



**INTEGRATED WASH, SHELTER AND PROTECTION
RESPONSE TO NEWLY ARRIVED SOUTH SUDANESE
REFUGEES AND HOST COMMUNITIES IN YUMBE (BIDIBIDI),
ARUA (RHINO & IMVEPI) AND MOYO & ADJUMANYI
(PALORINYA) DISTRICTS, UGANDA.**

Internal Endline Evaluation

ABBREVIATIONS

CFS	-	Child friendly spaces
CIUK	-	CARE International UK
CSAG	-	Community Safety Action Group
ECCD	-	Early Childhood Care and Development
EiE	-	Education in Emergencies
FGD	-	Focus Group Discussion
GBV	-	Gender based violence
HH/HoH	-	Household/ Head of Household
IRC	-	International Rescue Committee
l/p/d	-	Litres per person per day
OPM	-	Office of the Prime Minister
PSEA	-	Preventing Sexual Exploitation and Abuse
PSN	-	Person with Specific Needs
PSS	-	Psycho-Social Support
RMM&B	-	Role Model Men and Boys
SC/SCI	-	Save the Children International
SGBV	-	Sexual and Gender-Based Violence
SOP	-	Standard Operating Procedures
SP	-	Semi-permanent shelter
SNFI	-	Shelter Non- Food Item
TS	-	Temporary Shelter
TPO	-	Transcultural Psychosocial Organisation
WASH	-	Water, Sanitation & Hygiene
UAM	-	Unaccompanied Minor
UDT	-	Urine Diversion Toilet
UNHCR	-	United National High Commission for Refugees
VSLA	-	Village Savings and Loan Association

EXECUTIVE SUMMARY

Uganda is hosting 1,154,352 refugees, of which 785,104 are South Sudanese¹. Oxfam, CARE, CEFORD and Save the Children have implemented a WASH, Shelter, Protection and Early Education programme targeting new South Sudanese arrivals in refugee settlements in West Nile Region of Uganda. This internal evaluation is verification that the programme has broadly met its intended objectives.

What has gone well - All planned activities have been completed to a high standard. All four partners have embraced the consortium model, contributing their relative strengths and comparative advantages to support each other and contribute collectively towards achievement of all five project results, not just their own. Partners have tried to implement an integrated multi-sector programme and there are several areas of good practice that can benefit future consortia including clear governance structure developed during inception workshop, regular rotating field level planning meetings and joint monitoring visits.

Water - There has been a significant improvement in access to water confirmed by the improved levels of satisfaction attained in all targeting refugee settlements. An estimated 23,589 people are now receiving improved and sustained access to safe water reducing the need for water trucking which will save over €600,000 every year.

Sanitation and Hygiene - Settlements have transitioned from emergency sanitation to household latrines and the planned target of constructing 3,000 latrines has been exceeded. This has contributed to people feeling safer and is known to reduce protection threats and improve sanitation. One Government key informant was unequivocal in attributing this project to tangible improvements in environmental sanitation and hygiene in targeted settlements, which is supported by the results of the endline survey.

Protection/GBV - The community and volunteer based approach for GBV and Protection programming resulted in strong acceptance and significantly reduced reports of GBV and other security incidents. Combining activities aimed at mitigating and preventing incidents with training for service providers to improve response was effective as a holistic strategy. Although lasting behaviour change requires years of ongoing efforts rather than months, an immediate humanitarian impact was clearly achieved.

Shelter – 2,500 temporary shelters were provided in a timely manner to meet the immediate needs of PSNs. A further 405 semi permanent mud-brick houses have been built. Nearly 14,000 people have benefitted from improved and sustained access to more appropriate safe and dignified shelters contributing to quality of life, safety, security and dignity of PSNs.

Child Protection and EiE – Community endline interviews confirmed a high level of acceptance that activities have met identified community needs. A reduction in child vulnerability scores have been recorded with significant improvements in resilience, parenting, integration and care. Children in targeted locations now have access to learning in a conducive environment through structures that have been rehabilitated, resources provided and trained staff.

What could be improved – Oxfam has a strong reputation in Uganda for promoting local partnership and one national partner, CEFORD, was an integral part of the WASH activities within this project. All project partners have signed up to the “Grand Bargain” which is a commitment to have 25% of humanitarian funding delivered through national and local organisations by 2020. With CEFORD’s role only accounting for 5% of the overall project budget, and 2020 less than one year away, this project should act as a wake up call in highlighting how far short partners are in delivering against this commitment.

There are very clear and positive examples of efforts made by the consortium to ensure the project benefits both refugees and host community including but not confined to employment opportunities, representation on committees and decision making bodies and access to services – water, CFS and ECCDs, information sharing and referral services. Whilst there is a lack of tangible data to back this up, the evaluation team feel that the problem probably didn't meet the 30% target of supporting host community needs

WASH – Whilst the quality of work was widely acknowledged to be very good, the speed of implementation was sometimes below expectation due to bureaucracy and internal delays within procurement procedures. Impacts of this were the need to extend the period of water trucking which increased overall costs of providing water within the settlements, and delays in construction of household latrines which caused inconvenience, resulted in additional work to re-dig some pits that had started to backfill and created unnecessary health and safety risks by having open holes within the settlement. The quality of some water storage containers was poor.

Gender and Protection – A safe space to shelter GBV survivors within Imvepi Health centre grounds had been constructed but was not functional at the time of the evaluation.

As publicly sited “GBV desks” only offer information and access to GBV services, this risks stigmatising visitors. This would be mitigated if the desks offered multiple services while also including a private space for all confidential conversations, GBV-related or otherwise.

Shelter – A notable gap flagged by all FGD respondents and particularly elderly and persons with disabilities was the lack of sleeping materials (mattresses, mats, blankets, mosquito nets) clothes and other key household items (water & food storage). Consequently, many of the PSNs are sleeping on dirt floors

Child Protection & EiE - Learning space inadequacy continued to pose a huge challenge as observed and highlighted by respondents during FGDs. There are more learners than the carrying capacity of the classrooms. Each unit was planned to have 150 children (3 classrooms of one block) for 4 blocks with a total enrolment of 1800. Congestion continues to affect quality learning.

Recommendations for implementing partners - Considerable needs remain before basic minimum acceptable standards are present across the targeted refugee settlements and neighbouring hosting communities. All partners need to commit to continuing to address these gaps. Another cross cutting issue is the need for developing livelihood and income generating opportunities for refugees. In the longer term the whole viability of these settlements and with it the Government's progressive policy of inclusion and integration of refugee in Uganda depends on this. In the short term, if not addressed it is likely to impact negatively on existing community structures that have been set up to date, refugee-host community relations and safety and security.

WASH - For water supply, more motorised systems are required and the emphasis on solar should continue. In the same way that the priority during this grant was to reduce high cost water trucking, the next phase in parallel with improving accessibility and availability of water in underserved areas, investment should focus on increasing the percentage of water supplied using renewable energy and reducing the use of costly diesel generators. For sanitation, new cost effective solutions such as urine diversion toilets should be considered alongside household pit latrine for areas with challenging ground conditions. And for hygiene promotion, the sector working group needs to transition and start to reduce dependency on incentive workers, whilst being creative and introducing new ideas to keep communities engaged in public health issues.

To be able to do this effectively, Oxfam needs to review its procurement procedures to reduce bottlenecks. A low cost, immediate impact activity that would benefit Oxfam and other WASH partners involves ensuring good quality taps, set at appropriate height in relation to jerrycans. As an illustration of the impact this could have, a 10% reduction in wastage of water across the targeted project area is equivalent to a saving of 400,000 litres of water every day, or the water needs of 20,000 people.

GBV and Protection – Operationalising the non-functional safe space within Imvepi health centre should be addressed as an urgent priority. GBV information tents should expand the variety of services they provide so visitors are not perceived as having a GBV related issue, putting them at risk of stigmatisation. To ensure continuity of GBV prevention activities it is essential to continue supporting volunteers with mentorship and financial stipends for GBV Preventers, CSAG patrols and Role Model Men and Boys. Ruby cups have proved to be a highly cost effective intervention and should be scaled up. Psychosocial services should be scaled up to meet demand. Solar lighting should be expanded to reach more areas.

Shelter – Consider basic shelter NFIs as part of the package. Ensure women have the opportunity to be involved in shelter activities and become Shelter volunteers. Strengthen the existing tool for identifying PSN to ensure that different vulnerabilities are more precisely considered. Design payment schedules that do not discourage small local contractors who have limited working capital and require more frequent and prompt payment.

Child Protect and EiE – Child Protection and EiE – Urgent attention is required to maintain deteriorating temporary learning spaces in Adjumani, Rhino and Imvepi. Support UASC/CR graduating from case management with transferable life skills, livelihood options to enhance their independence and rid of them slipping back into vulnerability. Recognise successful foster carers and use them as change agents in the communities as this is an effective way of boosting community participation in alternative care.

Recommendations for UNHCR, other implementing agencies and donors - The refugee settlements in West Nile are still transitioning from emergency first phase facilities towards durable solutions. This project has contributed substantially to improvements across WASH, Protection, Shelter and Early Childhood Development sectors, however, standards are not yet being consistently met. Significantly more funding is required; i) to ensure minimum acceptable standards are achieved for Water, PSN Shelters and Early Learning; ii) to build upon and consolidate the structures and support mechanisms developed and awareness created under this project that has contributed to people feeling safer and practising good hygiene; and iii) to transition towards a greater level of self-reliance across the refugee settlements by increasing focusing on durable long term solutions.

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1 INTRODUCTION

Oxfam, CARE, Save the Children and CEFORD, working as a consortium, have completed a 17-month project (1st April 2017 to 31st August 2018) aimed at addressing critical WASH, Shelter and Protection needs of South Sudanese refugees who are being hosted in refugee settlements in West Nile region of Uganda. The project was funded by the European Commission's Humanitarian Aid Office (ECHO). This report is an internal evaluation to assess the extent that achievements were in line with the anticipated results. In accordance with the terms of reference, through a participatory process this evaluation aims to:

- Assess the achievements of the project and contributing factors that positively or negatively impacted upon progress.
- Identify and document intended and unintended outcomes, best practices, challenges and lessons learnt
- Assess the efficiency, relevance, and appropriateness of project approaches and strategies aimed at attaining the project goal.

2 CONTEXT

South Sudanese refugees have been flooding into Uganda to flee civil war since 2013. Renewed conflict led to a fresh influx from mid-2016 into 2017 averaging 2000 new arrivals per day in which necessitated opening of new refugee settlements. By March 2018 the estimated number of refugees in Uganda was 1,444,856. In response to this major influx an integrated WASH, Shelter and Protection response was designed by consortium partners to address the needs of new arrivals in Bidibidi, Imvepi and Rhino settlements.

Following the biometric verified exercise the “active” population of each refugee settlement based on the latest verified official figures (November 2018) is as follows;

Settlement	Population	Opened
<i>Bidibidi</i>	223,088	August 2016
<i>Imvepi</i>	55,820	Feb 2017
<i>Rhino</i>	95,529	1980
<i>Palorinya</i>	118,404	Dec 2016

This verification exercise led by the Government with support from UNHCR resulted in some significant changes to the working population estimates, confirmed only 76% of the previous official figures. This is relevant as planning figures used in this project were based on official population figures at that time which were significantly higher. For example, the verified population in Invepi was only 42% of the previous official population (around 128,000) which had been used for planning decisions.

With continued insecurity in South Sudan and a fragile peace accord in place the expectation is that the refugee settlements are more permanent than temporary in nature and durable solutions are required. The Ugandan Government has a progressive policy towards refugees allocating land, allowing free movement and refugees to work and encouraging integration. A requirement of the Government's policy for refugees is that all assistance granted also benefits communities hosting refugees and a minimum of 30% of assistance should benefit the host community.

