion list) If the water source is on premises, record 0.0	10 = Flush Toilet 11 = VIP Latrine 12 = Covered Pit Latrine with a slab 13 = Covered Pit Latrine without a slab 14 = Uncovered Pit Latrine with a slab 15 = Uncovered Pit Latrine without a slab 16 = Ecosan (compost toilet) 17 = No facility, bush, polythene bags, bucket, etc 96 = Other	1 = Yes 2 = No 7 = N/A (For "No Facility, Bush, Polythene bags, bucket etc)	10 = Occupants dispose solid waste in the garden, and DO NOT burn or bury it. 11 = Occupants burn solid waste 12 = Occupants bury solid waste 13 = Occupants dispose solid waste in a local dump supervised by urban authorities 14 = Occupants dispose solid waste in a local dump NOT supervised by urban authorities 15 = Solid waste collected by waste vendor 16 = Occupants dispose solid waste into river/sea/stream/pond 96 = Other arrangements	10 = Inside, drainage provided 11 = Inside, no drainage provided 12 = Outside built, drainage provided 13 = Outside built, no drainage provided 14 = Make shift 15 = None 96 = Other	10 = Inside, specific room 11 = Inside, no specific room 12 = Outside, built 13 = Make shift 14 = Open space

HOUSEHOLD ASSETS

Does any member of this household own..... (ASSETS)?
If Yes, record the number, if 9 or more, write 9
If none, record 0

H23	H24
A: Motor vehicle	G: Television
B: Motor cycle	H: Radio
C: Bicycle	I: Fixed Phone
D: Wheel Chair	J: Computer / Laptop
E: Canoe / Boat	K: Generator
F: Donkey	

INFORMATION

What is the household's main source of information?

H24
10 = Radio 11 = Word of Mouth 12 = Telephone 13 = Print Media 14 = Post Mail 15 = Hand Mail 16 = Television 17 = Community Meetings 18 = Internet 19 = Community Announcer 96 = Other

POSTAL SERVICES

Did any member of this household send/receive a letter/parcel by postal services during the last 12 months?

H25
1 = Yes, Once 2 = Yes, Twice 3 = Yes, Thrice 4 = Yes, 4 times and above 5 = No 8 = Don't Know

DD4

MOSQUITO NETS

Does this household have any mosquito nets?

H26
1 = Yes 2 = No

01A

IF YES IN H26, were the mosquito nets given free or were they bought? Record the appropriate code in the boxes below
1 = Yes; 2 = No; 7 = NA; 8 = DK

H27
A = Given free by Govt B = Given free by NGO C = Given free by friend/relative D = Bought

SOURCE OF LIVELIHOOD

What was the main source of the household's livelihood in the last 12 months?

H28
10 = Subsistence farming 11 = Commercial farming 12 = Employment income 13 = Business Enterprise 14 = Cottage Industry 15 = Property Income 16 = Family / Friends / Relatives 17 = Institutional or Program support (e.g. Red Cross, WFP, etc) 18 = Sale of assets 96 = Other

Did the household receive any money or physical items from any relative / family member / friend abroad during the last 12 months?

H29
1 = Yes, both goods and money 2 = Yes, Money only 3 = Yes, Goods only 4 = No 8 = DK

REMITTANCES

IF YES IN H29, in which countries do the relatives / family members / friends reside?
1 = Yes; 2 = No; 7 = N/A

H30
A. Australia B. Canada C. France D. Germany E. India F. Japan G. Kenya H. Libya I. Saudi Arabia J. South Africa K. U.K L. U.S.A M. Sweden N. United Arab Emirates O. Yemen P. South Sudan X. Other country Y. Don't know country of origin





SECTION 4: HOUSEHOLD CHARACTERISTICS (CONTINUED)

