



Title: Mitigating the cultural, social and organizational barriers for meeting the needs of patients with major limb loss in post-conflict Northern Uganda.

The purpose of this study is to carry out a Health Needs Assessment and design, develop and evaluate new service models to mitigate the needs of patients with major limb loss in the Acholi Sub-region.

Semi-structured questionnaire for household head

Interviewer's Name: **Code:**

Date of visit: ____/____/____/dd/mm/yy **District:** _____

County. _____ **Sub-county** _____

Parish _____ **Village** _____

Part 1: Socio-demographic characteristics of the head of household

| | | |
|---|--|---|
| <p>1. Gender 1. Male 2. Female</p> <p>2. How old are you? _____ [completed years]</p> <p>3. Tribe of respondent 1. Acholi 2. Alur 3. Langi 4. Madi 5. Lugbara 6. Others (specify).....</p> | <p>4. Religion 1. Catholic 2. Protestant/Anglican 3. Muslim 4. Pentecostal 5. Others (specify).....</p> <p>5. Educational level reached? 1. None 2. Primary 3. Secondary 4. Tertiary</p> | <p>6. Were you able to complete your studies? 1. Yes 2. No</p> <p>7. If No in question 6, give reasons.....</p> <p>8. Residence 1. Urban 2. Rural</p> |
|---|--|---|

| | | |
|--|--|--|
| 9. What is your marital status? <ol style="list-style-type: none"> 1. Single 2. Married 3. Living together 4. Separated/ divorced 5. Widowed | 10. What is your occupation? <ol style="list-style-type: none"> 1. None 2. Peasant farmer 3. Teacher 4. Shoe repairer 5. Radio repairer 6. Others (specify)..... | 11. If not formally employed, give reasons |
| 12. Where do you mainly get drinking water from? <ol style="list-style-type: none"> 1. Unprotected well/spring 2. Protected well/spring 3. Borehole 4. Tap 5. Others (specify)..... | 13. How far is the source of main drinking water from your home? <ol style="list-style-type: none"> 1. Within ½ km 2. Within 1 km 3. Others (specify)... | 14. What do you normally use for cooking? <ol style="list-style-type: none"> 1. Firewood 2. Charcoal 3. Electricity 4. Gas 5. Others (specify)..... |
| 15. What type of toilet facility does this household have? <ol style="list-style-type: none"> 1. No facility(bush) 2. Traditional pit latrine 3. Ventilated Pit latrine (VIP) 4. Flush toilet 5. Others (specify)..... | 16. Do you use the facility in 15 above? <ol style="list-style-type: none"> 1. Yes 2. No If No in 16 go to Qn 23 | 17. Does the toilet facility have provision for a person with disability? (observe if toilet have a ramp and rails inside for a disabled person) <ol style="list-style-type: none"> 1. Yes 2. No |
| 18. What anal cleansing material do you mostly use? <ol style="list-style-type: none"> 1. Toilet paper 2. Pieces of paper 3. Leaves 4. Stones 5. Others (specify)..... | 19. Do you have a handwashing facility near the toilet facility? <ol style="list-style-type: none"> 1. Yes 2. No | 20. If yes, is the facility being used? <ol style="list-style-type: none"> 1. Yes 2. No |

| | | |
|--|--|---|
| 21. Is the handwashing facility functional? (observe functionality) 1. Yes 2. No | 22. Is there soap next to the handwashing facility? (observe presence of soap) 1. Yes 2. No | |
| Observe the housing materials (questions 23 to 27): The type of materials used for construction is a measure of the economic wellbeing of the households because it affects the health status of the household members. | | |
| 23. Type of house 1. Temporary 2. Permanent 24. Roofing materials 1. <i>Permanent materials</i> 1. Iron sheets 2. Tiles 3. concrete 2. <i>Temporary materials</i> 1. Grass 2. Tins 3. Others (specify) | 25. Floor materials 1. Permanent materials 1. Concrete 2. Cement 3. Tiles 2. Temporary materials 1. Rammed earth 2. Wood 3. Others (specify)..... | 26. Wall materials 1. <i>Permanent</i> 1. Burnt bricks 2. Cement blocks 3. Concrete/stones 2. <i>Temporary</i> 1. Mud/wattle & cement 2. Unburnt bricks 3. Unburnt bricks & mud 4. Wood 5. Tin/iron sheets |
| 27. Indicate which of the listed assets you own by ticking; 1. Non-movable assets 1. House 2. Land 2. Transport 1. Bicycle 2. Motor cycle 3. Motor vehicle 4. Others (specify)... 3. ICT equipment 1. Mobile phone 2. Radio 3. TV 4. Computer | | |

| | | |
|---|--|---|
| <p>28. Do you have any person with disability in this household aged 6-60 years?</p> <p>1. Yes 2. No</p> <p>If No in qn 28, go to 42</p> | <p>29. If yes, who is disabled?</p> <p>1. Myself 2. My child 3. My wife 4. Others (specify).....</p> <p>30. What type of disability does the person have?</p> <p>1. Vision 2. Hearing 3. Physical 4. Mental 5. Others (specify).....</p> | <p>31. What was the cause of the disability?</p> <p>1. Disease 2. Birth defects 3. Accident 4. Domestic violence 5. Others</p> |
| <p>32. If physical disability in 30, was there limb loss?</p> <p>1. Yes 2. No</p> <p>If No in qn 32, go to qn 42</p> | <p>33. If yes in 32, what type of limb loss was it?</p> <p>1. upper limb loss 2. lower limb loss 3. Both upper and lower limbs 4. Others (specify).....</p> | <p>34. Describe the level of the limb loss</p> <p>1. below wrist 2. above wrist 3. below ankle joint 4. above ankle joint 5. Others (specify).....</p> |
| <p>35. What was the cause of the limb loss?</p> <p>1. Boda boda accident 2. Motor vehicle accident 3. Gun shots 4. Landmine 5. Violence 6. Bomb blasts 7. Others</p> | <p>36. When did you (person) loose the limb(s)?</p> <p>1. < 6 months ago 2. 6 – 12 months ago 2. >12 months ago</p> | <p>37. Did the person with limb loss receive any assistive devices?</p> <p>1. Yes 2. No</p> <p>38. If No, why?.....</p> |

| | | |
|---|---|--|
| 39. If Yes, what device did he/she receive? 1. Prosthesis 2. Clutches 3. Wheel chair 4. Orthopaedic boots 5. Others (specify)..... | 40. Where did the person receive the above assistive device(s) from? 1. Health centre IV 2. Government hospital 3. Private hospital 4. Others (specify)..... 41. How far from your home is the place where assistive device was received? 1. 1-5 km 2. 6- 10 3. 11-15 km 4. >15 km | 42. Do you know of anyone in this village with a limb loss? 1. Yes 2. No If No, go to qn 45 43. If Yes, what is the gender of the person? 1. Male 2. Female |
| 44. Which village does the person lives in? | 45. In your opinion, how far is your home to the nearest health facility? 1. 1-5 km 2. 6- 10 3. 11-15 km 4. >15 km | 46. How far is your home to Gulu Regional Referral hospital? 1. 1-5 km 2. 6- 10 3. 11-15 km 4. >15 km |
| 47. How in your opinion has the disability affected the livelihood of a person with disability (e.g employment, monthly income)? | | |
| 48. How in your opinion has the disability affected the social integration of a person with disability (friends, marriages)? | | |

Thank you for your time