



**Vision for Humanity Uganda / Uganda Health  
Marketing Group Arua Market Baseline  
Assessment Report, Feb, 2018.**

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## **Executive Summary**

This baseline report has been made possible by many people and Partners. First we wish to thank the partners the UHMG Arua office for this opportunity. This needs assessment was a feedback process to adopt the needs of the market vendors and carry out basic market analysis for UHMG's non ethical products. Secondly, we wish to thank VFH team and other partner organizations from the market who greatly contributed to the success of this study. We further wish to thank the different business men and women, customers for their cooperation in providing the relevant information.

Vision for humanity Uganda is a national organization that is located adjacent to NN Toyota Arua in one of the busiest peri-urban locations 2km along Arua – Kampala highway. VFHU plans to work in partnership with UHMG in the provision of health services covering HIV AIDS Prevention services covering condom distribution, HCT and SBCC, Family planning services, Nutrition education and screening, Malaria products distribution, MCH services, Hepatitis B screening and distribution of non ethical socially marketed products to the general public in Arua main market which will be used as its main retail point and operation point for distribution campaigns to all the business men and women, clients, neighboring community, shops, clinics and pharmacies where thousands of people flock daily.

It will not be tied to one market location but in all market places in Arua district and in an effort to ensure that the costs are low and fair accessible by the people in the market. We shall use shops, pharmacies to test the market and put up stalls in the corners of the market from where these products shall be provided on daily basis. Service points will be set up in different locations in the market to provide these services. VFHU will source products directly from UHMG with effort to promote. These products include sanitary towels, condoms, water purification tablets, family planning methods there will be an increased awareness of the various existing family planning methods, and semantic areas. The market has got over 2100 people who are male and female, people of different races, tribes and culture mixed with one aim of doing business. Most of the people we interacted with were of ages 25-50 years of age.

There has never been any group that has ever provided these services to the market says the leaders during focus group discussion with the market leaders and they expressed overwhelming need for these services in the market.

Descriptive cross-sectional study was used involving a combination of both qualitative and quantitative techniques to collect data. These included administering survey questionnaires, conducting Key Individual Interviews. Specifically, Women survey questionnaire and Youths questionnaire, Health centre survey questionnaire and Local leader survey questionnaire were administered to collect data in the market.

Study findings revealed that markets continues to experience unprecedented increase in population, water borne diseases like typhoid, diahorrea, malaria due to poor access to health services as these bread winners give little time for health seeking. The currently married women aged 25-50 years who participated in the baseline survey said that the most preferred contraceptive methods were injectables, followed by implants, LAM and the pill.

Overall, teenage pregnancy rate was high .This could be premised on the low levels of awareness of modern family planning methods among the young people, only 1 in every 100 young people aged 10-24 years had accurate knowledge on all the 3 most commonly used modern contraceptive methods.

Although the current policy interventions emphasize integration of adolescent friendly reproductive health services in PHC, findings show that out of the 3 health clinics which participated in the baseline survey, none of this health clinics provided adolescent youth friendly services like pads, family planning

## **Objective of the Survey**

The overall objective of the baseline survey was to generate key baseline data to inform provision of Sexual Reproductive Health Services to the market vendors specifically looking at:

- a) Family planning services, HIV / AIDS prevention, Malaria & Nutrition screening.
- b) Do basic market analysis for UHMG socially marketed products.

## **Scope of work**

The scope of the baseline study included obtaining data (existing and new) for measuring outcome and output indicators,

- for outcome indicators it shall focus on implementation of activities and resource mobilization efforts for the success of the programme
- For indicators of outcomes and outputs with activities targeting the Arua market, and with measurements based on existing data.

## **METHODOLOGY**

### **▪ Study site**

The study was conducted in Arua market targeted by the VFH

### **▪ Target population**

All women in the reproductive age (25-50 years) who were resident members of the market, shop keepers, leaders and health clinics were eligible to be interviewed. In addition, all young people aged 10-24 years and youths aged 18-30 years and adult men were eligible to be interviewed in this survey.

## **Study design**

Descriptive cross-sectional study was used involving a combination of both qualitative and quantitative techniques to collect data. These included administering survey questionnaires, conducting Key Individual Interviews. Specifically, Women survey questionnaire and Youths questionnaire, Health centre survey questionnaire and Local leader survey questionnaire were administered to collect data in the market.

Study findings revealed that markets continues to experience unprecedented increase in population, water borne diseases like typhoid, diarrhoea, malaria due to poor access to health facilities and so much more. The currently married women aged 25-50 years who participated in the baseline survey said that the most preferred contraceptive methods were injectables, followed by implants, LAM and the pill.

### **Youth's questionnaire**

The youths and young people's questionnaire was used to collect information from all eligible youths aged 25-30 years. The eligible respondents were asked questions on the following topics

- Background characteristics (age, gender, orphan hood, education, occupation, religion, & marital status, etc.)
- Awareness, knowledge and use of contraceptives/family planning methods
- Source and use of information on SRH and Community involvement in sexual & reproductive health testing of HIV/AIDs and hepatitis B provision of health products like sanitary pads, condoms, water purification tablets and many more.