<p>H31</p> <p>Does any member in this household have a functional account in the Bank or any other financial institution? (Active in last 12 months)</p> <p>1 = Yes, have an account in the Bank 2 = Yes, have an account in another financial institution 3 = Yes, have both in a bank and another financial institution 4 = No 8 = DK</p>	<p>H32</p> <p>How many meals do household members aged 5 years and above usually eat on average per day?</p> <p>(Record number of meals in the box provided)</p>	<p>H33</p> <p>Does every member in this household use soap to bathe?</p> <p>1 = Yes 2 = No 8 = DK</p>	<p>H34</p> <p>Did every member in this household take sugar (at least once a day) during the last week?</p> <p>1 = Yes 2 = No 8 = DK</p>	<p>H35</p> <p>Do you have salt in the house now?</p> <p>1 = Yes 2 = No 8 = DK</p>	<p>H36</p> <p>Does every member in this household have at least two sets of clothing?</p> <p>1 = Yes 2 = No 8 = DK</p>	<p>H37</p> <p>Does every member in this household have at least one pair of shoes?</p> <p>WITH EXCEPTION OF CHILDREN AGED ONE YEAR OR LESS</p> <p>1 = Yes 2 = No 8 = DK</p>	<p>H38</p> <p>Does every child in this household (i.e. all those under 18 years) have a separate blanket?</p> <p>1 = Yes 2 = No 8 = DK</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

DE5

SECTION 5: AGRICULTURAL MODULE

<p>A1</p> <p>Does this household currently undertake any of the following agricultural activities?</p> <p>1 = Yes, within EA 2 = Yes, outside EA but within District 3 = No</p> <p>I. Exotic / Cross breed cattle</p> <p>II. Local cattle rearing</p> <p>III. Goat rearing</p> <p>IV. Sheep rearing</p> <p>V. Piggery (pig rearing)</p> <p>VI. Poultry/Birds keeping</p> <p>VII. Rabbit rearing</p> <p>VIII. Apiculture (Bee keeping)</p> <p>IX. Aquaculture (fish farming)</p>	<p>A2</p> <p>IF YES IN A1, how many does this household own?</p>	<p>A3</p> <p>IF YES IN A1, what is the main purpose of production?</p> <p>1=Home Consumption 2=Sale 7=N/A</p>	<p>A4</p> <p>List the crops grown on the holding in order of importance</p> <table border="0"> <tr> <th>Ser. No.</th> <th>Crop Name</th> <th>Crop Code</th> </tr> <tr> <td>1</td> <td></td> <td>If no crop grown, write 97</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> </tr> </table>	Ser. No.	Crop Name	Crop Code	1		If no crop grown, write 97	2			3			4			5			6			7			8			9			10			11		
Ser. No.	Crop Name	Crop Code																																					
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4																																							
5																																							
6																																							
7																																							
8																																							
9																																							
10																																							
11																																							

H39

Is any member of the household involved in any household-based enterprise?

1 = Yes
2 = No

H40

What is the nature of the enterprise? (If the household has more than one enterprise, record the one considered by the family as the most important)

10 Agriculture
11 Trade
12 Food processing
13 Other manufacturing
14 Services
15 Hotels and Restaurant
16 Mining and Quarrying
96 Other
97 No enterprise

SECTION 6: DEATHS IN THE HOUSEHOLD IN THE LAST 12 MONTHS

<p>Did any deaths occur in this household in the last 12 months? I mean from September 2013 upto December 2013. What about from 1st January 2014 to 27th August 2014?</p>	<p>What was the name of the deceased?</p> <p>If no death in D1, write "Not Applicable" and end Interview</p>	<p>What was the sex of [NAME]?</p> <p>1 = Male 2 = Female 7 = N/A</p>	<p>How old was [NAME] at the time of death (in completed years)?</p> <p>If age is less than one year, write 00</p>	<p>What was the cause of [NAME'S] death?</p> <p>1 = Disease 2 = Accident 3 = Violence 4 = Witchcraft 6 = Others 7 = N/A 8 = DK</p>	<p>D6-D8-FOR FEMALES WHO DIED AGED 12-64 YEARS</p> <p>Was [NAME] pregnant at the time of her death?</p> <p>1 = Yes 2 = No 7 = N/A 8 = DK</p>	<p>Did [NAME] die while giving birth?</p> <p>1 = Yes 2 = No 7 = N/A 8 = DK</p>	<p>Did [NAME] die within 6 weeks after delivery?</p> <p>1 = Yes 2 = No 7 = N/A 8 = DK</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

