



UGANDA BUREAU OF STATISTICS



FREQUENTLY ASKED QUESTIONS ABOUT THE UGANDA DEMOGRAPHIC HEALTH SURVEY (UDHS) – 2022



Availing Indicators for Improving Health Sector Programs

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PREAMBLE

The Uganda Bureau of Statistics has its core mandate as the production, coordination and dissemination of official statistics for evidence based planning and decision making. It fulfils this mandate by undertaking surveys and censuses from which data is collected, analysed and disseminated to the intended users in a timely and user friendly manner.

The Bureau will be conducting the seventh series of the Uganda Demographic and Health Survey (UDHS-7) in 2022. The UDHS-7 is designed as a follow-up to the 2016 Uganda Demographic and Health Survey. The UDHS-7 will be a national sample survey covering all districts in the country. The UDHS-7 will be implemented under the precincts of the Uganda Bureau of Statistics Act, 1998. This is also in line with the UBOS strategic plan with a target of increasing the scope and frequency of socio-economic data. Information from the UDHS is essential for informed policy-making and planning, monitoring, and evaluation of health programs in general and reproductive health programs in particular, at both the national and regional levels.

The UDHS-7 will provide National and Regional estimates on population and health that are comparable to data collected in Uganda's six previous Demographic and Health surveys and similar surveys in other developing countries. Data collected in the UDHS-7 will add to the large and growing international database of demographic and health indicators.

1. What is a Demographic and Health Survey?

The DHS is a population-based survey undertaken to provide comprehensive data on real-life health issues in a given country. In particular, the UDHS-7 will avail reliable and accurate information on fertility levels, marriage, sexual activity, fertility preferences, breastfeeding practices, awareness and use of family planning methods. The DHS offers statistics on the most common health indicators, as well as trends in the country as well as cross-country comparisons.



2. When was the last DHS undertaken?

The last DHS was undertaken in 2016. It followed previous DHS surveys undertaken in 1988/89, 1995, 2000-01, 2006 and 2011.

3. How often is a DHS undertaken?

DHS surveys are conducted every 4 to 5 years in most countries. For Uganda's case, the DHS is conducted every 5 years. The same questions are asked in each survey so that comparisons can be made over time and between countries. The overlap in the frequency of 5 years was caused by the advent of the COVID-19 pandemic that disrupted 'normal' course of business.

4. How is the data from DHS useful?

Data from the DHS are used to report on international indicators such as fertility and mortality rates, sexuality, breast feeding practices, marriage and use of family planning methods. The indicators from UDHS are also needed for monitoring the performance of the health sector by providing national indicators for measuring the National Development Plan, the National Health Policy, Civil Registration and Vital statistics systems among others.

5. Who uses DHS data?

The ministry of health, government officials, policy makers, programme planners, donor agencies, researchers, health professionals, teachers



and journalists use DHS data.

6. What is the main goal of the UDHS-7?

It will be undertaken to address the needs of Health Sector Programs. The survey is designed with the broad goal to provide policy makers in the Ministry of Health and other organizations with information to monitor and plan future interventions effectively, especially in its health sector reform activities.



- To provide current information on demographic, health, and family planning status and trends in the country. Specifically, the UDHS-7 will collect information on fertility levels, marriage, sexual activity, fertility preferences, breastfeeding practices, awareness and use of family planning methods.

- To generate other indicators relevant to the Health Sector Strategic Plan (HSSP), the National Development Plan (NDP), and the Sustainable Development Goals (SDGs).

- The long-term objective of the survey is to strengthen the technical capacity of the Uganda Bureau of Statistics Office to plan, conduct, process, and analyse data from complex national population and health surveys.



7. What are the objectives of the UDHS-7

Provide data at the national and subnational level that will allow the calculation of demographic rates, particularly fertility and infant mortality rates.

Analyse the direct and indirect factors that determine the level of and trends in fertility and mortality.

Measure the level of contraceptive knowledge and practice of women and men by method, by urban-rural residence, and by region.