### **Health facility questionnaire**

A baseline indicator on , the number of health centers & Health facilities providing health friendly services; all identified health facilities in the market and around that can help provide these services and therefore, were interviewed, using the questionnaire to assess information.

### **Leader's questionnaire.**

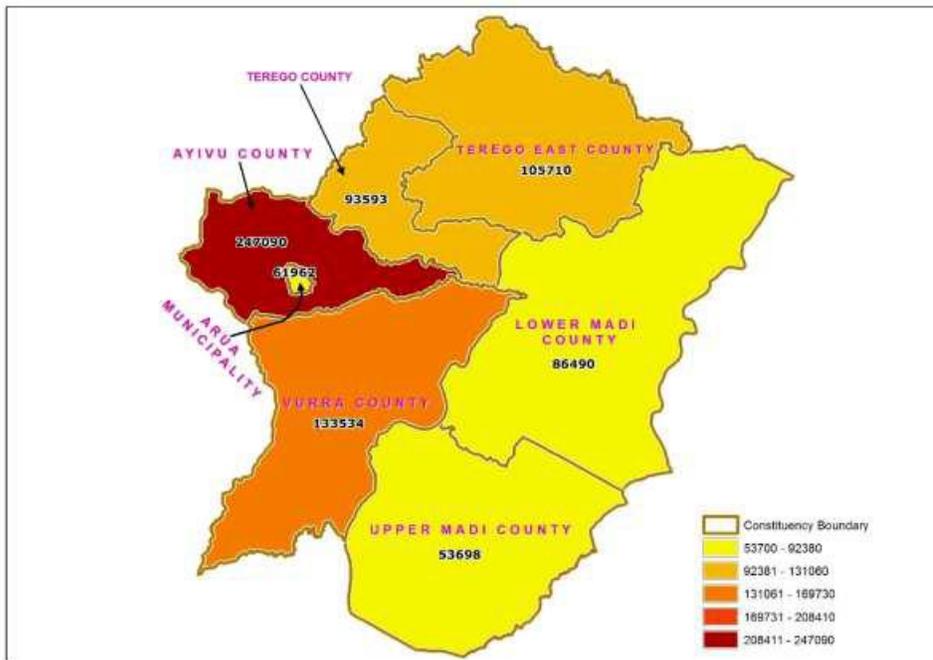
In order to collect data on outcome, the survey of local leaders was conducted in the market. A total of 2 market leaders participated in the survey. A semi-structured survey questionnaire was used to collect data from leaders and were asked questions on the following topics: market accessibility and involvement in sexual reproductive health (SRH) and understanding of the relationship between population issues (*population structure, population size, population distribution, population growth, migration, births, and death*) and development plan, what they can do to help provide these service to the people and which part of the market would be favorable to place a service point, find out if there's has been any group that has ever provided these services to the venders.

### **Awareness of the husband/male partner about women's use of FP methods**

The baseline survey provided some insight into the extent to which male partners of female FP users were aware of their spouse's use of family planning and they most of them told us they were aware of it and were supporting their wives too.

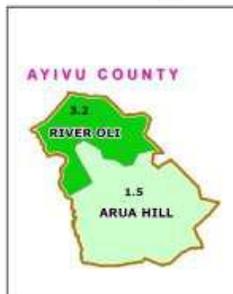
## General District Health Information

Map 1: The current sub counties of Arua District and their population



Map 2: Percentage Distribution of Households 5 Km and over to the nearest Public Health Facility; Arua District, 2014

### Arua Municipality



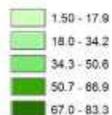
### Arua Municipality

HHs 5Km Or More from HC(%)



### Rest of Arua

HHs 5Km Or More from HC(%)



## National Population and Housing Census 2014 Area Specific Profiles – Arua District

### 1: POPULATION

	Number	Percent
<b>1.1: Population Size</b>		
Total population	782	077
Total male population	374,755	47.9
Total female population	407,322	52.1
Sex ratio (males per 100 females)		92.0
<b>1.2: Households Number Percent</b>		
Total households	146,627	
Households headed by males	108,912	74.3
Households headed by females	37,715	25.7
Households headed by children (aged 10-17 years)	513	0.3
Households headed by youth (aged 18-30 years)	37,874	25.8
Households headed by older persons (aged 60 years and above)	19,762	13.5
<b>1.3: Population by Age groups Number Percent</b>		
Population aged 0-17 years	429,195	55.4
Population aged 18-30 years	170,641	22.0
Population aged 31-59 years	145,100	18.7
Population aged 60 years and over	30,144	3.9
<b>1.4: Population by Special Age groups Number Percent</b>		
Population aged Less than one Year	28,605	3.7
Population aged 0-4 Years	133,976	17.3
Population aged 0-8 Years	236,221	30.5
Population aged 2-8 Years	182,711	23.6
Population aged 2-17 Years	375,685	48.5
Population aged 6-12 Years	165,856	21.4
Population aged 6-15 Years	230,714	29.8
Population aged 10-15 Years	131,653	17.0
Population aged 10-17 Years	170,062	21.9
Population aged 15-24 Years	160,774	20.7
Population aged 16-64 Years	364,272	47.0
Population aged 15-29 Years	215,128	27.8
Population aged 2 Years and Over	721,570	93.1
Population aged 10 Years and Over	515,947	66.6
Population aged 15 Years and Over	403,341	52.0
Population aged 18 Years and Over	345,885	44.6
Population aged 20 Years and Over	310,932	40.1
Population aged 65 Years and over	20,022	2.6