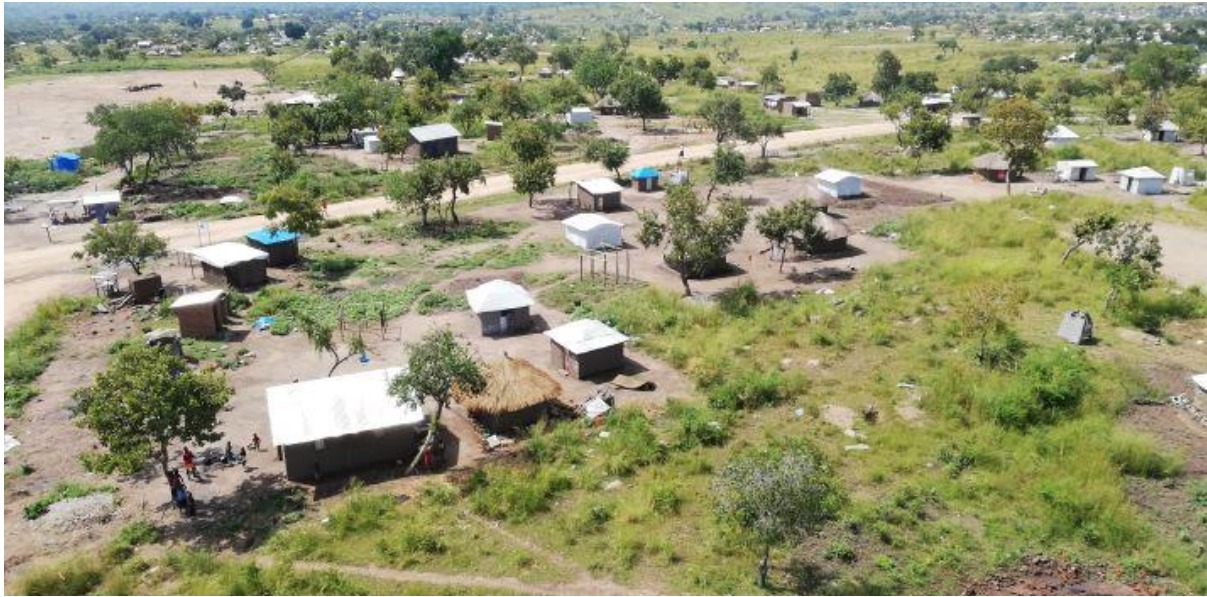


Figure 1 - View within Imvepi Refugee settlement

3 PROJECT OVERVIEW

In response to a competitive call for proposals from ECHO, Oxfam and CARE formed a teaming agreement and in partnership with CEFORD were successful in their proposal bid. The approved project to the value of €5.157.895,00 was scheduled for 12 month commencing 1st April 2017 and focusing in newly settled areas of Bidibidi, Imvepi and Rhino. With continued influx of refugees compelling OPM and UNHCR to further expand refugee settlements and growing awareness of the importance to integrate child protection issues within the project, a cost extension was approved to expand activities. Save the Children joined as a fourth consortium member with the inclusion of Palorinya refugee settlement. Oxfam and CEFORD were tasked to lead WASH activities, CARE - Shelter and GBV, and Save the Children – Child Protection and Early Child Development. Whilst Oxfam and CEFORD have been long term partners, a consortium of this kind in Uganda between Oxfam, CARE and Save the Children was the first. The project, completed 31st August 2018 targeted the following areas, aimed to reach a total of 239,436 individuals, out of which 205,600 are refugees: **Bidibidi** – zones 4 Villages 2,5,6,7 & 8); **Rhino** – Ofua, Ariaze 1 & 2, Ariwa 1 & 3, Wanyange 1 & 2, Eden 1, 2, 4 & 6, Rhino Camp extension; **Imvepi** Zone 1, 2, Adjumani and **Palorinya**.

Water, Sanitation and Hygiene

Focused on increasing the coverage of adequate water and sanitation services and hygiene practices through the following outputs:

- Construction of 3 motorised water systems (Drilling of 3 high yielding boreholes each equipped with hybrid solar-generator pumping, reticulation network, storage, chlorination and total of 38 tapstands (Imvepi x 2, Rhino)
- Drilling of 10 boreholes, equipped with handpump (Rhino)
- Construction of 8 school roof water harvesting steel tanks (7,000 litres capacity)
- Distribution of 60 ceramic water filters to institutions.
- Distribution of 10,000 water storage containers to households.
- Provision of 6,000 handwashing kits (jerrycan, tippy-tap, soap, platform).
- Distribution of 450g of soap to 7,500 households.
- Establishing two water quality laboratories (Arua and Yumbe Districts).

- Training, equipping and ongoing support for 120 hygiene promoters, 185 tapstand committees, 47 water user committees, 62 handpump mechanics
- Capacity building of 68 WASH committees, totalling 670 individuals, Water committees (90 individuals), handpump mechanics (124)
- Training of 8 school health clubs each comprised of 30 members and 2 teachers.
- Provision of materials and tools to enable households to construct their own latrine.
- Provision of re-usable sanitary pads to 800 students and 1,000 women.

Shelter

CARE's area of implementation for the ECHO shelter activities is in Imvepi Settlement, Arua district. Shelter activities included;

- The construction of 2500 emergency shelters for Persons with Specific Needs (PSNs)
- The construction of 405 semi-permanent mud brick houses for PSNs.
- These activities were supported by the training of 20 shelter volunteers.

This approach aligns with the 2018-2025 Uganda Shelter strategy and CARE has been closely involved in refining, testing designs of semi-permanent structures as basic emergency tarpaulin shelters are phased out.

Protection and Gender Based Violence Prevention

The programme aimed to increase protection and reduce security risks, particularly for women in key locations where they frequently gather, and to include access to quality GBV prevention, mitigation and timely response services through the following activities and outputs:

- Training and support of 73 service providers (36 in Rhino; 22 in Bidibidi; 15 in Imvepi) to establish a case management model for timely and coordinated access to health, psychosocial support, protection and legal services for GBV / rights violations' survivors
- 120 GBV Preventers trained, mentored and actively delivering expected services to community members
- Selection, training and support to 88 Role Model Men and Boys to influence their peers on positive masculinity
- Construction, furnishing and equipping of GBV shelter/safe spaces for survivors and persons at risk in Rhino Camp and Bidibidi
- Construction, furnishing and equipping of a women's centre, community centre, and youth centre in Imvepi
- Development and implementation of a GBV information and education campaign
- Set up and support of a community-based surveillance and protection programme comprised of 20 men, 20 women and 15 police officers (Community Safety Action Groups)
- Training of 38 'Conflict Prevention Facilitators' to build local capacity to prevent and resolve conflicts peacefully
- Establishment and implementation of a complaints and reporting mechanism for sexual exploitation and abuse (SEA) and other rights' violations
- Engagement of adolescent girls in productive and educational activities in safe spaces
- Pilot of Ruby Cups for menstrual management among 100 women and girls

Child Protection and Education

Activities sought to provide access to an integrated immediate and medium-term child protection to conflict affected children through:

- Ensure effective operation of 7 Child Friendly Spaces (CFS) by replenishment of resources and materials, repair and maintenance of structures, training of CFS facilitators, recruitment of caregivers, provision of age appropriate furniture
- Mobilisation and dialogue outreach meetings in communities and key events to raise awareness of child rights.
- Procurement of sanitation kits for menstrual hygiene.
- Case management, family tracing, reunification and alternative case services through recruitment of 4 case management volunteers per centre
- Training of alternative and temporary caregivers in positive discipline, child safeguarding, child development.
- Provision of family strengthening support to children and families in temporary case
- Inter-agency capacity building on child protection, education and safeguarding.
- Replenishing 36 ECCD centres with materials (play, cleaning, furniture), including construction or rehabilitation of 16 WASH facilities.
- Recruitment of 24 ECCD caregivers and strengthening capacity of caregivers.
- Linking ECCD with local primary education and child protection services through open days.

4 METHODOLOGY OVERVIEW

A four-person team (2 male, 2 female) consisting of three international advisors and one national advisor was formed to conduct this evaluation. Each agency was responsible for sourcing technical expertise for their areas of specialism – Oxfam (WASH), CARE (Shelter, Protection and Gender), SCI (Child Protection and Education in Emergencies).

The evaluation aims to explore relevance, effectiveness, efficiency, impact, coverage and sustainability of the intervention. This was achieved through the following i) desk review of project monitoring data and reports, ii) field verification exercise, iii) qualitative key informant interviews and IV) a quantitative end-line questionnaire comprising 128 questions were administered through tablets and a team of 30 enumerators were hired from the settlements and trained over a 4-day period prior to the study. A total of 721 household interviews (98% refugees, 2% host community), 108 child protection interviews, 32 focus group discussions and 61 key informant interviews were undertaken as part of this evaluation. Details of tools used and methodology is included in the appendices.

5 FINDINGS AND ANALYSIS

Overarching Findings

The Specific Objective of the project was to *“reduce the vulnerability of refugees as well as host community by improving critical WASH, Shelter and Protection (including GBV, PSNs, Child Protection and Education in Emergencies) infrastructures and capacities, with a focus on women, girls, boys and people with specific needs”*

The Project’s success indicators were as follows:

- 70% of target population with adequate WASH services and hygiene practices

65% of households questioned reported that they were satisfied with their water and 80% considered that the situation had improved compared to one year ago. On average per capita water consumption is 16 litres which is above Sphere (15l/p/d) but below UNHCR’s target of 20 l/p/d.

Access to water has significantly improved and the three motorised water systems have reduced to the need for water trucking, and providing durable water solutions for at least 23,589 people.

Hygiene and Sanitation targets have both been achieved. Presence of handwashing stations, garbage pits, clean compounds and high recall is evidence of good hygiene practices which the evaluation team observed across all targeted areas. 97% of people questioned had their own latrine, 91% of people had been visited by a hygiene promoter and 94% could recall key messages.

- *70% of persons /target population (disaggregated by age and sex) in a given context reporting an improved feeling of safety and dignity by the end of the intervention compared to at the beginning.*

77% of women and 83% of men reported feeling “very safe” or “safe enough” at the end of the programme, an increase of 33 and 46 percentage points respectively.

The consortium's community and volunteer based approach to its GBV and Protection programming resulted in strong acceptance and significantly reduced reports of GBV and other security incidents. Combining activities aimed at mitigating and preventing incidents with training for service providers to improve response was effective as a holistic strategy. Although lasting behaviour change requires years of ongoing efforts rather than months, an immediate humanitarian impact was clearly achieved.

- *50% of target population living in safe and dignified shelters in secure settlements.*

91% of households living in semi-permanent shelters felt their needs had been met. Satisfaction was low for temporary shelters but these were only designed to serve a short-term need.

2,500 temporary shelters met immediate needs of PSNs and the transition to semi permanent shelters has had a huge impact on the quality of life, safety, security and dignity of the 405 PSNs who received them.

With some deviation between actual results and targets the evaluation team concludes that the objective of the project has been achieved.

Results

Result 1: Improved and sustained access to and use of safe water to refugees and host population

Impact and Achievement

- All intended activities have been successfully completed to a high standard.
- Beneficiaries and key stakeholders have expressed a high level of satisfaction with the quality of work and the performance of Oxfam and CEFORD.
- An estimated 23,589 people are now receiving improved and sustained access to safe water, according to UNHCR standards, due to the 13 boreholes drilled and equipped within this operation. The number was downwardly revised due to the reduced number of refugees counted during the verification exercise, but it will increase in future as some of the higher yielding boreholes are motorised.
- District Water Departments in Yumbe and Arua were highly appreciative of the water laboratory facilities set up as part of this project and the impact these will in supporting their work in the future.

Access to water has significantly improved but further investment is required to ensure standards are being met in all areas. 87% of households confirmed that the water situation had improved compared to one year ago, 76% spend less than 30 minutes each time they fetch water, dependence on water trucking has significantly reduced and there is a body of documented data confirming that water being supplied is safe to drink. However, within this positive data there are some caveats and course for concern. 61% of respondents indicated that there were days in the last one month when they tried to fetch water but were unable to, Reasons given include congestion and unreliability due to mechanical failure or reduced output from solar systems during rainy seasons². Only 65% of households questioned considered that they had enough water. The consequences of this amongst the near 35% who consider they don't have sufficient water includes rationing, washing less, cleaning clothes less and travelling further to other tapstands or waterpoints to fetch water.

A higher percentage of people in Imvepi (90%) are satisfied with their water compared to 61% in Rhino. This finding is consistent with the absence of queues witnessed at any tapstands across Imvepi which are served by mechanised water systems. The service level in targeted areas of Rhino is lower i) because of the higher population dependent on a mechanised borehole of limited yield and ii) large areas of Rhino settlement are being supplied by handpumps which are often further away from houses and in more inaccessible locations (by the nature of groundwater it is not always possible to locate handpumps near to people's houses). There has still been a significant improvement in Rhino compared to the baseline one year ago when only 49% considered that they had enough water.

Despite the project being successful in completing all its intended outputs and project monitoring records showing that its target of 104,520 beneficiaries has been achieved, it is important to recognise that there is still considerable need for additional investment in infrastructure, capacity development and institutional support to ensure that refugees and host communities have safe, reliable and durable solutions which meet Sphere and UNHCR standards. In terms of meeting this standard and providing improved and sustained access to and safe use of water, the core project outputs are the 3 motorised systems and 10 handpumps which are conservatively providing water for at least 23,589 people.

No queuing was observed in Imvepi at any tapstand during the evaluation visit, an indication that there is sufficient water available. In contrast queues were observed at some of the tapstands in Ofua III (Rhino) indicating that there are still supply problems. Demand exceeds supply and consequently it is necessary to limit the number of hours that tapstands are open³.