D1 D2 D3 D4 D5 D6 D7 D8

- 1)
- 2)
- 3)
- 4)
- 5)

1 = Yes
2 = No
8 = Don't know

If there is any "YES" in A1, ask Question A5, otherwise write 97 in Question A5

<p>A5</p> <p>Which of the household members is the lead holder?</p> <p>(Record the person number of holder from P0) If not listed, record 00</p>	<p>A6</p> <p>Does the holding carry out any type of irrigation?</p> <p>1 = Yes 2 = No 7 = N/A</p>	<p>A7</p> <p>Does this household own agricultural land?</p> <p>1 = Yes 2 = No</p>
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DISTRICT OF PREVIOUS RESIDENCE (P12)					H7-H13, H17					
Central	Eastern	Northern	Western	Country of Previous Residence	Distance Conversion					
					1 mile = 1.6 km					
					Mile	=	Km	Mile	=	Km
101 Kalangala	201 Bugiri	301 Adjumani	401 Bundibugyo	671 Kenya	0.5	=	0.8	16.5	=	26.4
102 Kampala	202 Busia	302 Apac	402 Bushenyi	672 Tanzania	1.0	=	1.6	17.0	=	27.2
103 Kiboga	203 Iganga	303 Arua	403 Hoima	673 Rwanda	1.5	=	2.4	17.5	=	28.0
104 Luwero	204 Jinja	304 Gulu	404 Kabale	674 Burundi	2.0	=	3.2	18.0	=	28.8
105 Masaka	205 Kamuli	305 Kitgum	405 Kabarole	675 South Sudan	2.5	=	4.0	18.5	=	29.6
106 Mpigi	206 Kapchorwa	306 Kotido	406 Kasese	676 Dem. Rep. Of Congo	3.0	=	4.8	19.0	=	30.4
107 Mubende	207 Katakwi	307 Lira	407 Kibaale	677 Somalia	3.5	=	5.6	19.5	=	31.2
108 Mukono	208 Kumi	308 Moroto	408 Kisoro	678 Other Africa	4.0	=	6.4	20.0	=	32.0
109 Nakasongola	209 Mbale	309 Moyo	409 Masindi	681 United Kingdom	4.5	=	7.2	20.5	=	32.8
110 Rakai	210 Pallisa	310 Nebbi	410 Mbarara	682 Other Europe	5.0	=	8.0	21.0	=	33.6
111 Sembabule	211 Soroti	311 Nakapiripirit	411 Ntungamo	683 Asia	5.5	=	8.8	21.5	=	34.4
112 Kayunga	212 Tororo	312 Pader	412 Rukungiri	684 USA	6.0	=	9.6	22.0	=	35.2
113 Wakiso	213 Kaberamaido	313 Yumbe	413 Kamwenge	685 Canada	6.5	=	10.4	22.5	=	36.0
114 Lyantonde	214 Mayuge	314 Abim	414 Kanungu	686 Central & Latin America	7.0	=	11.2	23.0	=	36.8
115 Mityana	215 Sironko	315 Amolatar	415 Kyenjojo	687 Australia	7.5	=	12.0	23.5	=	37.6
116 Nakaseke	216 Amuria	316 Amuru	416 Buliisa	688 Oceania	8.0	=	12.8	24.0	=	38.4
117 Buikwe	217 Budaka	317 Dokolo	417 Ibanda	689 Non-Ugandan-Not Stated	8.5	=	13.6	24.5	=	39.2
118 Bukomasimbi	218 Bududa	318 Kaabong	418 Isingiro		9.0	=	14.4	25.0	=	40.0
119 Butambala	219 Bukedea	319 Koboko	419 Kiruhura		9.5	=	15.2	25.5	=	40.8
120 Buvuma	220 Bukwo	320 Maracha	420 Buhweju		10.0	=	16.0	26.0	=	41.6
121 Gomba	221 Butaleja	321 Oyam	421 Kiryandongo		10.5	=	16.8	26.5	=	42.4
122 Kalungu	222 Kaliro	322 Agago	422 Kyegegwa		11.0	=	17.6	27.0	=	43.2
123 Kyankwanzi	223 Manafwa	323 Alebtong	423 Mitooma		11.5	=	18.4	27.5	=	44.0
124 Lwengo	224 Namutumba	324 Amudat	424 Ntoroko		12.0	=	19.2	28.0	=	44.8
	225 Bulambuli	325 Kole	425 Rubirizi		12.5	=	20.0	28.5	=	45.6
	226 Buyende	326 Lamwo	426 Sheema		13.0	=	20.8	29.0	=	46.4
	227 Kibuku	327 Napak			13.5	=	21.6	29.5	=	47.2
	228 Kween	328 Nwoya			14.0	=	22.4	30.0	=	48.0
	229 Luuka	329 Otuke			14.5	=	23.2	30.5	=	48.8
	230 Namayingo	330 Zombo			15.0	=	24.0	31.0	=	49.6
	231 Ngora				15.5	=	24.8	31.5	=	50.4
	232 Serere				16.0	=	25.6	32.0	=	51.2