### 11: ACCESS TO COMMUNITY SERVICES

	Number	Percent
<b>11.1: Access to a Primary school</b>		
Households that are 5 km or more to the nearest primary school, whether public or private	10,285	7.0
Households that are 5 km or more to the nearest public primary school	14,218	9.7
<b>11.2: Access to a Secondary school Number Percent</b>		
Households that are 5 km or more to the nearest secondary school, whether public or private	44,951	30.7
Households that are 5 km or more to the nearest public secondary school	64,660	44.1
<b>11.3: Access to a Health Facility Number Percent</b>		
Households that are 5 km or more to the nearest health facility, whether public or private	35,799	24.4
Households that are 5 km or more to the nearest public health facility	48,732	33.2
<b>11.4: Access to a Police post /Police station Number Percent</b>		
Households that are 5 km or more to the nearest Police Post/Police Station	46,336	

## National Population and Housing Census 2014 Arua Municipality Constituency – Arua District

### 1: POPULATION

	Number	Percent
<b>1.1: Population Size</b>		
Total population	61,962	
Total male population	29,716	48.0
Total female population	32,246	52.0
Sex ratio (males per 100 females)		92.2
<b>1.2: Households Number Percent</b>		
Total households	10,202	

Households headed by males	7,441	7	2.9
Households headed by females	2,761		27.1
Households headed by children (aged 10-17 years)	45		0.4
Households headed by youth (aged 18-30 years)	3,167		31.0
Households headed by older persons (aged 60 years and above)	785		7.7
<b>1.3: Population by Age groups Number Percent</b>			
Population aged 0-17 years	32,026		54.5
Population aged 18-30 years	16,168		27.5
Population aged 31-59 years	9,204		15.7
Population aged 60 years and over	1,353		2.3
<b>1.4: Population by Special Age groups Number Percent</b>			
Population aged Less than one Year	1,806		3.1
Population aged 0-4 Years	8,896		15.1
Population aged 0-8 Years	16,265		27.7
Population aged 2-8 Years	12,825		21.8
Population aged 2-17 Years	28,586		48.7
Population aged 6-12 Years	12,291		20.9
Population aged 6-15 Years	17,763		30.2
Population aged 10-15 Years	10,458		17.8
Population aged 10-17 Years	14,050		23.9
Population aged 15-24 Years	15,080		25.7
Population aged 16-64 Years	29,436		50.1
Population aged 15-29 Years	20,216		34.4
Population aged 2 Years and Over	55,311		94.1
Population aged 10 Years and Over	40,775		69.4
Population aged 15 Years and Over	31,998		54.5
Population aged 18 Years and Over	26,725		45.5
Population aged 20 Years and Over	23,438		39.9
Population aged 65 Years and over	881		1.5

## 11: ACCESS TO COMMUNITY SERVICES

	Number	Percent
<b>11.1: Access to a Primary school</b>		
Households that are 5 km or more to the nearest primary school, whether public or private	43	0.4
Households that are 5 km or more to the nearest public primary school	129	1.3
<b>11.2: Access to a Secondary school Number Percent</b>		
Households that are 5 km or more to the nearest secondary school, whether public or private	134	1.3
Households that are 5 km or more to the nearest public secondary school	226	2.2
<b>11.3: Access to a Health Facility Number Percent</b>		
Households that are 5 km or more to the nearest health facility, whether public or private	67	0.7
Households that are 5 km or more to the nearest public health facility	279	2.7
<b>11.4: Access to a Police post /Police station Number Percent</b>		
Households that are 5 km or more to the nearest Police Post/Police Station	265	