8. Specifically, the UDHS-7 will:

- a) Key demographic indicators, particularly fertility and childhood mortality rates

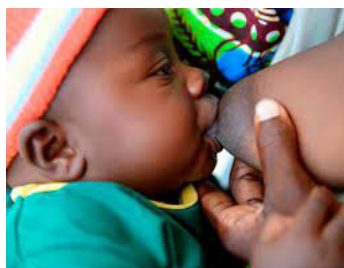


b) Contraceptive knowledge and practice



c) Proximate determinants of fertility, fertility preferences, and unmet need for family planning;

d) Reproductive health of women (prenatal visits, place of and assistance at delivery) and the health and nutrition of their children (breastfeeding and supplementary feeding practices, immunizations, and the prevalence and treatment of childhood illnesses);



e) Nutritional status of children under age 5, women age 15-49 and men age 15-54 by means of anthropometric measurements (height and weight);



f) Knowledge and attitudes of women and men about sexually transmitted infections (STIs) and HIV/AIDS, potential exposure to the risk of HIV infection (risk behaviours and condom use), and coverage of HIV testing and counselling (HTC) and other key HIV/AIDS programme indicators



g) Key education indicators, including school attendance ratios, level of educational attainment and literacy levels



h) Use of treated mosquito nets, persons who slept under the nets, use of antimalarial drugs for treatment of fever among children under five;



j) Women's experience of domestic violence (emotional, physical, and sexual violence);



k) Men's experience of domestic violence (emotional, physical, and sexual violence);



l) Maternal mortality and adult male and female mortality (Maternal mortality module);

m) Experience of chronic illness among women of reproductive age;

n) Test household salt for the presence of iodine using a rapid test in all selected households;

o) Disability for persons aged 2 years and above;



p) Household water quality testing to assess the presence of *E. coli* in drinking water in sub-sample of households.

9. What are the main issues to be tackled in this UDHS?

10. What is the Sample Design?

The 2022 UDHS sample will be designed to produce reliable indicators at the national and urban – rural residence levels, and for 15 regions. A representative probability sample of about 20,940 households will be drawn. The sample will be stratified and selected in two stages.



- a) In the first stage, 697 Enumeration Areas (EAs) will be selected from the 2014 Uganda Population and Housing Census.
- b) In the second stage, households will be selected based on a complete listing of households. In each EA, a new list of households will be generated and 30 households will be randomly selected. The allocation of clusters (i.e., EAs) per sub-region will be relatively equal across domains. The allocation per domain will be well balanced and small changes in the allocation will not affect the precision of estimates.

The 20,940 selected households should result in about 18,000 women

Successfully interviewed, an average of about 1,200 complete interview per domains.

The sample will be selected independently from each stratum using probability proportional to size. The survey will for the first time, take into consideration the views and experience of refugees.



The country currently has 135 districts and these are grouped into the following 15 regions:

1. **South Buganda** Butambala, Gomba, Mpigi, Bukomansimbi, Kalangala, Kalungu, Kyotera, Lwengo, Lyantonde, Masaka, Rakai, Sembabule, Wakiso
2. **North Buganda** Buikwe, Buvuma, Kassanda, Kayunga, Kiboga, Kyankwanzi, Luwero, Mityana, Mubende, Mukono, Nakaseke, Nakasongola
3. **Busoga** Bugiri, Bugweri, Namutumba, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo
4. **Kampala** Metropolitan (with its Divisions)
5. **Lango** Alebtong, Amolatar, Dokolo, Lira, Otuke, Apac, Kole, Kwanja, Oyam
6. **Acholi** Agago, Amuru, Gulu, Lamwo, Pader, Kitgum, Nwoya, Omoro
7. **Tooro** Bundibugyo, Bunyangabu, Kabarole, Kasese, Kitagwenda, Ntoroko, Kyenjojo, Kamwenge, Kyegegwa
8. **Bunyoro** Buliisa, Hoima, Kagadi, Kakumiro, Kibaale, Kiryandongo, Masindi, Kikuube
9. **Bukedi** Budaka, Butaleja, Butebo, Kibuku, Pallisa, Tororo, Busia, Namayingo
10. **Elgon** Bududa, Bulambuli, Kapchorwa, Kween, Manafwa, Mbale, Namisindwa, Sironko, Bukwo
11. **Karamoja**: Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Nakapiripirit, Napak
12. **Teso** Amuria, Bukedea, Kaberamaido, Kalaki, Kapelebyong, Katakwi, Kumi, Ngora, Serere, Soroti
13. **Kigezi** Kabale, Kanungu, Kisoro, Rubanda, Rukiga, Rukungiri
14. **Ankole** Buhweju, Bushenyi, Ibanda, Isingiro, Kazo, Kiruhura, Mbarara, Mitooma, Ntungamo, Rubirizi, Rwampara, Sheema
15. **West Nile** Adjumani, Arua, Koboko, Madi-Okollo, Maracha, Moyo, Nebbi, Obongi, Pakwach, Yumbe, Zombo

11. Who are the targeted respondents?

- a) The UDHS will be administered to approximately 20,940 sampled households. All women age 15-49 years who are either permanent residents of the households in the sample or visitors present in the household on the night before the survey will be eligible to be interviewed in the survey.