The quality of work was of a high standard and all three systems were functioning well. Log books were kept and available for inspection at all sites showing separate daily production from solar and generator. Each system has two operators who have been trained and based on interviews conducted appear to be competent and confident in their roles.

Indicators for Result 1

Indicator 1.1	Target	Baseline	Endline	Result
% of reduction of water trucking in all the targeted settlements / zones	70%	35%	75% (UNHCR data) 78% (endline survey)	Achieved

In targeted areas of Imvepi supplied by Jue and Ore motorised water systems water trucking has been totally phased out. Collected monitoring data on water trucking and endline survey data both highlight the significant reduction in water trucking that has happened over the project period.

There is some variance between the two data sets. The endline survey indicates that 22% of households are still dependent on water trucking, while water trucking records obtained through lead WASH agencies indicates a 75% reduction from the peak.

UNHCR data for Rhino and Imvepi confirms water trucking has reduced as follows:

Settlement	May 2017		January 2018		September 2018	
<i>Imvepi</i>	830m3	89%	1,236m3	85%	346m3	18%
<i>Rhino</i>	478m3	45%	990m3	55%	450m3	23%

This consolidated data from all agencies. The percentages shown represent the people within settlements who depend on water trucking. Important to consider is the increase in population between May 2017 and September 2018 led to the minimal improvement (in Imvepi) and greater dependence on water trucking (in Rhino).

These activities will have an immediate impact in reducing future costs of water service provision. The 3 motorised water systems have collectively saved 330,000 litres of water being trucked every day. The table below indicates an average payback period for the investment in these durable solutions is less than 10 months. The cost effectiveness of this activity is undisputable - an investment of €467,750 on these 3 motorised systems will save €629,990 from being spent on water trucking in 2019.

Motorised system	Cost (EUR)	Daily reduction in water trucking	Cost saving of trucking	Payback period
<i>Jue</i>	€154,100	80,000 litres	€420	367 days
<i>Ore</i>	€157,850	150,000 litres	€785	200 days
<i>Ofua 3</i>	€155,800	100,000 litres	€523	298 days

(Source Oxfam & UNHCR)

Oxfam drilled a total of 10 boreholes across Rhino camp and equipped them with handpump. Each is designed to serve 500 people. The additional water provided by 10 boreholes equipped with handpumps, conservatively is likely to provide an additional 50,000 litres of water per day (equivalent to 5 water trucks). The evaluation team visited five of the 10 boreholes and found one of the handpumps was not working. One of the ten borehole had been motorised by another WASH partner (using other funding) so is serving a far greater number of people than initially planned. Further improvements in



Figure 2 Ore hybrid motorised water system providing 8,494 people with safe water

Rhino settlement are planned as several other boreholes drilled under this project have the potential to be motorised in future due to their favourable yields.

One of the original ten sites drilled was unsuccessful but because Oxfam had negotiated a performance based drilling contract, the driller was responsible for drilling an additional borehole, so effectively 100% success rate was achieved.

Indicator 1.2	Target	Baseline	Endline	Result
% of population living within 500 metres of a waterpoint	70%	22%	77% (Imvepi) 59% (Rhino)	Partially achieved

The evaluation team was unable to view maps or site plans to verify the areas within settlements which are not within 500 metres. Consequently, measurement is based on endline questionnaire and user reported proximity to water points (which has a greater margin for error). 67% of households questioned reported that they live within 500 metres of a waterpoint while 99% live within 1 kilometre.



Figure 3 - one of 10 boreholes equipped with handpump in Rhino Settlement. The distance of houses from the waterpoint is noticeable.

By their nature point water sources (boreholes equipped with handpumps) cannot always be in immediate proximity to dwellings and consequently it is not practical or realistic to be able to always provide water within 500 metres of dwellings. This explains the lower percentage of people in Rhino living within 500 metres of a water point.

That said one of the boreholes drilled by Oxfam and equipped with a handpump has already been upgraded by another WASH agency to a motorised solar system and there are plans to upgrade another two that were high yielding, consequently water access will continue to improve beyond this project and the percentage in Rhino is expected to increase further.

Indicator 1.3	Target	Baseline	Endline	Result
% of water samples indicating 0/100ml contamination at source	100%	70%	100%	Achieved

Pump attendants monitor free chlorine residual (FRC) twice daily at all tapstands. Records reviewed by the evaluation team indicated that there is always a chlorine residual present in the water at the point of delivery, typically between 0.2 and 0.5mg/l although ranging from 0.1 to 0.7mg/l. This negates the need for bacteriological testing. Oxfam has experienced some challenges with the reliability of the chlorine dosing equipment that it is using (Dosatron) and at times has had to adapt by “batch”, rather than injection dosing.

Importantly all waterpoints constructed under this project have been verified as 100% safe at the point of collection.

Indicator 1.4	Target	Baseline	Endline	Result
% of positive faecal coliform detected at distribution points and household level	0%	78%	9% Rhino 30% Bidibidi	Substantial improvement but only partially achieved

Sampling and bacteriological analysis of handpumps and water stored at household level was undertaken in Rhino Camp between January and April 2018. A total of 159 samples were taken out of which 91% recorded zero contamination and 9% recorded positive presence of faecal coliform. In Bidibidi water testing results conducted in April and June were of lower quality with 27 and 33% of household samples recording presence of faecal coliform. 20% of the waterpoints sampled in June were reported to be grossly contaminated. The Oxfam team attribute this to contamination within the water tankers but acknowledge that poor practices along the water chain in some households is also to blame.



Figure 4 - Yumbe water quality testing laboratory, one of two established as part of this project

It is the view of the evaluator that given the high number of unchlorinated water sources the risks of recontamination between point of water source and point of consumption - due to water collection and storage practices (which are beyond the control of the project), it was always likely that that the target of zero was unrealistic.

Available data does show however that that water quality has substantially improved because of the reduced dependence on water trucking.

Indicator 1.5	Target	Baseline	Endline	Result
# of people having access to sufficient and safe water for domestic use	162,700	62,700	118,920 ⁽¹⁾ 151,565 ⁽²⁾	Not Achieved

There is no single measure of this indicator. 51% of households questioned (equivalent to 118,920 people) ⁽¹⁾ report that they have access to enough water, every day. 65% (151,565 people) ⁽²⁾ are satisfied with their water; and on average each person uses 16 litres of water per day which is above the Sphere indicator of 15 litres per person but below UNHCR's target of 20 litres. 80% of households consider that their water situation has improved compared to one year ago. Other end-line questions highlight that there is still a lot of work to be done until people can be described as have "sufficient" or "safe" access to water. 22% of people reported that they do not always feel safe and 61% of people

indicated that there were times during the past one month when were unable to access water due to congestion or unreliability as well as quarrelling, intimidation, abuse, bullying and harassment.

These statistics are representative of the situation in the targeted settlement areas but may include contributions from other WASH agencies that have taken place during the timeframe of this project. It should also be recognised that different activities have had different levels of impact. Project monitoring records indicate that over 131,000 people have been reached by water related activities but it is important to distinguish between the different level of impact between activities. The core high impact outputs are the 13 boreholes (3 mechanised and 10 equipped with handpump) that in themselves fully meet the needs of 23,589 people. A second set of activities (school roof water harvesting, ceramic filters, water storage containers) and have directly or indirectly contributed to improved water access and quality but in combination with other interventions (i.e. water containers and filters which contribute to improved water quality and access through storage and ease of transport but only alongside development of water sources.

Areas for Improvement

The quality of Oxfam and CEFORD's WASH work is generally high but the speed of implementation was an issue. External views related to WASH work from peer and coordinating agencies were generally positive. Feedback from lead WASH agencies in Bidibidi and Rhino (Oxfam is the lead in Imvepi) confirmed that Oxfam and CEFORD actively participate in sectoral working groups and are punctual in sharing information required for consolidated WASH sector reports that lead agencies are responsible for completing. ***UNHCR and District technical line ministry staff (from Water and Health departments) where highly complementary about the quality of Oxfam and CEFORD's work. Worryingly however in several meetings it was noted that Oxfam can be slow in its delivery and this appears to be a common external perception.*** Further discussions reveal that this is related to different stages and approval processes related to procurement and this causes considerable frustration to project staff. Beneficiaries also complained about delays in receiving materials for latrine construction. The impact of these delays can be quantified in monetary terms as for each day that a motorised system was delayed, an additional day of water trucking was required. Oxfam was in the spotlight for this work because water trucking was being done by other partners, consequently Oxfam's delays had financial impacts on other agencies who had to fund water trucking for longer than they expected. For Ore water system, it was reported to be up to 6months late and whilst this was partly a result of contractor failing, field staff expressed frustration related to internal delays in terminating the contract and engaging a new contractor. Other examples were given by field teams on their frustrations on procurement lead times, and within this, specifically the time it takes to get the required signatures and sign-offs completed, and the lack of visibility around this. Procurement and due diligence associated with responsible programme management is complex and multiple levels of approval, checks and balances are required but the current system is prohibitive to timely humanitarian action. One key informant speculated that if everyone involved in the supply chain and management decisions at field and Country office levels were aware of the financial consequences, for example - each additional day's delay had a monetary cost of €786 to the organisation, ways and means would have been found to speed internal processes up. **Assuming only half of the delays time is a cumulative result of avoidable delays due to inefficiencies, this would still have resulted in a saving of €70,000 on water trucking.**

CEFORD staff and key informant interviews with beneficiaries confirmed that there were delays in materials for latrines being received. This made it difficult to schedule activities and resulted in latrine pits being dug but not immediately covered. According to one key informant this did result in a child

falling into a pit (who thankfully was not seriously injured). More commonly it resulted in additional work for households as pits are prone to backfill or collapse if left, so had to be re-dug. **To be an effective and efficient humanitarian responder, Oxfam needs to review its procurement processes.**

Whilst 87% of people questioned feel safe fetching water and 77% of women report that the risk of violence or harmful behaviour against women at water points has reduced within the timeframe of the project, **13% of people do not feel safe accessing water.** Underlying reasons are lack of lighting, many people at the waterpoint and waterpoint is a distance away. When asked *“In the last one month have you experienced or witnessed any incidents at the waterpoint that made you feel uncomfortable or you thought were wrong?”* in addition to quarrelling – bullying, intimidation, physical violence and discrimination were all mentioned in low but significant numbers. This merits further investigation.

Technical Observations - The generators are oversized at all locations. 11KW pumps have been installed at all three system with generators of 35, 45 and 50KVA respectively, Smaller generators would suffice and this would have resulted in both initial capital costs and more efficient running costs⁴. This is a common issue across the sector where there is a tendency to oversize. Project staff explained that the initial plan was to install larger pumps but these could not be sourced at short notice by the contractors.

The original plan for Ofua III due to the large population was to have a second borehole pumping into the system to meet demand (another agency had committed to this but then pulled out). Because this has not happened there is an overall supply problem in Ofua III. The effects of this can be seen through queues, increased queuing time and restricted hours of operation to enable to elevated tank to fill before tapstands are opened. The system runs for 13 hours starting and finishing on diesel generator with solar being used during the core daytime hours of 9 to 4pm. The system shuts down at 7pm because the operator must go home. Question for Oxfam team to consider: The long-term solution remains the addition of a second borehole source to boost supply but as an interim measure would it be feasible to employ a third operator to extend the pumping hours? This would increase supply, reduce queuing and the need for limited opening hours of tapstands.



Figure 5 – a locally procured tap – wear quickly, direct and regulate flow poorly, wasting water.

Poor quality taps. The Oxfam team highlighted challenges around quality and short lifespan of taps. Taps are procured locally, it has sometimes been left to the contractor to source and consequently quality is variable. It was reported that Oxfam replaces up to 100 taps every month and the typical lifespan of a tap is as little as two months. In addition to high maintenance costs, water losses are also unnecessarily high which further increases operating costs and reducing the quality of service.

The Oxfam preferred tap is the “Evenflow” self-closing tap but these are reported to have also caused problems with leakage and jamming when sediment gets stuck inside. It is suggested that the Uganda team identify which is the best

performing tap out of the many different ones currently being used and start to standardise on taps of recognised quality. Whilst local procurement and use of local markets is generally a good practice, it is likely to be a false economy considering the importance taps in terms of efficient use of water. This is

an issue for the whole sector and it might be worth considering whether to make a large single order by UNHCR or the lead WASH Agency, and for there to be a single supplier of taps in each settlement to ensure consistency between organisation and quality control.

Another relatively minor area for improvement is ensure all exposed pipes and valve chambers are adequately covered and manhole covers put in place where absent.