Appendix V HMIS - Health Unit Notifiable Disease Report Form

HMIS FORM 033a: HEALTH UNIT NOTIFIABLE DISEASE REPORT

Date of Report _____ Report number this year _____ Financial Year _____

Health Unit _____ (Health Unit Code _____) District _____ Sub county _____ Parish _____

Disease diagnosis _____

Patient Num.	Name	Sex	Age	Village	Parish	Next of Kin	Symptoms and signs	Date of Onset	Lab Y/N	Imm Y/N/U	Status:	Comment

Under **Lab**: Enter whether laboratory results were used to confirm the diagnosis (Yes or No)

Under **Imm**: For immunizable diseases, enter, immunization status Yes or No or Unknown

Under **status**: Enter Died, On Treatment Inpatient, On Treatment outpatient, Transferred, Recovered.

Actions taken by the health unit: _____

Remarks: _____

Name of In-charge _____ Signature _____

----- (District use below this line) -----

Date Received _____ Date of Action: _____ Signature _____ Action Taken: _____

Appendix VI HMIS - Comprehensive Patient Care Card

Unique# <input style="width:100px;" type="text"/> District..... Health Unit..... Clinical Team Leader..... Name.....Pt Clinic NO..... Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age.....DOB.....Marital Status..... Address: SubCounty.....Parish..... Village..... <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Other Medicines List</th> <th style="text-align: center;">Tick</th> <th style="text-align: center;">Start Date</th> </tr> </thead> <tbody> <tr> <td>1. CPT</td> <td align="center"><input type="checkbox"/></td> <td align="center"><u>Start Date</u></td> </tr> <tr> <td>2. TB</td> <td align="center"><input type="checkbox"/></td> <td align="center"><u>Start Date</u></td> </tr> <tr> <td>3. Fluconazole</td> <td align="center"><input type="checkbox"/></td> <td align="center"><u>Start Date</u></td> </tr> <tr> <td>4. INH(H)</td> <td align="center"><input type="checkbox"/></td> <td align="center"><u>Start Date</u></td> </tr> </tbody> </table> Treatment Supporter/Med pick-up..... Address..... Phone..... Home-Based care provided by.....	Other Medicines List	Tick	Start Date	1. CPT	<input type="checkbox"/>	<u>Start Date</u>	2. TB	<input type="checkbox"/>	<u>Start Date</u>	3. Fluconazole	<input type="checkbox"/>	<u>Start Date</u>	4. INH(H)	<input type="checkbox"/>	<u>Start Date</u>	<table style="width:100%;"> <tr> <td align="center" colspan="2">Enrolled in HIV case</td> </tr> <tr> <td align="center" colspan="2">ART Therapy</td> </tr> <tr> <td align="center" colspan="2">Medically eligible clinical stage _____</td> </tr> <tr> <td align="center" colspan="2">Why eligible: _____</td> </tr> <tr> <td align="center" colspan="2">Medically eligible and ready for ART</td> </tr> <tr> <td align="center" colspan="2">Start ART First-line-original regimen</td> </tr> <tr> <td align="center" colspan="2">At start ART Weight <input type="checkbox"/> Function <input type="checkbox"/> Clinical Stage <input type="checkbox"/></td> </tr> <tr> <td align="center" colspan="2">Transferred in from _____ ART Started _____</td> </tr> <tr> <td align="center" rowspan="4" style="border: 1px solid black; padding: 2px;">1st Line</td> <td>Substitute within first-line</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td align="center" rowspan="6" style="border: 1px solid black; padding: 2px;">2nd Line</td> <td>Switch to 2nd line (or Substitute within 2nd line):</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td>Transferred Out To where _____</td> </tr> <tr> <td>New Regimen _____ Why _____</td> </tr> <tr> <td>Transferred Out To where _____</td> </tr> </table>	Enrolled in HIV case		ART Therapy		Medically eligible clinical stage _____		Why eligible: _____		Medically eligible and ready for ART		Start ART First-line-original regimen		At start ART Weight <input type="checkbox"/> Function <input type="checkbox"/> Clinical Stage <input type="checkbox"/>		Transferred in from _____ ART Started _____		1st Line	Substitute within first-line	New Regimen _____ Why _____	New Regimen _____ Why _____	New Regimen _____ Why _____	2nd Line	Switch to 2 nd line (or Substitute within 2 nd line):	New Regimen _____ Why _____	New Regimen _____ Why _____	New Regimen _____ Why _____	Transferred Out To where _____	New Regimen _____ Why _____	Transferred Out To where _____
Other Medicines List	Tick	Start Date																																											
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Appendix VII HMIS - Health Unit Outpatient Monthly Report Form