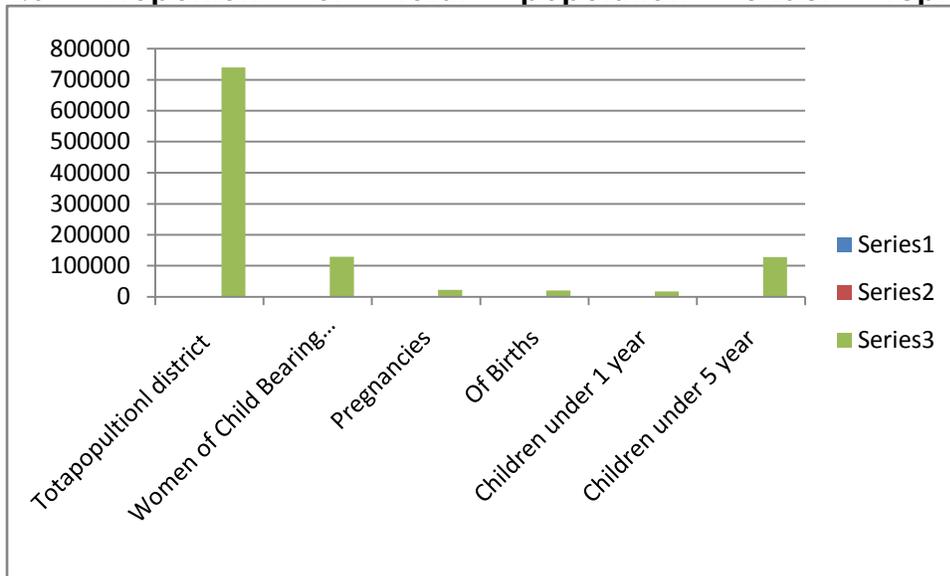
## 4.5 Reproductive Health

Table 4.2 (I): Population proportion under reproductive health

	Proportion	Value
(A) 2010 population		751900
(B) Women in childbearing age in the District:	0.202	151,884
(C) Number of pregnancies in the District:	0.05	37,595
(D) Number of births in the District:	0.0485	36,467
(E) Number of children under one year in the District:	0.043	32,332
(F) Number of children under five years in the District:	0.2	150,380
(G) Suspected tuberculosis in the District:	0.003	2,256

Source: HMIS ARUA

#### 4.6 Proportion of total population under reproductive health.



## STUDY RESULTS

A total of 100 women (market vendors), service providers were interviewed using semi structured questionnaires; FGD was held with market leader.

The results picked here are the most relevant to the market vendor activity. Basic excel sheet entry was done, simple analysis was done using the same to generate basic information on key baseline questions in relation to the provision of sexual reproductive health services to market vendors in Arua main market.

### Background characteristics

Figure1: Distribution of participants by sex:

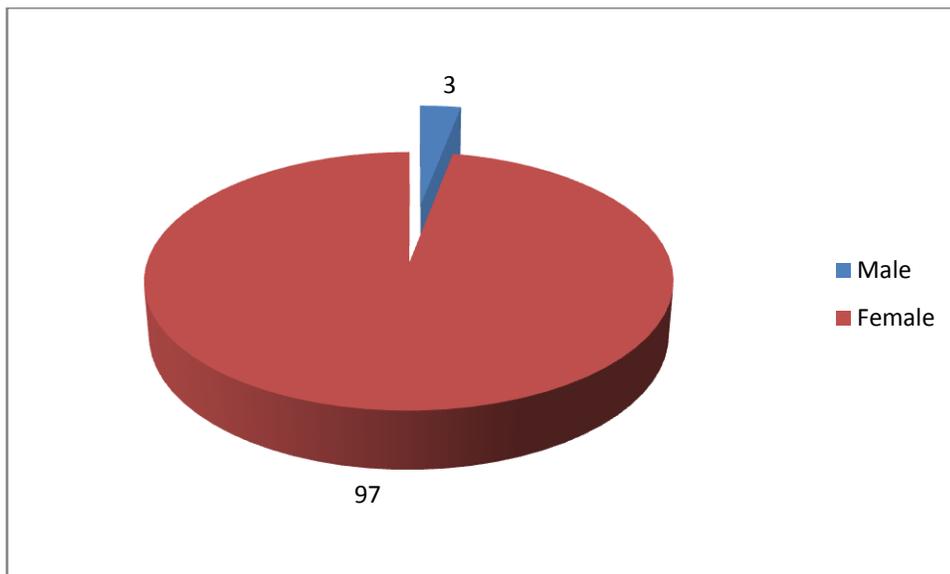
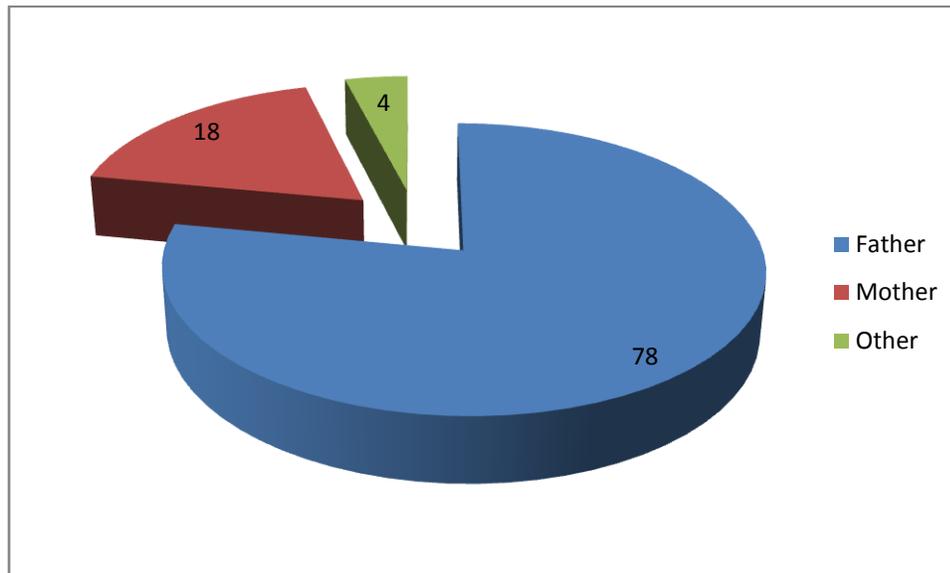


Figure 2: Who has the final say in your household?



Narrative:

Most (58%) household decisions are made by the men as reported by the respondents, 64 % of respondents were Muslim and 73% attained education level to O-level.