The impact of rainwater harvesting activities appears low – Capturing rainwater from roofs that would otherwise run to waste and storing it for productive use should be encouraged. However, the impact of this work from what the evaluating team observed is questionable. At one site the gradient of the gutters meant that the majority of water from the roof was not being captured. At another site, it appeared likely that heavy rain would flow over the gutter rather than into the gutter. The tank at this site was totally empty, compounded by a faulty fitting and a poorly designed tap stand, which discouraged efficient drawing of water. School representatives at other sites visited did appreciate the provision of guttering and roof water storage tanks but they are only capable of contributing a very small proportion of the school's overall water needs.

“Food for Thought”

Standard tapstand designs could improve service level and efficiency for the whole sector. In addition to the taps themselves, that there is no standardisation in tapstand design between different WASH agencies. To the evaluation team, a significant number of tapstands did not appear to be user friendly – e.g. the tightly fenced enclosures restricting access to and from the tapstands and small platforms with narrow raised aprons both restricted movement and meant that a person collecting water had to balance on the narrow-raised apron. Many taps were too high and had a larger than necessary drop or gap between the tap outlet and the inlet of the jerrycan, underneath. This greatly increases the likelihood of water wastage. It was not clear how these designs were made and a question for the Water Technical Working Group to consider is whether users have actively been consulted on the design of tapstands or asked about their needs and preferences. Similar processes have been undertaken elsewhere and resulted in modified tapstand designs which are more user friendly and easier to construct⁵.



Figure 6 typical tapstand design - is a narrow apron and tightly fenced area user friendly?

Result 2: Refugees and host communities have access to adequate sanitation facilities and adopted practice of safe hygiene principles

Impact and Achievement

- Presence of handwashing stations and awareness on handwashing is high

- Hygiene messages are reaching people, valued and resulting in adoption of safe hygiene practices.
- Solid waste is being managed and disposed of effectively.
- The target for household latrines has been reached with a high level of satisfaction related to access to sanitation.

Indicators for Result 2

Indicator 2.1	Target	Baseline	Endline	Result
% of households with access to handwashing facilities	80%	10%	89%	Achieved

Presence of handwashing facilities in compounds is high. Interviews and observations during transect walks on the presence of “tippy-taps” are consistent with the endline survey results. 87% of households received handwashing kits and a total of 89% reported that they had a handwashing kit. This is a significant improvement compared with one year ago during the baseline & KAP survey which indicated 65.5% of people with access to handwashing facilities.

Indicator 2.2	Target	Baseline	Endline	Result
# of people reached with hygiene promotional messages and handwashing kit	205,600	20,560	207,527	Achieved

89% of people questioned had a handwashing kit present and being used. 91% of people questioned confirmed that they had been visited by a hygiene promoter during the last 3 months and 99% of people said that the hygiene promoter’s visit(s) had been useful. When asked to recall hygiene messages 94% of people could recall 3 or more key hygiene messages, which is high.

Transect walks confirmed that hygiene awareness and practice is strong in targeted areas of all camps with presence of dish drying racks, garbage pits, household latrines, separate cooking areas, clothes lines and tippy-tap/hand washing facilities in most compounds. Most striking was the general cleanliness of compounds evidenced by clearance of vegetation and daily sweeping of the compound. Some households had even planted ornamental flower beds around their house which is another sign of the pride and cleanliness overall care refugee households are taking in related to their allotted plots.

Oxfam and CEFORD trained a total of 219 hygiene promoters⁶. Focus group discussions with hygiene promoters in Bidibidi, Imvepi and Rhino confirmed near identical schedules with hygiene promoters committing 4 hours per day to cover key topics around safe water chain, safe excreta disposal and good hygiene practices. The rationale of hygiene promotion is based on repetition and reinforcement of messages through a variety of means. Hygiene promoters’ interviews were convinced that their approach was reaching the whole population within a settlement, although they were also realistic enough to



Figure 7 - A “tippy-tap” handwashing station

acknowledge that some people will not change their behaviour regardless of being aware of the implications of not following good practices.

A District Government health officer was unequivocal in highlighting the improvements that had taken place which he directly attributed to this project and other initiatives, observing the clear difference between the hygiene of the refugees and the surrounding host communities (the former being significantly better)

Indicator 2.3	Target	Baseline	Endline	Result
<i># of people having regular access to soap to meet hygiene needs</i>	50,000	0%	68,241	Achieved

Project monitoring reports confirmed that soap was distributed to 14,168 households (equivalent to 68,241 people). Soap was also distributed by Oxfam as part of its hygiene and sanitation work as an incentive. During the endline survey 73% of households questioned confirmed that they had received soap from the project with 52% having soap in their household at the time of the survey. These findings mirror field observations and key informant interviews where lack of soap was commonly raised by beneficiaries. This also echoes findings of an evaluation by the same author in Bidibidi back in 2016, although the situation has improved since then. Lack of soap is an indicator that the overall refugee response in underfunded and agencies are struggling to achieve acceptable standards. Interviews with Oxfam staff confirmed that UNHCR favour a centralised pool and distribution system to encourage consistency and avoid disparities between partners with different level of funding and resources.

95% of people questions could recall two or more critical times when it is important to wash hands. This is a high percentage, however baseline results also indicated a high awareness of the importance of handwashing⁷.

Indicator 2.4	Target	Baseline	Endline	Result
<i># of people living in settlements with a functional solid waste management system</i>	205,600	0	204,700	Substantially achieved

The project strategy for solid waste management is to encourage management at individual household level with composting of organic waste and construction of waste pits for burning and burial. 80% of households questioned dispose of waste in a rubbish pit and a further 9% collect and burn their waste which is also an acceptable means of disposal. This compares to 70% as recorded during the baseline survey. This is equivalent to 204,700 people.

Oxfam constructed a total of 7 waste facilities at health centres consisting of incinerator, placenta pit and sharp pit. Two sites were visited as part of the evaluation. The quality of work was observed to be high and interviews with health centre managers confirmed that they were satisfied with the quality of work and functionality of the facilities.

As an addition activity Oxfam supported two women's groups to establish a briquetting operation. This innovative idea aimed to create livelihood and income opportunities in parallel with addressing energy needs within the camp and reducing dependency on firewood for fuel. Under this initiative, Oxfam has started exploring the viability of using faecal sludge as an input for the briquettes

Indicator 2.5	Target	Baseline	Endline	Result
# of people with access to dignified, safe, clean and functional excreta disposal facilities.	18,000	0	24,064	Achieved

All settlements have transitioned away from communal latrines with 97% of people across Rhino, Invepi and Bidibidi have their own household latrine. The remaining 3% share with their neighbour. 90% of toilets are used by 10 people or less and all toilets are within the Sphere standard of 1 per 20 people.

Oxfam and CEFORD trained and mobilised communities on the importance of constructing and maintaining household toilets and distributed materials to 3,132 households. A random selection of household toilets were visited in targeted areas of Bidibidi, Imvepi and Rhino settlements confirming the presence, quality, cleanliness and usage of latrines. 93% of households surveyed were satisfied with the safety, cleanliness and functionality of the toilet that they use. 65% reported that toilets were located within 50 metres of their house.



Figure 8 - A household latrine

The project has also constructed 8 blocks of latrines (each 5 stances) in 6 primary schools, which benefit, directly or indirectly, 7,686 children, mainly girls (6 female stances, 2 male stances).

27% of households reported that they had cases of diarrhoea. The District health officer confirmed that monthly returns from health centres confirmed a reduction in diarrhoea, however the evaluation team was not able to view this data.

Areas for Improvement

Quality of some hygiene items was of poor quality. Post distribution monitoring and feedback from several key stakeholder interviews, highlighted that the quality of some of the jerrycans procured was poor. Mitigation measures to ensure this doesn't happen again includes ensuring suppliers submitting samples of their products for quality control prior to finalising procurements and joint decision making between field/programme and logistic/procurement staff.

Cost efficiency and Optimising the design of urine diversion toilets (UDTs). High quality urine diversion toilets were constructed within each of the 3 pumping stations of the motorised water systems. Urine diversion toilets are a relevant technology for more widespread adoption in parts of the camp where ground conditions are not favourable to construct pit latrines due to soft collapsible soils and rocky ground. Overall it is a positive that Oxfam has constructed UDTs as this gives exposure for other agencies. Suggestions for improvement:

- i) Almost certainly the toilets are over designed - smaller, more cost effective, replicable structures could have been built. Given that the regular users are the operators and guards (4-5 people), the capacity of the chambers are oversized and may take many years to fill⁸
- ii) A UDT works by using one vault and only opening the second when the first chamber is full. For the toilets visited, neither chamber was sealed and consequently there is a high risk of misuse. One vault should be securely sealed to avoid confusion.
- iii) Whilst gender segregated latrines should be encouraged, it is worth reviewing whether separate latrines are necessary where there are only 4 or 5 users who know each other, given other competing priorities for scarce resources. i.e. in circumstances where there is an adjacent school with 200+ school girls sharing each toilet, are scarce resources being prioritised appropriately?



Figure 9 - A gender segregated Urine diversion toilet for pump operators

The briquetting initiative is innovative but not economically viable in its current form. Although briquetting production has been established at two sites utilising crop residue as the core organic material, because production is currently labour intensive, it is significantly more expensive than charcoal and therefore there is currently no market



Figure 10 - fuel briquettes produced by one of two womens groups training during this project

To reduce costs production needs to be scaled up, the manufacturing process optimised through professionalising and more mechanisation and a greater volume of raw materials sourced and available throughout the year, not just post-harvest when agricultural residue is abundant. The Oxfam team is exploring these options including the potential of linking the problems of energy and faecal sludge management, i.e. to use faecal sludge as a raw material for briquettes. There appears to be interest and support from UNHCR and other

stakeholders in this and Oxfam should continue to explore the viability and learn from other similar initiatives and organisations based in Uganda and Kenya⁹.

Food for thought/suggestions for future improvement

Sanitation coverage in schools is still well below minimum standards and discriminates against girls. The ratio of toilets per student is well below the Ugandan National guideline of 1 per 40 students. Whilst this project specifically targeted sanitation needs of girls and has positively contributed towards improving access to sanitation for girls, girls continue to have poorer access to sanitation than boys. In Highland Primary School, Bidibidi for example there were the same number of stances for boys, girls and teachers (5 stances each) and yet out of 1,688 students, 1,044 are girls and 644 are boys. This means 208 girls are sharing each toilet. 128 boys sharing a latrine is still well short of minimum expected



Figure 11 – 6 of the 8 school latrine blocks constructed under this project targeted girls.

standards and needs urgently addressing. The overall high ratio is an understandable consequence of insufficient resources, and having to make difficult decisions. What can't be excused which is a consequence of refugee implementing partners (not this project directly) is that boys have better access to school latrines than girls.

What next for hygiene promotion? From discussing with community volunteers and hygiene promotion teams, it wasn't clear what future strategy is in place and how it is envisaged that hygiene promotion will evolve with time. Whilst repetition and reinforcement can be key to behavioural change and sustained improvement to hygiene practices, it will be necessary to introduce new ways of working to maintain people interest and engagement. It is also likely to be difficult to sustain teams of "incentive workers" within the camps with shrinking resources. The evaluation team did not have time to fully explore what discussions have been had for future years.

Result 3: Increased Protection of refugees, including access to quality GBV prevention, mitigation and timely response services to refugees and host population

Impact and Achievement

- All protection and GBV prevention, mitigation and response activities have been completed, and all to a high standard.
- 77% of women and 83% of men feeling 'Very safe' or 'Safe enough' in their settlement (on a scale of 5) at the end of the programme compared with 44% and 37% respectively when they arrived - an **increase of 33 percentage points among women and 46 percentage points among men.**
- Of 18 different forms of harmful behaviour and violence, the majority of respondents stated that all 18 had reduced over the course of the programme.
- 74% of respondents believe that the number of girls who marry below 18 years of age has reduced since their arrival in the settlement.

- The use of volunteers and community-based approach in conjunction with ongoing accompaniment and mentorship from CARE staff has been crucial to increase reach and acceptance of GBV messages
- Trust in service-providers (health professionals, police, psychosocial practitioners) is high among beneficiaries following training of providers and sensitisation to community members about available services
- The pilot of Ruby Cups provided a highly cost-effective intervention delivering multiple protection benefits

Indicators for Result 3

Indicator 3.1	Target	Baseline	Endline	Result
# of participants showing an increased knowledge on the protection focus in subject	60	15	210	Achieved

Training in GBV, GBV response and PSEA was given to 210 service providers along with training in case management and a coordinated referral mechanism. Health providers were also trained in clinical management of rape.

Amongst beneficiaries and consortium staff, trust in trained service providers was high as detailed in the tables below. In focus groups, women and girls reported high levels of trust in service providers for safe and accessible GBV support. In focus groups, men and boys did not accept that SGBV existed among men, but that services were available for non-sexual GBV although to a lesser extent than women, particularly regarding the police.