- b) About 19,000 women will be identified and 18,000 are expected to complete the individual interview. In two-thirds of households (i.e. those not selected for the male interview), only one randomly selected woman per household will be interviewed with the domestic violence module.

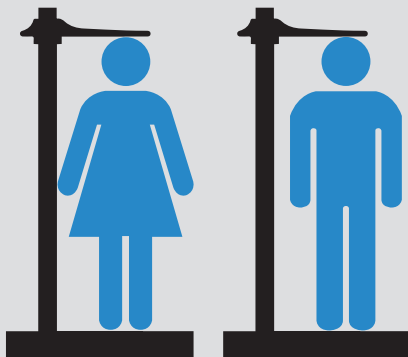


- c) In every third household, all men age 15-54 years will be eligible to be interviewed, but only one randomly selected man per household will be interviewed with the domestic violence module. In this one third sub-sample, the following will be administered:



- Male interviews
- Height and weight measurement for eligible children, women and men

In a subsample of approximately 3500 households (5 households per cluster), each household will be eligible for the water quality testing.



12. How did you choose the households to be visited for the survey?

Prior to the survey data collection exercise, a household listing exercise was undertaken. The main objective was to update the sampling frame at cluster/enumeration area (EA) level. Listers took a record of all households in a sample EA (including the address of the household and the name of the household head) and this will be the basis for selection of households to be interviewed.



13. What method are you going to use to collect the data?



The Bureau has advanced in data collection and is moving away from using printed questionnaires to using the Computer-Assisted Personal Interviewing (CAPI) system. In this system all information is directly recorded on tablet Personal Computers which also take record of the Geographic Positioning System (GPS) coordinates to ensure that the needed households are the ones that are interviewed.

14. How many Questionnaires are you going to use in this survey?

Due to the subject matter of the survey, women of reproductive age (15-49) are the focus of the survey, with men being interviewed in a sub-sample of households. Women and men eligible for interview are identified through the households selected in the sample. Consequently, the 2022 UDHS will utilize five questionnaires: a Household Questionnaire, a Woman's Questionnaire, a

Man's Questionnaire, the Anthropometry & water Questionnaire and a Field worker Questionnaire.

- a) The **Household Questionnaire** will be used to list all the usual members and visitors in the selected households. Some basic information will be collected for each person listed, including his/her age, sex, education, and relationship to the head of the household. The main purpose of the household questionnaire is to identify women and men eligible for individual



interview and, children under five. In addition, information will be collected about the dwelling itself, such as the source of water, type of toilet facilities, materials used to construct the house, ownership of various consumer goods, use of iodized salt, and information about mosquito nets.

The household questionnaire will also include the following additional modules:

- The UNICEF module on Early Childhood Development (ECD). The ECD module will be asked for 1 child per household. The child will be automatically selected by the CAPI program, using the Kish grid method.
- A set of 8 questions on disability that will be asked for all household members aged 5 and above. The questions are based on the module developed by the Washington Group and will include additional questions on assistive devices. The information collected may be later used to implement an in-depth survey on disability in the households where UDHS will identify persons with Disability and that have consent to be visited by a new team of interviewers.
- UNICEF Water quality testing module to assess the presence of *E. coli* in drinking water in subsample of households. The objective of this water quality module is to obtain a nationally-representative view of the quality of water that people drink in their home and the quality of their drinking water source. In each cluster of the survey, a number of households will be randomly selected for *E. coli* testing. *E. coli* is a fecal indicator bacteria, meaning that it is likely to be present when faeces or raw sewage has entered the water supply. The presence of *E. coli* in drinking water does not necessarily mean that the person drinking it will become sick, but it indicates that over time the household is at a higher risk for waterborne diseases. The World Health Organization recommends as a guideline that there should be no *E. coli* present in a 100 mL sample of water.