Health Unit _____ Level _____ Code _____ District _____ Health Sub-district _____

Sub county _____ Parish _____ Reporting Period: Month _____ Year _____

1. OPD ATTENDANCES, REFERRALS AND DIAGNOSES TOTALS FOR THE MONTH

1.1 OUTPATIENT ATTENDANCE

Category	0-28days		29days-4 yrs		5 -59yrs		60 yrs &above	
	M	F	M	F	M	F	M	F
New attendance								
Re-attendance								
Total Attendance								

1.2 OUTPATIENT REFERRALS

Category	0-28days		29days-4 yrs		5 -59yrs		60yrs & above	
	M	F	M	F	M	F	M	F
Referrals to unit								
Referrals from unit								

1.3. OUTPATIENT DIAGNOSES FOR THE MONTH

Diagnosis	0-28days		29days-4 yrs		5 -59yrs		60 yrs &above	
	Male	Female	Male	Female	Male	Female	Male	Female
1.3.1 Epidemic-Prone Diseases								
1. Acute Flaccid Paralysis								
2. Animal Bites (suspected rabies)								
3. Cholera								
4. Dysentery								
5. Guinea Worm								
6. Malaria	Total							
	Confirmed (Microscopic & RDT)							
7. Measles								
8. Bacterial Meningitis								
9. Neonatal tetanus								
10. Plague								
11. Yellow Fever								
12. Other Viral Hemorrhagic Fevers								
13. Severe Acute Respiratory Infection (SARI)								
14. Adverse Events Following Immunization (AEFI)								
15. Typhoid Fever								
16. Presumptive MDR TB cases								
Other Emerging infectious Diseases specify e.g. Influenza like illness (ILI), SARS								
1.3.2 Other Infectious/Communicable Diseases								
17. Diarrhoea- Acute								
18. Diarrhoea- Persistent								
19. Urethral discharges								
20. Genital ulcers								
21. Sexually Transmitted Infection due to (Sexual Gender Based Violence)								
22. Other Sexually Transmitted Infections								
23. Urinary Tract Infections (UTI)								
24. Intestinal Worms								
25. Hematological Meningitis								
26. Other types of meningitis								
27. No pneumonia - Cough or cold								
28. Pneumonia								
29. Skin Diseases								
30. New TB cases diagnosed	Bacteriologically confirmed							
	Clinically Diagnosed							
	EPTB							
31. Leprosy								
32. Tuberculosis MDR/XDR cases started on treatment								
33. Tetanus (over 28 days)								
34. Sleeping sickness								