Do women & girl survivors of violence feel able and safe to access services/seek help from...	YES % of women respondents	NO % of women respondents	DON'T KNOW % of women respondents
Health professionals	83 %*	6%*	10%*
Psychosocial support services	83%	3%	13%
Police	83%	8%	9%

Do men & boy survivors of violence feel able and safe to access services/seek help from...	YES % of women respondents	NO % of women respondents	DON'T KNOW % of women respondents
Health professionals	83 %*	6%*	10%*
Psychosocial support services	77%	7%	16%
Police	69%	19%	12%

*Combined figures – women and men

Post-test results and interviews from trained service providers including police and health service providers demonstrated a good level of knowledge of key GBV concepts and practices such as referral pathways and survivor-centred approaches.

Health professionals: Interviews with government employed health workers in Imvepi demonstrated a strong focus on a survivor-centred approach and received training in post-abortion care and other elements of sexual and reproductive health. Health workers noted the professionalism of CARE case workers and their level of accompaniment and follow-up with GBV survivors. Although all six health workers were trained in GBV response, they noted that a lack of a separate safe space was challenging to provide survivors immediate confidential care.

A safe space to shelter GBV survivors within the Imvepi health centre grounds had been constructed by CARE but was not yet functional. This **should be addressed urgently** as GBV survivors are currently admitted within the public Outpatient department. Sometimes, survivors are accompanied by police, drawing even more attention to the survivor.

In focus groups, women and girls expressed trust in medical services and that survivors received appropriate responses. Several women and girls expressed concern that medical services would no longer prioritise survivors at the end of the programme as survivors would have to alone to seek treatment without a CARE caseworker, and may also encounter problems finding transport.

Police: Interviewed police had a strong grasp of GBV terminology and concepts. However, discussions suggested that this knowledge may not always translate into best practice daily, not least because police resources are stretched. In Ofoa where Bidibidi is situated, there are two male police officers for 60,000 people. They are supported by three Ugandan civilian ‘crime preventers’ of whom one is a woman. At police posts, there are rarely separate interview rooms meaning that a GBV survivor and alleged perpetrator are held in the same room, a fact underlined by OPM staff. Police in Bidibidi reported occasionally locking up GBV survivor in a cell to separate them from the perpetrator, or if the survivor is being ‘stubborn’ and wishes to leave.

Interviewed police reported strong relationships and coordination with CARE caseworkers which facilitated follow-ups and with the volunteer structures such as GBV Preventers, noting concern that crime would increase if these community-based structures were no longer supported with mentorship and stipends from CARE.

Psychosocial support was provided both by a CARE partner, TPO, and by CARE caseworkers. 81% of endline respondents reported that survivors of violence feel able and safe seeking help from psychosocial support services. In focus groups, female beneficiaries reported that life was easier than when they first arrived because they could access psychosocial services for trauma and depression. Adolescent girls reported ‘counselling’ as the number one service they would like more of, whereas adolescent boys were unaware that psychosocial services (PSS) could offer them help and did not know where to find them.

Recommendation: Additional funding should be made available to support expanded PSS services, with additional outreach to both men and women to communicate available services.

Recommendations for advocacy: CARE has identified that further advocacy is required to Ugandan authorities regarding a survivor-centred approach to case management. There is confusion around the legal requirements and usage of ‘Police Form 3’. Some health practitioners refuse to give a survivor an urgent medical examination unless they have previously reported the incident to police and obtained this form. Others argue that the law has changed to be more survivor-centred and this form is no longer required for a survivor to be examined and treated.

Indicator 3.2	Target	Baseline	Endline	Result
# of men and women trained as GBV Preventers and actively delivering	200	0	281 (141%)	Achieved

<i>expected services to community members</i>				
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Creating community-based structures to manage GBV prevention and response in 18 months was ambitious, but it was, as the UNHCR GBV Focal Point noted, 'the right approach'. Training and empowering 281 GBV Preventers (141 women, 140 men) in conjunction with other community structures such as the Community Safety Action Groups and Role Model Men and Boys (all of whom liaise with the Refugee Welfare Committee - a structure formed by refugees which coordinates with the OPM on issues within settlements), not only increased knowledge about GBV among key mobilizers, but also created ownership of the initiative by the community, and making the community responsible for reducing GBV. This was demonstrated in focus groups with men and women who showed high acceptance of the messages which had been passed on in their own language, by people of their own origin, who lived full time in the settlement. The GBV Preventers were chosen for their ability to disseminate messaging and were trained in GBV and survivor-centred approaches, how to receive GBV disclosures safely and connect survivors into the referral pathway.

Of the 75% of respondents in the endline survey who said they had received sensitization about GBV, 34% of these had heard the messages through GBV Preventers.

Recommendation: In focus groups, male and female GBV Preventers reported that the community was demanding more attention be given to male GBV cases.

This should be considered for future programming along with sensitisation about GBV against men and boys.

CARE GBV Information and Complaints Desk: In the endline, 63% of women and 50% of men named the CARE GBV Information Tent as a place a survivor of violence could go and seek help. However, as the publicly located tents only offer GBV support and have teardrop flags outside advertising GBV information and services, they risk stigmatizing survivors. In focus groups with beneficiaries and GBV Preventers, respondents noted that although the community trusts that details of their GBV complaint will be kept confidential, onlookers can still guess that anyone visiting the tent has gone to report GBV which can cause gossip and speculation.

Recommendation: GBV Information Tents should offer a variety of services so they are not viewed solely as 'GBV centres', but should include a private space for survivor disclosures. Beneficiaries who were asked about this option felt this would be better. To increase general protection referrals, people should be encouraged to report any type of protection issue here (e.g. people with disabilities struggling to get to food distributions since WFP introduced individual ban on family members signing for others in September). This would simultaneously support a reduction in stigmatization around GBV.

Indicator 3.3	Target	Baseline	Endline	Result
<i># of men and boys trained and supported by the action on role modelling, demonstrating positive masculinity and actively reaching out and influencing other men and boys.</i>	88	0	137	Achieved (156%)

Men and women in focus groups felt that Role Model Men and Boys (RMM&B) have had significant impact where they operate and should be scaled up. In the endline survey, 60% of respondents had heard of the initiative, and 85% of those believed their activities to be effective. UNHCR also noted their success, sharing one example where a GBV perpetrator had stood up beside his wife in a large

community meeting to share stories of his past behaviour, his changed attitudes and the positive actions he was now undertaking. UNHCR reported attendees at the meeting to have been highly engaged by the story with some moved to tears.

During interviews with RMM&B, some reported initial resistance to their activities, including from women who felt that men were infringing on their traditional domestic roles such as cooking or collecting water. This had resulted in occasional abuse at water points. After time, and following some sensitization, this had improved, but as a **recommendation**, sensitisation on the objective of RMM&B to other community members should be increased.

While RMM&B in Bidibidi and Imvepi had received training and ongoing mentorship from CARE staff, in Rhino camp there had been no mentorship following a single training. This had impacted on the motivation of RMMB and they were unclear about the parameters of their role. This posed a risk that RMMB were intervening in cases of GBV, particularly domestic violence, seeing their role as ‘solving’ cases themselves, intervening between men and women ‘to avoid the need for GBV Preventers to be involved’. Without having specialised training, nor understanding the established referral pathway, this is dangerous.

In focus groups, RMMB in all settlements said they would have benefitted from greater mentorship plus materials to help them organise sensitisations (e.g. GBV Preventer Kits, football equipment to mobilise and sensitise others), and reporting templates and structures (like those of CSAGs) to increase motivation through validation, support and professionalised structure like other volunteer groups.

The RMMB initiative is a successful way of empowering men and boys who are feeling emasculated by displacement and inability to find livelihoods and provide for their families. Several men in different settlements repeated a common ‘joke’ about who provides for families. “Our wives say that UNHCR is their husband now.” Focus groups with RMMB and adolescent boys and men who were not in the RMMB initiative noted that young men feel excluded with resentment for women and girls ‘who get all the services’, and that this resentment can feed into GBV. Some adolescents reported avoiding awareness sessions “because they’re for girls”.

Recommendation: RMMBs suggested strongly that providing more activities for boys could reduce contributors to violence: idleness, frustration, mental health issues and enable CARE to better reach them with GBV messages. Provision of sensitisation materials would also help the RMMB reach more people.

Indicator 3.4	Target	Baseline	Endline	Result
% of persons/HHs with increased/ appropriate information on relevant rights	70%	20%	75%	Achieved

Reach: Focus groups conducted separately with women, adolescent girls and men, all demonstrated a significant increase in awareness about rights and types of violations, particularly regarding GBV.

This was replicated in the endline survey in which 76% of women reported having participated in a meeting, event or sensitisation session about understanding and preventing GBV. Among men, this number was 74%. Separately, 73% of participants said they had been made aware of additional rights including rights to services, women’s rights, children’s rights, refugee rights, in addition to GBV survivor rights.

The exception to this rule was among adolescent boys who showed poor understanding about rights and GBV *apart* from those who were Role Model Boys. Adolescent boys reported avoiding awareness sessions ‘because they’re for girls, CARE just works for girls’. Young men expressed a sense of exclusion and resentment for girls ‘who get all the services’. This frustration was mirrored among men towards women.

Fifty percent of households reported that GBV messages were delivered by GBV Preventers, while 33% mentioned CARE’s Peace Facilitators. Other sources were cultural leaders, friends, family members and Community Safety Action Groups. In the endline, women were most likely to remember messages on how to prevent GBV. Men were most likely to report having learned what GBV means. Despite these claims, in focus groups, apart from Role Model Men, most men struggled to explain different types of GBV. For adolescent boys, this was more pronounced. This underlines the need to have ongoing messaging and sensitisation about GBV to ensure learning is effectively absorbed, processed, and translated into behaviour change.

Impact of sensitisation and awareness on rights violations: Women and girls in focus groups reported that awareness had helped significantly to reduce GBV, an attitude replicated in the endline. Of women respondents, 95% believed the GBV messaging was useful to understand and prevent GBV, including sexual violence, in the community. Of male respondents, 91% believed the same.

Women in focus groups reported that awareness had helped significantly to reduce GBV in the home, including physical and emotional violence, and marital rape, but while men understood that it was a woman’s right to say ‘No’, this was ignored by some particularly after alcohol. In focus groups with men and adolescent boys, significant numbers felt that withholding sex within marriage was a form of GBV against men, suggesting that further discussion within communities is necessary on this topic.

Adolescent girls reported that rape had decreased because of sensitisation about GBV and patrols, although it remained the third highest form of violence and harmful behaviour mentioned as a risk for girls.

Among beneficiaries, 43% of women and 33% of men believed that ‘harmful cultural practices’ had *increased* since their arrival in the settlement. Of women asked, 57% listed Female Genital Mutilation (FGM) as a type harmful behaviour faced by girls. A campaign highlighting the harmful impact of FGM was not included in the programme – this topic should be integrated into future programming.

Women in Bidibidi who were members of Village Savings and Loan Association (VSLA) activities (implemented as part of another project) reported an increased sense of confidence to speak in front of others and to believe in their right to earn a living. VSLAs provide an effective space for women to receive information about rights. Women who were not members and not benefitting from livelihood opportunities wished to be included in a savings groups. VSLAs in other humanitarian contexts such as Niger have demonstrated the protection outcomes that can be delivered through VSLAs by reducing negative economic coping mechanisms and providing psychosocial benefits.

Indicator 3.5	Target	Baseline	Endline	Result
% of survivors who receive an appropriate response and persons having benefitted from the implementation of specific GBV prevention measures.	300	0	569 (190%)	Achieved

Implementation of specific GBV prevention measures:

Overall, measures to prevent and mitigate GBV in the settlements have been very successful with 77% of women and 83% of men rating their feeling of safety in the settlement at the endline as 'Very safe' or 'Safe enough' (the highest rankings on a scale of five) compared respectively to 44% and 37% when they first arrived in the settlement – an **increase of 33 percentage points among women and 46 percentage points among men**.

Among women, 95% of female endline respondents, and 91% of males believed sensitisation (conducted via radio, theatre, community meetings, GBV Preventers, communications materials) was useful in preventing GBV including sexual violence.

Of 18 different forms of harmful behaviour and violence including physical violence, denial of resources, transactional sex, sexual abuse, sexual harassment, rape, domestic violence, early marriage, harmful cultural practices, forced recruitment into armed groups and alcohol and drugs, the majority of endline survey respondents reported that **all 18 had reduced** for women, men, boys and girls. However, it is important to note that this does not suggest that risks no longer exist, and that a significant minority in all many cases believed that types of harmful behaviour had increased, underlining the need to understand localized dynamics in different parts of each settlements.

GBV reported to police: The police officer responsible for Ofoa zone in which Rhino Camp is situated reported that he never received fewer than 20 GBV cases at the end of 2016. By October 2018, this had reduced to an average of 2 or 3 per month.

Early marriage: Although early marriage was the second highest risk survey respondents felt girls faced, 74% of respondents believe the number of girls marrying below 18 has reduced since their arrival in the settlement.