### Family planning

Table 1: No of women of reproductive age accessing FP services

Age category	No	Percentage
15-25	02	2.1
26-35	30	30.9
36-45	05	5.2
46-55	01	1.03
56-65	00	00
Not accessing FP services	59	60.8
Total	97	

Figure 3: No of women of reproductive age accessing FP services

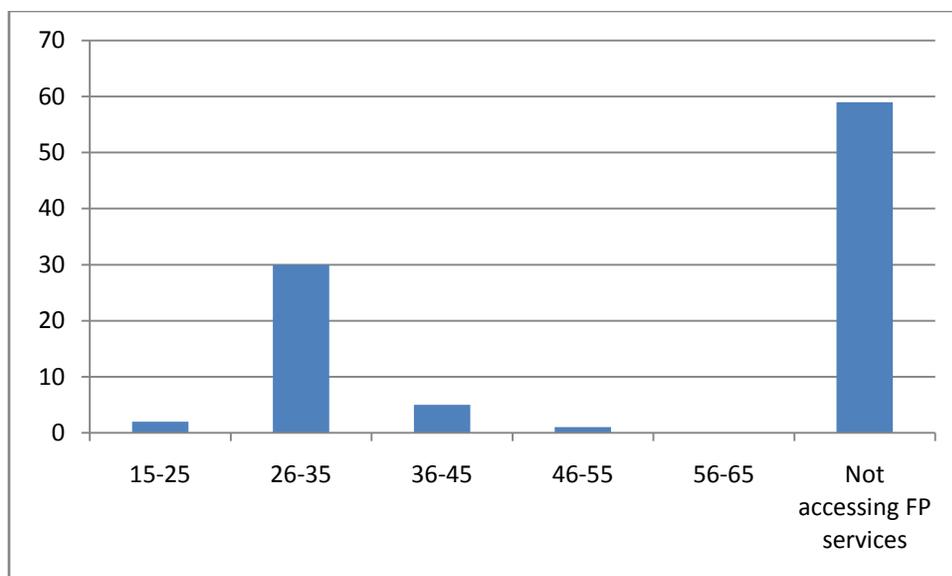


Table 2: FP methods accessed by the women of reproductive age accessing FP services

Category	Number	Percentage
The pill ( oral contraceptives)	02	5.1
IUD (Loop)	00	0
Male condoms	00	0
Female condoms	00	0
Implants	11	28.9
Injectables (Depo-Provera)	23	60.5
Emergency Hormonal contraception (morning after pill)	02	5.3
Tubal Ligation	00	0
Male sterilization (vasectomy)	00	0
Rhythm / calendar / counting days	00	0
Withdrawal (coitus interruptus)	00	0
Other (specify)	00	0
Total	38	

Figure 4: FP methods accessed by women of reproductive age

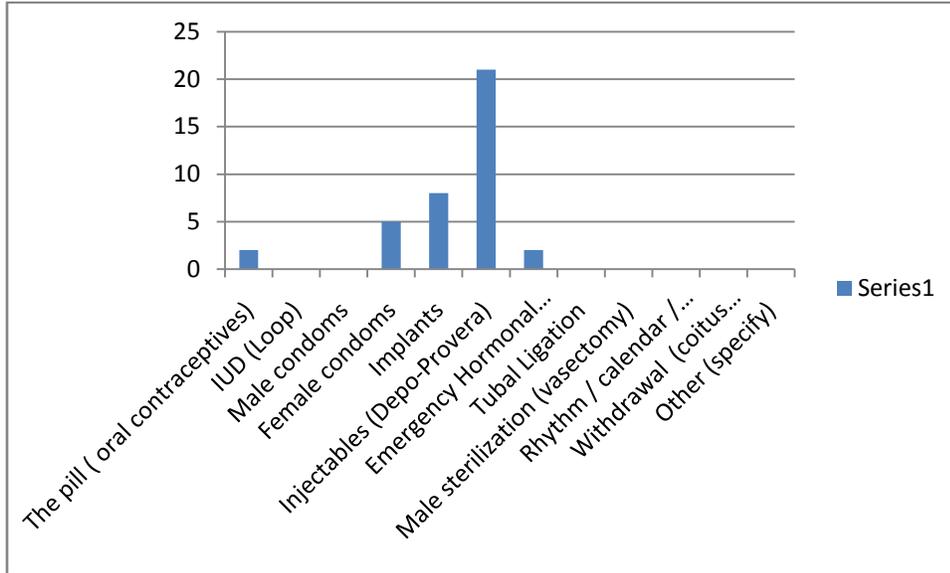


Table 3: Where did you access FP services from?