- b) The **Woman's Questionnaire** will be used to interview women age 15-49. It covers the following sections:



1. **Background Characteristics:** age, date of birth, literacy, education, access to media;

2. **Reproduction:** children ever born, pregnancy history, live births, still births, current pregnancy;

3. **Contraception:** knowledge and use of contraception, sources of contraceptive methods, information on family planning;

4, 5, and 6. **Pregnancy and Postnatal Care, Child Immunization, Child Health and Nutrition:** prenatal care, delivery, postnatal care, breastfeeding and complementary feeding practices, immunization coverage, prevalence and treatment of diarrhea, acute respiratory infection (ARI), and fever, knowledge and use of oral rehydration treatment (ORT); women's food diversity;

7. **Marriage and sexual activity:** marital status, age at first marriage, number of co-wives, age at first sexual intercourse, recent sexual activity, use of condoms during last intercourse;

8. **Fertility preferences:** desire for more children, ideal number of children, gender preferences, intention to use family planning;

9. **Husband's background and woman's work:** husband's age, level of education, and occupation, and respondent's occupation, sources of earning;

10. **Other health issues:** Time to reach the nearest health facility, breast exams, cervical cancer exams, barriers to health care access, smoking, alcohol intake, health insurance, etc.

The Woman's Questionnaire will also include the following optional modules developed by the DHS Program:

- Adult and Maternal Mortality.
- Chronic diseases
- Supplementary module on maternal health
- New born care
- Fistula
- FGM



- Domestic Violence. This module will only be administered to one woman per household. The woman will be automatically selected by the CAPI program, using the Kish grid method.

An **event Calendar** is included at the end of the Woman's Questionnaire and it provides a record of the timing of all live births, pregnancies, and periods of contraceptive use. The Calendar covers the survey year up to the last month of fieldwork, plus the full five years prior to the survey year.



- c) The **Man's Questionnaire** covers some of the same topics as the Women's Questionnaire, i.e., background characteristics, knowledge and use of contraceptive methods, marriage and recent sexual activity, fertility preferences, HIV/AIDS, and other health issues.

The Man's Questionnaire will consist of eight sections:

1. **Background Characteristics:** age, date of birth, literacy, education, access to media;
2. **Reproduction:** children ever fathered, children survived, ANC support, facility birth of the youngest child, going with the youngest child mother to the health facility where she gave birth;
3. **Contraception:** knowledge of contraception, information on family planning;
4. **Marriage and sexual activity:** marital status, age at first marriage, number of unions, age at first sexual intercourse, recent sexual activity, use of condoms, number of life time sexual partners;
5. **Fertility preferences:** desire for more children, ideal number of children, gender preferences;
6. **Employment and gender roles:** employment, sources of earning, and decisions about use of earnings;



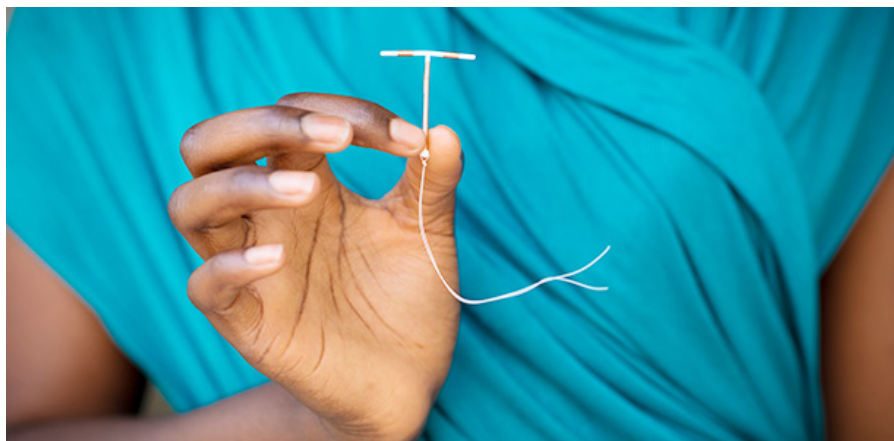


7. Other health issues: health insurance, circumcision, alcohol intake and smoking.



The Man's Questionnaire will also include the optional module on Domestic Violence based on the DHS Program's Domestic Violence against women module modified for the man's context. This male version of the module will only be administered to one man age 15-54 per household in the households selected for the male survey. The man will be automatically selected by the CAPI program, using the Kish grid method.

- d) The **Biomarker Questionnaire** will be used to record data for each respondent eligible for the anthropometry measurement. In one out of three households, all children under the age of five, all men age 15-54 and all women age 15-49 years will be weighed and measured in order to assess their nutritional status. Informed consent and the result of the informed consent of each measurement for each individual will be recorded in the Anthropometry & water Questionnaire.