Community Safety Action Groups (CSAG): A significant majority of endline survey respondents and focus groups participants, in addition to UNHCR and OPM, considered these neighbourhood patrols to contribute significantly to a reduction in crime, GBV and anti-social behaviour. Among women respondents, 74% were aware of CSAGs, while 63% of men were familiar with them. Among women, 92% believed that CSAG's made people 'Very safe' or 'Safe enough' (highest rankings on a scale of five), while 87% of men felt the same.

Creating community-based personnel structures to support GBV prevention and response alongside trained service providers was an ambitious undertaking within 18 months was ambitious. The combination of voluntary structures including CSAGs, GBV Preventers and Role Model Men and Boys has been very successful, but is at a critical point at the end of programming. Although volunteers are generally motivated to support their community and don't just do it to receive a stipend, since the project ended in September many have stopped working to the same extent. In focus groups conducted in October, some said they will look for jobs with other NGOs, noting that they were giving advice about GBV when people sought them out, but were no longer actively reaching out to the community.

Beneficiaries and volunteers across all three settlements raised concern that the community structures may disband now CARE staff are no longer present. In Rhino Camp, where Community Safety Action Groups have stopped patrolling since September, beneficiaries in focus groups reported that sexual harassment and child labour has increased because the 'deterrent' is no longer present - the reporting mechanism and swift response by CARE staff had stopped with the programme closure. Interviewed police and UNHCR representatives share the concern that violence will increase without the presence of CARE to support volunteer networks through mentorship and stipends.

Recommendation: To maintain protection results and avoid GBV returning to previous high levels, further investment should be provided to maintain volunteer and community structures with mentorship and stipends.



Figure 12 - A solar street light constructed outside a women's centre

Solar Lighting: Forty-seven 'hotspots' were identified across the camps where solar lighting was installed as a protection measure. Among female beneficiaries, 81% believed that lighting had increased safety in the settlement, while 86 % of males felt the same. Of the 3% of women who said lighting had reduced safety, this was because men gathered where there was light at night.

Peace Facilitators: Thirty-nine female and 37 male volunteer community 'Peace Facilitators' were trained on gender, peace and conflict management. When people have conflicts with neighbours or host community members, 15% of respondents said they would resolve it with the help of the Peace Facilitators, in comparison to 20% who said they would resolve it themselves, and 35% with the help of community leaders. However, 71% of

respondents had heard of the Peace Facilitators and 97% of these did think they were useful to resolve conflicts in the community.

Recommendation: CARE staff did not feel that the peace facilitators had sufficient training to intervene in disputes between refugees and host community without conflict mediation training, so this was not undertaken. 'Peace facilitating' was restricted to being conducted among refugees. Conflict mediation training should be considered for future programming.

Ruby cups: Ruby Cups were piloted to 100 adolescent girls following identification of it as a potential measure to reduce school dropout and transactional sex to procure sanitary protection. Project documentation showed that CARE took a responsible approach to introducing the cups, providing girls with sensitisation on their purpose, method, benefits and risks so that consent was fully improved.

In focus groups with adolescent girls, direct beneficiaries gave very positive feedback and there was great demand from other girls who understood the benefits that Ruby Cups provided in terms of saving water for washing, increasing hygiene, avoiding the expense of sanitary towels and reducing risk of embarrassment which can cause school dropout.

Recommendation: The success of this pilot as a cost-effective intervention delivering multiple protection benefits should be replicated in future programming.

Livelihoods and savings groups as protection: Within focus groups, women cited poverty as the main reason for early marriage and transactional sex, as well as contributing to domestic violence, and they suggested that livelihoods support combined with savings groups could reduce those issues.

Women and girls also noted that people currently raise the cash needed to buy firewood, soap, school fees and so on by selling part of their food ration, meaning they do not have sufficient food towards the second or third week of the month, which can lead to different forms of GBV, including transactional sex, early marriage and domestic violence.

In different settlements, women in focus groups requested that more VSLAs were established along with livelihoods support to help them reduce negative coping mechanisms. In Rhino, women reported that CARE had helped establish Village Savings and Loans Associations (VSLAs - savings groups) and had provided some materials for women to produce bedsheets. However, because CARE was unable to provide sufficient material for all the women to benefit from the materials, this had created conflict among them.

Recommendation: Women would benefit from a more comprehensive VSLA and IGA intervention providing them with more sustainable livelihood activities and training on money management, including the effect of collective responsibility for savings and loans. VSLAs are also known to offer psychosocial benefits in humanitarian contexts such as Niger by providing a social network.

Implementation of appropriate response: Project documents used by CARE caseworkers (also trained in GBV response) showed a generally high standard of reporting and following of case management procedures including coding to protect confidentiality. Professional in-take and assessment forms, plus survivor Action Plans demonstrated a robust case management system which prioritised a survivor-centred approach and enabled effective follow up.

UNHCR GBV staff reported a strong level of coordination echoing comments by police and health workers. The UNHCR GBV Focal Point also emphasised CARE's strong coordination with other service providers within the established referral pathway and staff commitment to following up with survivors. International Rescue Committee (IRC) repeated the same. UNHCR also noted CARE's contribution to several standards in relation to GBV management and specifically to the SGBV SOP.

Psychosocial support (PSS): Psychosocial support was provided both by a CARE partner, TPO, and by CARE caseworkers. 81% of endline respondents reported that survivors of violence feel able and safe seeking help from psychosocial support services. In focus groups, adolescent girls reported 'counselling' as the number one service they would like more of, whereas adolescent boys were unaware that psychosocial services (PSS) could offer them help and did not know where to find them. Men and boys reported depression and frustration due to a loss of livelihoods or lack of activities, with an eroding sense of masculinity leading to alcoholism and related GBV/domestic violence.

Recommendation: Additional funding should be made available to support expanded PSS services, with additional outreach to both men and women to communicate available services.

Reporting mechanism for SEA and other rights violations: Complaints boxes are situated throughout settlements allowing for confidential reporting of abuses. These are opened every few weeks by CARE staff – sometimes fortnightly, sometimes less frequently depending on staff availability. Only 22% of endline respondents mentioned the complaints boxes to 'report or complain about someone in a position of power if they make a member of the community feel unsafe, or commit abuse or violence towards them'. This compared to 25% of respondents who mentioned the CARE information desk or CARE staff. The low numbers suggest that future **programming should increase sensitisation about the mechanism for people to register complaints about people in positions of power.**

Of the complaints mechanism they mentioned, 88% believed it was effective in 'maintaining confidentiality and resolving their complaint or fear'. Of those who thought it was ineffective, 60% stated this was because they did not receive feedback.

Recommendation: Future programming should ensure complainants who request feedback and given it, and should sensitise the community about how to make a complaint, including whether to include their contact details if a response is wanted.

Result 4: Access to appropriate, safe, and dignified shelters to refugees and host population enhancing community and household safety

The expected outcomes for the project are 2500 temporary shelters and 405 semi-permanent shelters constructed to increase the dignity and safety of refugees and contribute to a safer settlement. The indicators presented in the ECHO proposal for Result 4 are the average % of:

- - population considering that their basic shelter needs are met in a timely manner.
- - population considering their settlement to be secure.

Impact and Achievement

- Nearly 14,000 people have now received improved and sustained access to more appropriate, safe and dignified shelter.
- All planned shelter activities have been successfully completed to a high standard.
- Key stakeholders have expressed a high level of satisfaction with the quality of shelter work and the performance of CARE's field team.
- The temporary shelters were provided quickly ensuring safety and security for refugees
- SP shelters have significantly increased the sense of dignity and safety for PSN recipients
- There were some delays in the payments for construction of the SP shelters, which resulted in labourers not being reimbursed within 30 days.
- 81% of HH receiving semi-permanent shelters said their expectations had been met
- Since the intervention 80% of people interview said they now feel Very Safe or Safe
- OPM/UNHCR IRC stated that they work well with CARE in its shelter capacity and are more than satisfied with their performance.

The 2500 temporary shelters (TS) met the immediate shelter needs of the PSNs as they were moved out of the overnight shelters in the reception area into designated plots within Imvepi settlement. **There were some initial challenges with the design of the TS** as it did not provide sufficient protection from the elements. Constructed from specified tarpaulin and timber poles the single pitch structure was weak and the tarpaulins poorly fixed. This was rectified by the technical advisor from CARE UK and the country team as the erection of the shelters progressed, added a double pitched roof which could better withstand the wind and rain. Additionally, early temporary shelters were re-visited for repairs and adapted to be stronger. However, tarpaulin-based shelters do not provide the privacy and security needed for habitation beyond a few months.



Figure 13 - An emergency shelter

The transition to semi-permanent shelters therefore has had a huge impact on the quality of life, safety, security and dignity of those PSNs who have received them. Unfortunately, there are many PSNs still living in tarpaulin shelters up

to a year or more since they've arrived and the financial capacity of INGOs to meet this need is significantly low due to reduced funding for this response. The PSNs are often living grouped together, the elderly with unaccompanied minors in inadequate shelter. Improvements to these shelters are needed as these needs are unlikely to be met with semi-permanent shelters.

The 405 semi-permanent shelters have had a significant impact on the PSN's who have been selected. The design and quality of the shelters has been improved with each phase of construction showing the teams willingness and ability to learn and adapt their approach and technique. Including extending overhangs of the roof to protect the walls, increasing wall thickness – to strengthen the gable ends, introducing ventilation blocks, and supporting beneficiaries with the rendering. One of the main perceived challenges has been the rendering (or smearing) of the semi-permanent shelters as those who are most vulnerable do not have the capacity or means to do this, especially as the SP shelters

are larger and taller than the traditional round mud house lived in by South Sudanese and Ugandans in rural areas. However, end line results show that the majority of PSNs have managed to render their shelter successfully or with further support from CARE.



Figure 14 - 1 of 405 semi-permanent shelters constructed by CARE

Although the construction process of the SP shelters produced robust structures for PSNs the process posed protection issues to community members involved in providing local labor to the contractor. Due to late payment, the contractors could not pay vulnerable people who worked for them and needed income – putting them at further risk. As of August, the CARE Arua team were fully aware of the problems and were working hard to rectify the issues, including monitoring all complaints received at the field office, following up with contractors and exploring possibilities of CARE directly paying the laborers if the contractors failed to do so.

Shelter NFIs is a vital part of any shelter response. Despite the provision of semi-permanent shelters for PSNs a suitable level of dignity has been difficult to achieve as many are without mattresses, clothing, and bedding. Temporary shelters are in extreme need of repairing and strengthening to ensure they are water tight and discourage intruders or thefts.

At household level, it is difficult to achieve a truly dignified emergency response which provides sufficient privacy, space, and protection with emergency shelter solutions, these are intended to be life-saving. However, in a context where sleeping outside is the alternative then tarpaulin-based shelters are the quickest and most appropriate response for traumatised refugees and the temporary shelters have certainly improved the safety and dignity of the displaced population. The semi-permanent shelters have built on this positive impact significantly, vastly increasing the sense of safety and security for the inhabitants.

At community level, improved shelter can have a wider impact on community safety if host communities have also benefited. The indicator suggests we are improving shelter for the host population, which isn't directly the case. None of the shelters have been provided to the host community. However, at community and settlement level the host population may have benefited financially from employment in the construction process, either through selling earth bricks to contractors, or providing paid labour. Unfortunately, due to late payments of contractor invoices and labour by CARE and contractors, some vulnerable refugees and host community members have been put at risk. On the plus side the

protection and GBV activities have positively impacted on the overall safety at settlement level and complement the shelter intervention.

Staffing: The team consists of two shelter officers who report to the ECHO team leader, site assistants and the shelter volunteers. Out of the shelter volunteers 5 out of 20 are artisans and can monitor construction, others focus on explaining maintenance, selection criteria and mobilisation for meetings. There are few female staff members in the shelter team, apart from a couple of women who are shelter volunteers. There is also a focus on technical challenges rather than social challenges with the implementation. However, home visits are often carried out with GBV and WASH volunteers allowing integrated messaging and a better gender balance.

Construction Approach: The construction of the semi-permanent was contractor led. Thirteen small to medium size contractors were used, ensuring the funds did not benefit only one company. The contractors had on average 33 shelters each awarded. This approach means funding goes straight in the local economy. However, contractors were not able to pay vendors or individuals for the handmade earth bricks, as they did not have enough disposable income before CARE's payments arrived. This put individuals in difficult financial situations and at risk. Additionally, completion was delayed as the contractors paused work on the shelters and held back from installing door and window frames until they received funds. The Arua team were fully aware of the problems and were working hard to rectify the issues, including monitoring all complaints received at the field office, following up with contractors and exploring possibilities of CARE directly paying the laborers if the contractors failed to do so.