Category	Number	Percentage
Health centre / Hospital	24	63.2
Private health clinic	10	26
Supermarket / market	01	2.6
Friends / relatives	0	0
Pharmacy	03	7.9
Other	0	0
Total	38	

Figure 5: Point of access of FP services

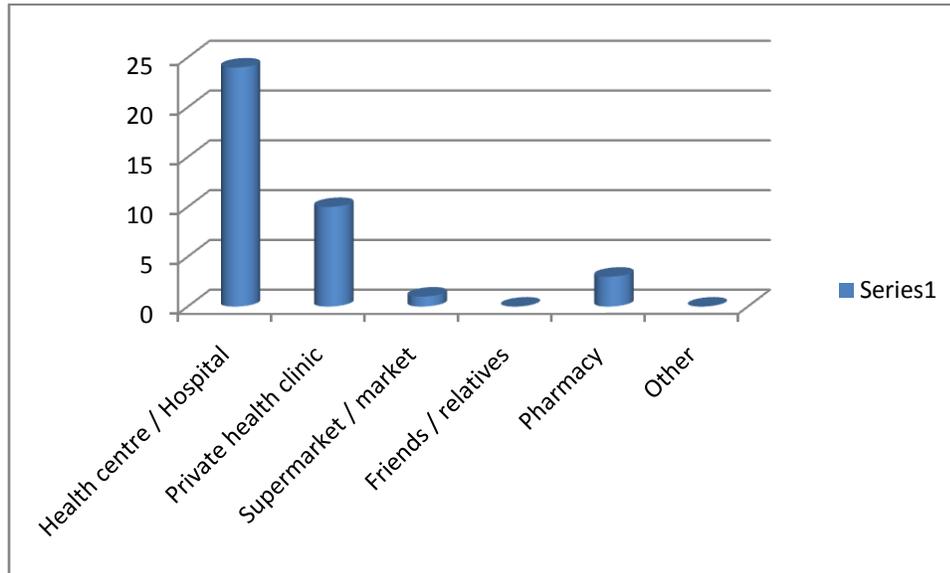
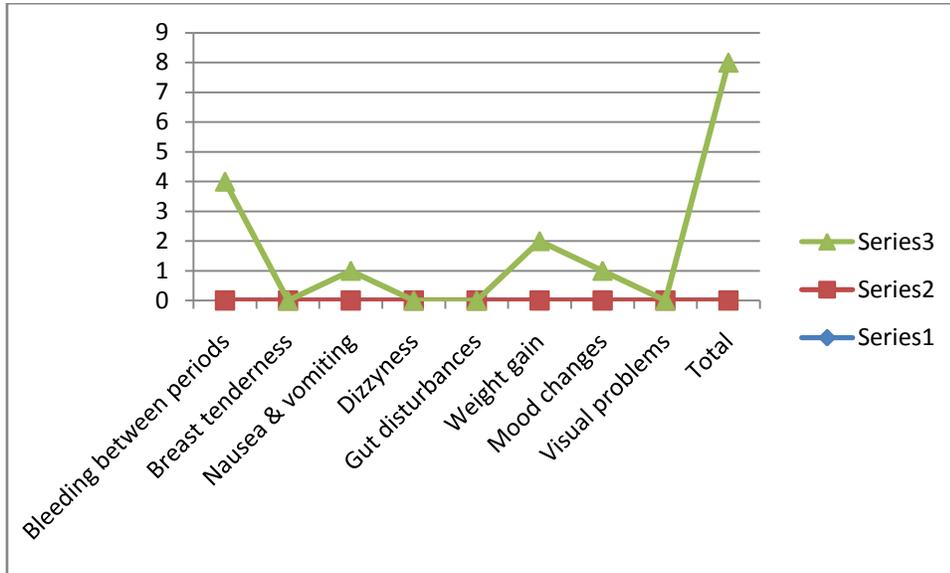


Table 4: Most prevailing side effects of FP used

Category	Number	Percentage
Bleeding between periods	04	50
Breast tenderness	00	00
Nausea & Vomiting	01	12.5
Dizziness	00	00
Gut disturbances	00	00
Weight gain	02	25
Mood changes	01	12.5
Visual problems	00	00
Total	08	

Figure 6: Most prevailing side effects

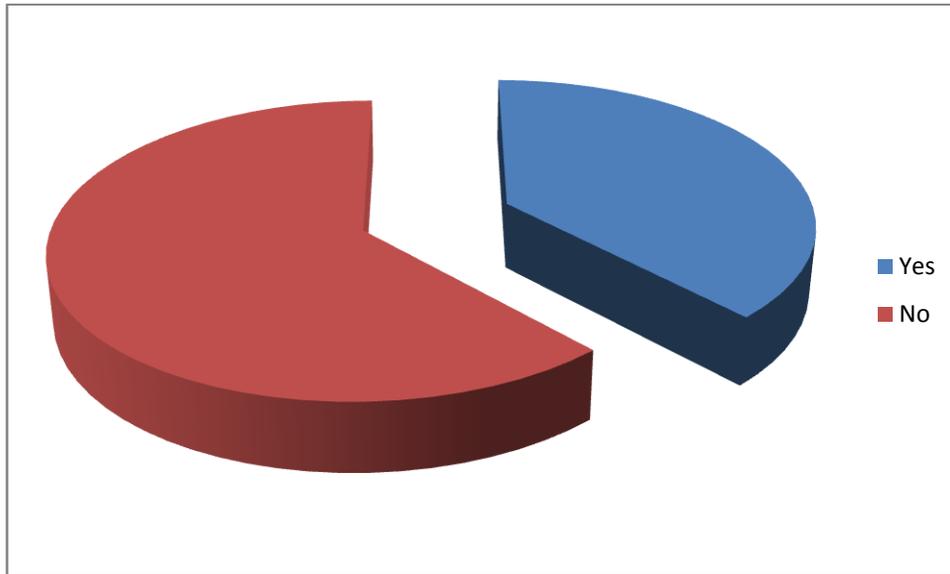


Narrative: There is a gap between knowledge of FP and decision to use it. Access is hampered by a number of factors and the two most prominent are decision making by partner and lack of time due to busy schedule in the market.