35. Pelvic Inflammatory Disease (PID)									
36. Brucellosis									
Diagnosis	0-28days		29days-4 yrs		5 -59yrs		60 yrs &above		
	Male	Female	Male	Female	Male	Female	Male	Female	
1.3.3 Neonatal Diseases									
37. Neonatal Sepsis (0-7days)									
38. Neonatal Sepsis (8-28days)									
39. Neonatal Pneumonia									
40. Neonatal Meningitis									
41. Neonatal Jaundice									
42. Premature baby (as a condition for management)									
43. Other Neonatal Conditions									
1.3.4 Non Communicable Diseases/Conditions									
44. Sickle Cell Anaemia									
45. Other types of Anaemia									
46. Gastro-Intestinal Disorders (non-Infective)									
47. Pain Requiring Palliative Care									
Oral diseases									
48. Dental Caries									
49. Gingivitis									
50. HIV-Oral lesions									
51. Oral Cancers									
52. Other Oral Conditions									
ENT conditions									
53. Otitis media									
54. Hearing loss									
55. Other ENT conditions									
Eye conditions									
56. Ophthalmia neonatorum									
57. Cataracts									
58. Refractive errors									
59. Glaucoma									
60. Trachoma									
61. Tumors									
62. Blindness									
63. Diabetic Retinopathy									
64. Other eye conditions									
Mental Health									
65. Bipolar disorders									
66. Depression									
67. Epilepsy									
68. Dementia									
69. Childhood Mental Disorders									
70. Schizophrenia									
71. HIV related psychosis									
72. Anxiety disorders									
73. Alcohol abuse									
74. Drug abuse									
75. Other Mental Health Conditions									
Chronic respiratory diseases									
76. Asthma									
77. Chronic Obstructive Pulmonary Disease (COPD)									
Cancers									
78. Cancer Cervix									
79. Cancer Prostate									
80. Cancer Breast									
81. Cancer Lung									
82. Cancer Liver									
83. Cancer Colon									
84. Kaposi Sarcoma									
85. Cancer Others									
Cardiovascular diseases									
86. Stroke/Cardiovascular Accident(CVA)									
87. Hypertension									
88. Heart failure									
89. Ischemic Heart Diseases									
88. Rheumatic Heart Diseases									
90. Chronic Heart Diseases									
91. Other Cardiovascular Diseases									

Diagnosis	0-28days		29days-4 yrs		5 -59yrs		60 yrs &above	
	Male	Female	Male	Female	Male	Female	Male	Female
Endocrine and Metabolic Disorders								
92. Diabetes mellitus								
93. Thyroid Disease								
94. Other Endocrine and Metabolic Diseases								
Malnutrition								
95. Severe Acute Malnutrition (SAM)	With oedema							
	Without							
96. Mild Acute Malnutrition (MAM)								
Injuries								
97. Jaw injuries								
98. Injuries- Road traffic Accidents								
99. Injuries due to motorcycle(boda-boda)								
100. Injuries due to Gender based violence								
101. Injuries (Trauma due to other causes)								
102. Animal bites	Domestic							
	Wild							
	Insects							
103. Snake bites								
1.3.5 Minor Operations in OPD								
104. Tooth extractions								
105. Dental Fillings								
106. Other Minor Operations								
1.3.6 Neglected Tropical Diseases (NTDs)								
107. Leishmaniasis								
108. Lymphatic Filariasis (hydrocele)								
109. Lymphatic Filariasis (Lymipoedema)								
110. Urinary Schistosomiasis								
111. Intestinal Schistosomiasis								
112. Onchocerciasis								
1.3.7 Maternal conditions								
113. Abortions due to Gender-Based Violence (GBV)								
114. Abortions due to other causes								
115. Malaria in pregnancy								
116. High blood pressure in pregnancy								
117. Obstructed labour								
118. Puerperal sepsis								
119. Haemorrhage related to pregnancy (APH or PPH)								
1 .3.8 Other OPD conditions								
120. Other diagnoses (specify priority diseases for District)								
121. Deaths in OPD								
122. All others								
Total Diagnoses								