Trainings: The project team have been very diligent in carrying out trainings and awareness sessions. The shelter volunteers received a 2-day training from the Shelter Specialist as part of the semi-permanent construction phase. The team also carried out awareness trainings with the community before the contractors hired local labour, to ensure everyone was aware of the opportunity and their working rights.

Quality Checks: The team have carried out careful checks on the quality of bricks and have followed up with the need to smear (render) the earth bricks to protect them from the elements. Ideally the render needs to be polished with a stone and an ideal consistency of render is required, these further steps have not been done but all homes are now rendered to a minimum standard. The team have also added padlocks to the Bill of Quantities (BoQ), ventilation bricks, a header bond for the gable end of the shelter and have increased the wall to 230mm to prevent collapse at this structural weak point.

Technical Support: The temporary and semi-permanent shelter implementation was supported by additional technical support from CIUK's Global Shelter advisors. At three key points in the construction process Technical Advisors spent a month (3 in total) in Arua supporting the team to deliver a quality and timely project.

MEAL: The MEAL function was late to be set up for this programme, only starting in December 2017. However, the tools and procedures which have been put in place since then are impressive. Tools to track the shelter project include; shelter site monitoring forms, weekly Kobo MEAL monitoring, community meeting attendance, and lists of labourers involved in the construction. There is a substantial amount of data collected by the shelter team themselves which if digitalised could greatly complement the data collected by the MEAL team.

GBV and PSEA: Gender and protection is mainstreamed throughout the shelter project. More specifically shelter volunteers understood referral pathways and could report to the GBV team within

the field. All contractors were also briefed by CARE and UNHCR on PSEA and workers' rights before starting work in the settlement.

The sample for the end-line in Imvepi settlement totalled 278 households (54% female and 46% male heads of household). The majority of those interviewed were refugees, 98% - with only 2% host families (5 HH). 42% of those Head of Households (HoH) interviewed were under 34 years of age, 20.2% of 65+ and 37.8% between 35 and 65yrs.

Shelter Types: Within the sample of 278 HH's there was a range of shelter types visited;

- 59% of HoHs interviewed lived in SP shelters (165 HH), of which 74% were constructed by CARE
- 20 % in Temporary Shelters (half – 49% of which were constructed by CARE)
- 21% in traditional mud round houses (55 HH) which would have been self-constructed

Average family size: The average family size was found to be 5 in the SP, however the direct-beneficiary list puts this number a lot lower, an average of 2.5 people benefitting from the shelter. Following completing more family members may have moved into the SP shelter. Or in the interview the HoH referred to family members living on their plot but not sleeping within the SP shelter. Average family size for the TS was higher – at six people per family.

A large number - 41.8% - of families living in the SP's constructed as part of the programme reported family sizes over 5 people and up to 15. The SP shelters have two rooms and are not sufficient for such large families. However as pointed out above, the family members may not all be residing in the SP shelter but are often living in either TS or traditional round houses on the same plot. PSNs are often living alone or with one or two relatives so the average family size may be lower. PSNs are listed as individuals on the beneficiary lists.

Indicators for Result 4 – % of target population living in safe and dignified shelters in secure settlements

Indicator 4.1	Type		Target	Baseline	End-line	Result
# of people having access to basic, safe and dignified shelter solutions	TS		12,500	0	13,146	105%
	SP		1,242	0	1,242	100%

The definition as defined in the proposal of **Basic, Safe and Dignified shelter:**

- affected individuals have a minimum covered floor area of 3.5m2 per person;
- all shelter solutions and materials meet locally agreed technical standards and are culturally acceptable;
- all household (re)construction is in accordance with safe building practices and standards;
- all household (re)construction demonstrate involvement of the affected population and/or are culturally acceptable by the affected population.

In focus groups in Aug 2018 the community defined safe and dignified shelter in relation to physical, social, economic and psychological well-being. Safety was understood as;

- being in a group
- being free from harm and not having any worries
- having a community around them,
- Protection from the elements

- lockable shelters where property is protected

Dignity was understood as;

- Having access to the right kind of assistance to meet specific needs
- Sufficient privacy for washing, bathing, sleeping, conjugal rights
- Having sufficient shelter NFIs to maintain dignity and not sleep on the floor

When developing the end-line these definitions were carefully considered and included in the questions.

Results:

2500 beneficiaries received temporary shelters (TS), totalling 13,146 people being directly reached (9,991 female & 3155 male). Additionally, 405 (125 and 280) semi-permanent (SP) shelters reached 1,242 people (745 female, 497 male). Both temporary and semi-permanent beneficiaries make a total of 14,388 PSNs (10,736 female, 3652 male).

Sub Indicators:

4:1:1 Number of temporary shelters constructed

4.1.2 Number of beneficiaries with document receipt of temporary shelters

4:1:3 Number of temporary shelters repaired with technical support from CARE

4:1:4 Number of shelter CBFs trained

The main indicator refers to the construction of temporary shelters as a first response to provide safe and dignified accommodation to the beneficiaries. The population reached surpassed the target number of 12,500 reaching 13,146 people. Regarding the sub-indicators; all temporary shelter construction activities were carried out between March to June 2017, meeting needs in a timely manner.-

Temporary Shelters: A total of **2500 temporary shelters** were constructed and handed over with a document of receipt signed by the beneficiary head of household (HoH). The temporary shelters were built at an impressive rate of approximately 60 per day to house the refugee families leaving the overnight shelter at the welcome point Onago. This provided immediate lifesaving shelter to those displaced and vulnerable. Out of the completed temporary shelters 126 were vandalised and 161 were repaired following damage from the weather.

10 Community Based Facilitators were trained in shelter awareness and messaging by March 2018 and a further 10 were trained to support the construction of the semi-permanent shelters. 68% of end line respondents report that they received a visit from a shelter volunteer and were given advice on shelter maintenance.

Due to the urgency of emergency activities and minimum human resources, the **baseline** for the project was delayed and only carried out in March 2018 – all the temporary shelters were constructed by this date. However, it is understood that the baseline for those moving into the settlement was that they had no shelter and would be sleeping outside without this support. Therefore, a true baseline for this Result 4.1 would be 0 as no PSN had a shelter when leaving the overnight camp. The shelters provided the maximum security and dignity that can be achieved with simple materials such as tarpaulins and poles.

Semi-Permanent Shelters: A total of **405 SP Shelters** – were built, reaching 1,242 people (745 female & 497 male). All recipients are PNS and selected through the vulnerability criteria of IRC, OPM, and UNHCR. Originally the number was 125 shelters and then it increased to 405 with the release of extra funding from ECHO, these SP shelters were accompanied by 125 latrines constructed by CARE. For the Additional 280 shelters which were later added, Oxfam constructed the latrines, demonstrating the strength of working in multi-sectoral consortia.

Indicator 4.2	Type	Target	Baseline	End-line	Result
% of beneficiaries who report that the shelter meets their needs/ expectations	TS	80%	28%?	16%	No longer relevant
	SP	80%	0	91%	Achieved

When asked specifically what their **expectations of the project** were, the respondents (whether in SP or TS) identified their top 5 categories in order as; safe shelter, protection from the weather; solid walls and roofs; privacy and dignity and finally somewhere to sleep.

Disaggregate by shelter type the end-line shows that **91% of the HoH** living in the **semi-permanent shelters** felt their needs had been met by the project. For those not satisfied – (9%) both the qualitative and quantitative data show that additional Shelter NFIs are needed to provide a safe and dignified place to sleep which was an expectation of the shelter project. Shelter NFIs distributed by UNHCR to families on arrival in the settlement have reached their life-span and need replacing. There were also expectations of more robust materials being used for windows and doors, as well as locks added to all openings. These were not planned as part of the Bill of Quantities, but locks have now been added to the package. Beneficiaries without locks on windows and doors should be retroactively distributed locks to ensure safety.

Only 16% of HHs say that the **temporary shelter** meets their expectations, this can be explained by the inadequacy of materials now because of the time families have now spent in these shelters to date. The appearance and availability of SP shelters has also affected people's sense of satisfaction with many saying they are in need/expected a SP shelter. The 16% compares to the people interviewed in the baseline – which showed that 28% had been content with the TS before the construction of the SPs.

Privacy and dignity is mentioned as having not been met for those in temporary shelters. There were also expectations that do not relate to shelter such as livelihoods, livestock, and education all mentioned in the 'Other' category which were not aim of the project but show the refugees want to be more self-sufficient as the WFP distributions are reported by all to be insufficient and access to finance is vital.

What were your expectations from the shelter project?

	Percent Refugee
Safe shelter from threats, theft, intruders, able to lock	24%
Protected from weather/dry	16%
Solid wall, roof	14%
To achieve more privacy/dignity- no one can see inside	12%
Somewhere to sleep	12%
Space to cook and eat with my family	8%
A shelter I can manage to maintain/clean	7%
Something like my house at home	4%
Other	3%
Grand Total	

What expectations have not been met?

Count of If other shelter, specify	Percent Refugee
Safe shelter from threats, theft, intruders, able to lock	23%

Solid wall, roof	20%
Other	13%
Protected from weather/dry	12%
To achieve more privacy/dignity- no one can see inside	10%
Space to cook and eat with my family	9%
Something like my house at home	5%
A shelter I can manage to maintain/clean	4%
Somewhere to sleep	4%
Grand Total	

The **temporary shelter** provided a slight improvement to PSNs living conditions, but all groups complained that the shelters were inadequate and frequently blown away, flooded or would collapse during storms; that they were easily sliced with a knife and belongings stolen; and that there was minimal privacy or dignity (since others could see shadows through the plastic sheet, for example when changing).

The **semi-permanent shelters** provide a welcome improvement to these feelings of safety, privacy and dignity (although the degree of improvement varied between groups). Many of the respondents attested to having been victims of theft when in the temporary shelters; this was in all cases immediately highlighted as the primary benefit of the semi-permanent shelters, followed by adequate protection from weather (wind, flooding, noise).

For the **semi-permanent shelters**; a notable gap flagged by all FGD respondents, particularly the elderly and persons with disabilities, is that despite the provision of semi-permanent shelter (which is acknowledged as having provided a significant increase in feelings of safety, privacy and dignity, and general reduction in vulnerability), the level of comfort is still low due to a continued **lack of sleeping materials (mattresses, mats, blankets, mosquito nets), clothes and other key household items (water storage and food storage)**.

Given the provision of semi-permanent shelter to the most vulnerable amongst a large proportion of the population considered as having specific needs – many of whom are elderly or with a disability – sleeping on a hard (and possibly damp) floor is likely to be deeply uncomfortable. While sleeping materials were provided with the initial UNHCR NFI kit received, these have either worn out or been lost, sold or exchanged. In many plots, the NFI kit blankets were now being used as a screen for a rudimentary bathing shelter. Solar lamps, torches or lights have also been lost, damaged or stolen, impacting the ability to use the latrine at night and general safety in darkness. Several respondents stated a wish to receive a drum to collect rainwater (harvesting).

Meeting the needs

The end-line report also explored the change in **priority needs** between when the refugees first arrived and now to judge the importance of shelter provision for the community. Retrospectively, referring to when they first arrived, and then for the present day (Now) the respondents listed the following needs in order of priority;

Before		Now	
Food	16%	More permanent shelter	14.8%
More permanent Shelter	15%	Livelihoods/Money	14.8%
Shelter NFIs	14%	Food	14.2%
Safety and protection	13%	Shelter NFIs	13.4%
Cooking equipment	11%	Safety and protection	12.0%
Livelihoods/Money	10%	Medical assistance	9.5%
Medical assistance	10%	Cooking equipment	8.9%

Lighting	7%	Lighting	5.9%
To find friends and family	3%	Other	3.4%
Other	2%	To find friends and family	3.1%

On arrival refugees prioritized Food, Shelter and Protection. These priorities have only changed slightly to include Livelihoods support. There is still a need for shelter support for all those interviewed, this is in-keeping with the desire for more permanent shelters or shelter NFIs expressed in the FGDs.

Indicator 4.3	Target	Baseline	End-line	Result
% of beneficiaries reporting decreased protection risks due to shelter assistance.	70%	60%	90%	Achieved

Perceptions of safety

In the end-line households were also asked how safe they felt in their shelter before when they first arrived and how safe they feel now following the intervention.

How safe did you feel before?

On arriving in the settlement and living in temporary shelter, 68% said they felt very unsafe, and 25% unsafe, only 2% felt safe when they arrived. Disaggregated by gender 95% of men and 91% of women felt unsafe or very unsafe when they first arrived.

How safe do you feel in your shelter now?