The average distance to an FP point is ½ km looking at 5 of the nearest health facilities. Those who obtained FP services from private facilities reported mostly use of injectables at an average cost of 3,000, implants at an average cost of 10,000.

## Safe Motherhood

Figure 7: Are you currently pregnant



Narrative: There is good knowledge of antenatal care services. 60% of the women currently pregnant are attending ANC services from a trained Health worker.

## HIV/AIDS

Figure 8: Have you ever taken a HIV test

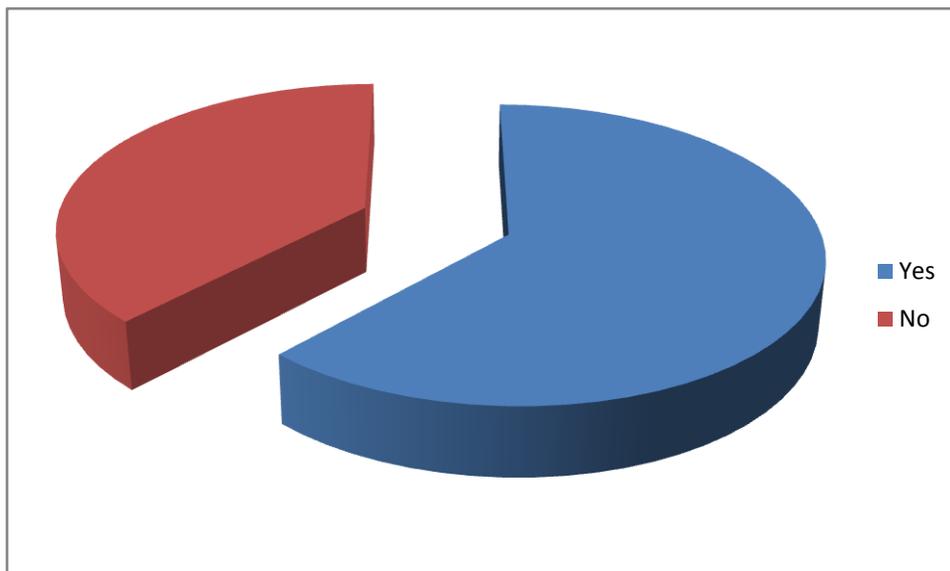
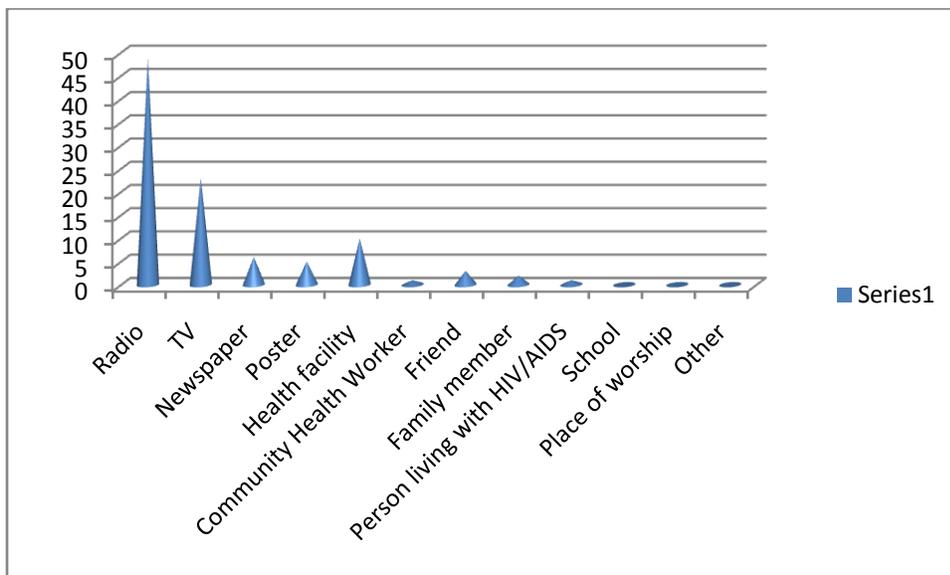


Table 5: How did you get information about HIV / AIDS?