15. How will the UDHS-7 data be disseminated?

- a) A Key Indicators Report will be prepared within 3 months after data collection and will be released to the public pending final results
- b) Following the completion of the survey, data will be analysed and the major findings will be presented at a national seminar to an audience of stakeholders, including policy makers, government officials, development partners, programme managers and the media.
- c) A press conference will also be held specifically for the media during which a press release will be distributed.
- d) Distribution of various print materials including the final report, and other more user-friendly summary documents will be undertaken.

16. So what is expected of Ugandans?

The Bureau appeals to all Ugandans to embrace the UDHS-7 activities at all levels and provide the Bureau with clear and true information so that the government can come up with good policies that will enable the development of good health interventions in order to attain the Sustainable Development Goals especially those dealing with Maternal and child health and gender equity.

17. How secure is the information I give to the field interviewers?

Uganda Bureau of Statistics assures the public that the information collected will be confidential and published in table form where one cannot identify the particulars of any individual respondent.

PERFORMING WATER QUALITY TESTS



1

Sanitize hands



2

Use the Marker pen to label the a Compact Dry plate per instructions in Step 3

3

Labeling instructions

Example label:

H-012-03

Label codes:

1st letter: H =

household sample,

S = source sample,

B = blank test

Numbers: cluster + household



4

Tear open an alcohol wipe



5

Use the alcohol wipe to sterilize the forceps and the top of the filtration stand and frit (use forceps to keep wipe from sticking to the rough surface)



6

Place the forceps on top of an alcohol wipe to keep it sterile



7

Remove one membrane filter from box



8

Remove the white gridded filter (discard the blue paper) – *do not allow the filter to touch any other surfaces; if dropped accidentally, use a new one.*



9

Place the filter, gridded side up, on top of the filtration stand



10

Remove funnel from the plastic sleeve; *be careful not to touch the inside of the funnel*



11

Lock the funnel onto the filtration stand, touching only the outside of the funnel



12

Fill the funnel with the water sample up to the 100 mL mark



13

Open one sterile 1 mL disposable syringe and withdraw 1 mL of sample water



14

Use the other hand to lift off the cover of the Compact Dry plate and add the 1 mL from the syringe



15

Switch the blue valve on the filtration stand into the open position (vertical)



16

Use the large syringe to pull the entire water sample through the filter; discard the water in the syringe



17

Carefully remove and discard the funnel, leaving the filter on the filtration stand



18

Use the sterile forceps to remove the filter from the filtration stand



19

Place the filter, gridded side up, onto the plate



20

Wipe down the surface of the filtration stand and allow any water still inside to drain out



21

Collect all garbage and dispose of properly; show respect to households and do not leave behind any materials



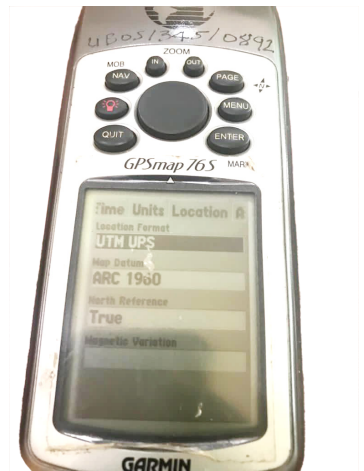
22

. Place the Compact dry plate into the incubation belt or electric incubator.



23

Incubate for 24-48 hours and then record result in water quality questionnaire.





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But

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Appeal is for all persons to take the jab and continuously observe the Covid-19 Standard Operating Procedures at all times in order to flatten the COVID-19 curve.



WEAR MASK



**WASH YOUR
HANDS**



**CLEAN AND
DISINFECT**



AVOID CROWDS



**AVOID
TOUCHING WITH
UNWASHED
HANDS**



STAY AT HOME

FOR MORE INFORMATION CONTACT:

Ms. Helen N. Nviiri,

Director, Population and Social Statistics:

TEL: +256-772492162

Mr. James Muwonge,

**Director, Methodology and Statistical
Coordination Services:**

TEL: +256-772407860

Mr. George Kawase, **Senior Statistician.**

Tel: +256- 772 443310

UGANDA BUREAU OF STATISTICS

Plot 9 Colville Street

P.O Box 7186, Kampala – Uganda

Tel: +256-414-706000, Fax: +256-414-237553

Email: ubos@ubos.org, Website: www.ubos.org,

f Uganda Bureau of Statistics, **t** :@StatisticsUg