Category	Number
Radio	49
TV	23
Newspaper	6
Poster	5
Health facility	10
Community Health Worker	1
Friend	3
Family member	2
Person living with HIV/AIDS	1
School	0
Place of worship	0
Other	0
Total	100

Figure 9: How did you get information about HIV/AIDS



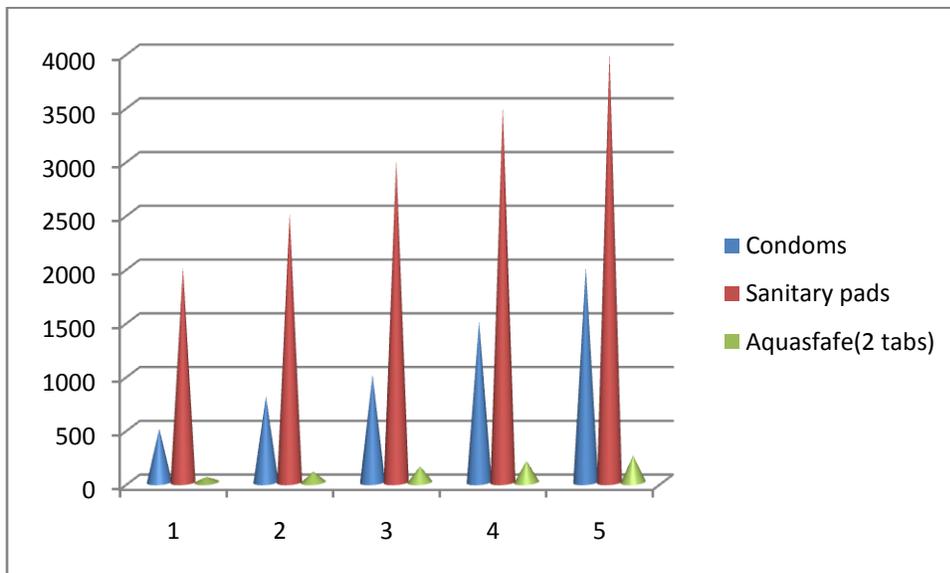
Most respondents are willing to take HIV/AIDS test. There is need for more SBCC services for positive living.

## Nutrition

75% reported some basic nutrition knowledge but are willing to receive professional nutritional education. Only 2.2% of the respondents reported their children having some nutritional problems.

## SMA

There is good reception on the non ethical products but there are a lot of these products of different brands on the market. Time needs to be invested in product education. Favorable pricing can create market advantage. Most service providers and shop owners are willing to sell the products. The sanitary pads would do well in that market because of their product quality.



The best sales price for condoms by respondents is 1,000 per pc (of 3 condoms), sanitary pads 3000/pack, aquasafe is 100shs per sac of 2 tablets.

## Market Leaders

This kind of activity has never been carried out in the market. The leaders are excited about the idea of camping at the market to offer SRH activities and are eagerly waiting for this service because of the nature of work of the market vendors. There are a few women groups for savings but most of the social groups are outside the market. They feel service access and mobilization can cover the catchment areas of the market.

## **General issues uncovered:**

80% of the venders reported uneasiness to access the health services and products which render them unable to get the services. They said they take a long time in these health centers and sometimes go back without getting the services they need, which definitely affects their business.

From the participants, cited the following factors as contributing to the low utilization of family planning methods, condoms, sanitary towels and water purification tablets:

- Cost of family planning methods, for example, a packet of condom costs UGX 1000 or 500 which is considered unaffordable especially amongst the low income earners, therefore would prefer free of charge or at low price than 1000.
- Competition for highest number of births especially amongst polygamous families to satisfy the man's desire for many births per wife.
- High desire to get a specific gender in births
- Myths and misconceptions, for example, modern FP methods reduce libido
- Fear of side effects, for example, excessive bleeding when injectables are used
- Time wasting for these business women and men and transport.
- Undermining them because of the nature of their work.
- For some are affected by language problems since they may not be of the place.
- The information is provided late and most of them do not have all the time to answer the questions.
- Some of our girls are being careless because of these services and if they are to provide these services we would wish if better trainings and directions are given to help.

## Conclusion

a) The Annual Population Growth Rate for the Arua market is significantly higher than the national average posing a serious development challenge especially when the quality of the population still remains poor as it is. Young people dependency ratio is still very high. This could be attributed to the higher fertility rates

b) Up take of family planning and contraception is still low among business women and men still trailing from the bottom and yet Total fertility rates are high. Injectables and implants are more preferred than other methods among. Use of family planning among the young people or unmarried teenagers who want to avoid pregnancy is unacceptable in most communities most of the districts surveyed.

c) Accurate information on family planning and commonly used contraceptives like emergency pills and oral contraceptive pills has not effectively trickled down to the young people in order to help them avoid unwanted pregnancies

d) Health facilities offering a whole package of adolescent friendly sexual reproductive services is still very few in Arua market. Majority integrate youth services with other services which in one way or another compromises the quality and effectiveness of such services and ultimately their uptake by the young people who are very sensitive.

f) There is a steady improvement and a positive trend in the use of family planning. Condom use accounts for a significant percentage of the new users. However, there still remain several misconceptions about Family Planning that hamper its uptake in most of the population.

l) Access to quality health services by pregnant mothers in the Arua market is still poor although there is continued improvement in health service delivery in the district.

## **Recommendations:**

- In depth engagement with social groups. This will leverage the SMA for non ethical products of UHMG.
- There is need to maintain SMA strong presence on ground after the activity. The existing structures are sufficient enough for this and good sales of the non ethical products.
- These are people who have little time. They need very little client time at service points.
- Trainings on how to use these products and on how they work should be given if not it may kill us or even no one may use them.
- The service and products should be brought right next to us so that we also benefit from it.
- Try to inform us early and understand we have no time to waste because we are bread winners here and only source of income.
- Use local language because most of us are not learned.
- Try to get permission letters from our superiors and authorities before you come.