Since the intervention 80% of people interview said they now feel Very Safe or Safe in their homes, 10% further say they feel 'somewhat safe'. That is an increase of 88% based on their reported feeling of safety when they first arrived in the settlement, and a 20% increase since the KAP survey in June 2018 (ECHO mid-term report). Disaggregated by gender shows that 76% of men feel very safe, or safe in their homes, and 84% of women feel very safe or safe. This perhaps could be related to the men feeling like they should be protecting the women – so are not equipped to do so, also most of men who felt unsafe were young or elderly, so it could be that they are unaccompanied. 22% of men interviewed were living on their own across all ages, compared to 12.6% of women living on their own (mainly elderly), this is nearly twice as many men alone than women. However only 14% of interviewees live alone overall, with 85% living with others. 80% of respondents' report having a safe place to bath, however bathing areas are still quite exposed, only built with tarpaulins and could be more private.

Through the provision of semi-permanent shelters, with doors which lock and solids walls, focus groups reported that they felt there was a reduction in terms of protection and GBV risks in terms of external threats. It is more challenging to determine whether the SP's, having two separate rooms with an internal door have improved the risk of intimate partner violence or risks internal to the family.

As part of the end-line families were also asked to think back to when they first arrived in the settlement and consider what their main concerns or worries were regarding their living conditions - specifically in terms of shelter and protection, it was asked as an open-ended question and the topics were self-selected. The results are presented in order of priority by interviewees, showing the percentage of the sample selecting each topic;

Before intervention

Topic	%
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	16
1. Quality if shelter is poor / no shelter	13
2. Exposure to weather-rainy season, wind	10
3. Fear of intruders into tents/shelter	08
4. Need for shelter NFIs	08
5. Fear of snakes	08
6. External threats/violence/attack	07

When families first arrived in the settlement their main concerns were the need for shelter and protection threats and shelter NFIs were a secondary concern. This could be accounted to the fact that they had arrived from a highly volatile, violent and dangerous situation in South Sudan and in contrast in Uganda they were more concerned about immediate needs. 58% of female headed-households put shelter and shelter NFIs and their main need/concern. The fear of intruders demonstrates the make shift nature of initial shelter solutions and the fact refugees are in new settlements next to people they do not know. The fear of vermin could be linked to concerns over health, fear of bites and illness, or of bad omens. But it points to the fact that the temporary shelters were not easily secured.

When asked about their main concerns now, the report shows that Shelter and NFI concerns has increased and that there has been a change in topics.

-After intervention:

Topic	%
	18
1. Need for shelter NFIs	14
2. Quality if shelter is poor / no shelter	10
3. Exposure to weather-rainy season, wind	08
4. Fear of intruders into tents/shelter	08
5. Other	08
6. Overcrowding	06

Similar concerns are presented, but following the intervention;

- Fear of intruders has decreased
- Overcrowding is becoming a concern, this is the case especially in TS where there are many unaccompanied children being hosted under one roof.
- The 'other' category includes access to livelihoods, livestock and better latrine facilities

Food for thought

Continued use of Temporary Shelters: Over-crowding and poor quality of shelter is a serious risk, if they have been in these shelters for more than 12 months then we need to repair/reinforce the shelter structure and replace the tarps. The tarpaulins are not designed to last longer than 12 months - especially under the sun in Uganda. Many shelter NFIs need replacing too – see below. A holistic shelter approach is needed, one which doesn't stop at the provision of only four walls and a roof. CARE would be advised to have an emergency strategy for the next rainy season for those HH's in TS.

Firewood/Protection – There is not a source of firewood or charcoal nearby, markets are also far from Village 10 Zone 2 Point C, and they have no money to buy it. Fetching firewood is risky, they must go 4-5 miles and the host community usually chases them off. The women shout – go home, and the men chase them and can be violent. Some women have not come back.

Scale: Despite a huge need for shelter in all settlements (there are 7,500 PSNs in Imvepi alone) there is less funding on the horizon to scale up shelter support. Due to the comprehensive UNHCR model and the price of semi-permanent housing it is hard to reach wider coverage for those in need. Scaling up or meeting more needs may involve including different assistance packages to need and capacity or consider less materials for more people. There is also a cash model in development which may assist with this.

Access: It is important to make sure that CARE continue to discuss the location of the SPs with UNHCR in depth because they may feel they want to be near family as a support, but if the family themselves are not prepared to look after them, they may as well be nearer to services, food distributions, water etc. There were some cases where disabled beneficiaries, using wheelchairs couldn't access their latrine as the ramp had disintegrated. Cement could be used in the ramps for disabled people.

Adaptation / Cultural norms: South Sudanese are used to living in separate huts for adults and children, how can we address these cultural norms with the current shelter model? The current model has been designed by committee. However, there may be small amendments or additions to the design which will make it more culturally appropriate. CARE could also consider additional traditional style shelters for children in cases of overcrowding, unaccompanied minors and extended families.

Training (Future programming) With the Female Focus Groups and with Peace winds Japan the evaluator discussed the quality of bricks used in the SP shelters and how it could be improved. It was suggested a training on improving bricks production which involved women would be beneficial to the women and the quality of shelters. The FGDs raised the need to be occupied while they wait for improved shelters. Either they need to be more involved in shelter improvements – or need access to other vocational training – sewing, tailoring, knitting etc. They would like an opportunity to earn money, and something to keep their minds off the horrors of South Sudan. The refugees cannot stop thinking of what they have lost and therefore want to be occupied and engaged in productive activities.

MEAL: Shelter M&E as with any other programme sector can be challenging. Below are things to consider which can facilitate recording impact of shelter programming;

- Density/ overcrowding of shelters: Monitor how many people per shelter including extended family. In some cases, it is important to be able to divide No. of people / m2 of covered space.
- Make sure any data can be disaggregated by geographic location (village)
- Ensure data can be disaggregated by shelter type, a HH's experience in a temporary shelter is very different to a HH in a semi-permanent shelter.
- Count and record how many people and how many days of labour is provided from the host and refugee community.
- Clarity over what constitutes a shelter NFI is essential for enumerators.
- Establish the difference between a family and a household for MEAL purposes
- Ensure enumerators can distinguish between shelter types and sizes (how many rooms)

Result 5: Access to an integrated immediate and medium-term child protection and education in emergencies systems to conflict affected children

Impact and Achievement

- Planned outputs have been achieved and completed during the project period.
- Unaccompanied and separated children have received age appropriate response to child protection issues and concerns through individual case management – ICM.
- Children the targeted locations now have access to learning in a conducive environment as structures have occasionally been rehabilitated and scholastic including of instructional materials and learners have been provided to each of the ECCDs targeted for this response.

The Child protection and Education activities to a large extent has been an effective and relevant package, methods and strategy to prevent respond to the protection needs of children in the target locations delivering child protection and early childhood care and development interventions in a span of one year. The project faced some challenges during its implementation around staff retention and attrition, dilapidation of structures at CFS, spontaneous movement of refugee families in and out of the catchment areas attributable to inadequacy of funding, staffing gaps, competing priorities, field based dynamics including attraction and retention of qualified and competent project staff.

The project sought to increase access to an integrated immediate and medium-term child protection and education in emergencies systems to conflict affected children in Adjumani, Moyo, Yumbe and Arua. At the time when the project selected the areas where it focused its work, the number of children targeted for the overall intervention was smaller than what was actually reached. As a result, the project interventions for prevention, which could have been beneficial to the households that received children for alternative care, only benefited a few of the children leaving some with little attention owing to budget constraints to deliver an effective response. For example, the number of children targeted for case management services was 1500 at the start of the project but 4091 children were actually reached by the project. This said the project has contributed to a significant change in mind-sets around the importance of family care for children, many children have been enrolled and education outcomes achieved, UASC have benefitted from placement in to alternative care options by SCI and like-minded partners, it has managed to break the trend of violence in the 4 districts targeted, and the project furthermore significantly strengthened knowledge, skills and professional practices of SCI and partners staff including of community based child protection mechanisms, sub-county and community stakeholders involved in child protection and education.

The project had impact in addressing causes to separation at three different levels: immediate, underlying and root causes. Interviews at community level indicate that interventions are perceived to match identified community needs. Findings based on a comparison of baseline and Endline data on vulnerable households show a reduction in the targeted households' economic vulnerability and an over achievement in the varied output and outcome indicators of the project. The number of boys and girls receiving psychosocial support daily, through attending recreational activities and structured play facilitated at CFS had an increase from 2450 children targeted to 6937 reached at end line accounting for a 283% over achievement. This was the same for children targeted for case management support and children accessing protective education realised a 273% and 210%. It should however be noted that the time during which vulnerable households received support, was not enough to make the significant shift to the growing category. Furthermore, in the context of the volatile environment in which the respondents live, case management support and education interventions may not be enough to keep families out of situations that make them vulnerable to separation. The need for livelihood options to be able to meet the basics of life and child rearing stood out as major areas for future intervention.

There has been a reduction in child vulnerability scores for children living in targeted locations. The most significant changes can be seen in resilience, parenting and care. This is followed by knowledge

gain, nutrition and education. Psychosocial support and protection also show an improvement, though slightly lower. Findings indicate that the child protection activities have helped vulnerable households to better take care of UASC children having received regular monitoring, non- food items and referral to specialised support by SCI staff. The caregivers indicated an improvement in parenting skills through trainings received overtime as well as monthly review meetings to receive peer to peer support in the in regulate consumption and increase food security and nutrition. However, respondents do not consider that these activities have fully brought them out of poverty for the longer term as a livelihood intervention would go a long way in addressing the same. For children, several changes were documented:

- 60% of children at risk and children in alternative care who interacted with the project, all cited violence against children to have been something they experienced, but that this was not something they worried about now.
- Majority of children in the qualitative case studies of at risk households perceive that they are now better protected than when they were a year or 2 ago.
- There has been an improvement in household's ability to send children to school and in terms of psychosocial well-being, care and protection, respondents including for children, perceive the family situation to have improved.

This project has contributed to strengthening the knowledgebase of the target population in Arua, Moyo, Yumbe and Adjumani on through a number of engagements. This has been achieved through community dialogues and awareness raising sessions on child protection, wellbeing, early childhood care and development reaching communities, children and like – minded stakeholders in protective education and child protection. At the district, stakeholders were trained as well inspiring many changes in the availability of services provided as a result of referrals but also improved service provision through routine joint monitoring visits to the ECCDs to improve quality through recommendations made from the same. The project also contributed to the fact that:

- There was less attrition of community structures like CPCs, School Management Committees. Attrition was however being registered with the caregiver, facilitators and SCI staff owing to stipends. Harmonisation of stipends amongst partners needs to be done to address this issue even after SCI internally harmonised their rates.
- Consistency in participation was tested with distance factors, transportation challenges to access the training venue and other child rearing needs requiring transport facilitation to be availed to ensure participation.
- Between the baseline and end line evaluation, the project has contributed to significant changes in the awareness and attitudes of caregivers around the child care and their role in child rearing. This mindset change has mitigated the risks of violence against children perpetuation in the homes though not eliminated fully.

As a result of this awareness raising, capacity building and training activities, the evaluation documented several changes in awareness, technical skills and professional practices across districts. The project has contributed to a greater knowledge amongst professionals at all levels, of risks, response options and of the roles of various professionals in the child protection response, and produced important changes in professional practices. District staff are now more regularly and systematically involved in providing oversight to ECCD interventions. One area where the project has had mixed results is in case management.

A total of 22,436 have been supported with child protection and early childhood development interventions in the target locations. The project reached **53,716** beneficiaries and relevant stakeholders during the action with **27808** and **30119** children and adults reached respectively with interventions received by these families are perceived as having matched expressed needs. The evidence gathered

from the assessment suggests that the action supported to prevent separation, reduce violence against children, ensure retention.

EFFICIENCY: There is evidence suggesting that the overall impact of the project's strategies to reduce vulnerability was affected by the late start of the project, and especially in Adjumani and Moyo that were integrated later. If there is one specific component of support that was often singled out as quickly having produced an important effect and a multiplier effect in the lives of children and vulnerable families, it is case management. Another strategy that was perceived as efficient and effective in the communities was the various community engagements by the project through dialogues and periodic meetings.

The strategies employed by the project to change mind-sets, priorities and professional practices around early childhood development, alternative care, were by and large efficient. There was however more support which would have been needed in strengthening tracing and restoration of family links to improve family reunification rates.

Indicators for Result 5

Indicator 5.1	Target	Baseline	Endline	Result
Average # of boys and girls provided with psycho-social support on a daily basis, through attending recreational activities and structured play facilitated at CFS	5950	1540	6937	5397

A total of 7 Child Friendly Spaces (CFSs) were visited during the assessment. These are offering children opportunities to develop, learn, play, and build/strengthen resiliency in the target locations. There is evidence of community participation in CFS activities including of synergy with educations through the school feeding programs at the schools where parents and children contribute 5kgs of corn grain and UGX 5000 towards the feeding of their children in the centers. The monies are used to remunerate the cooks preparing the meals, procure sugar, firewood and threshing of the



Figure 15: Children engaged in CFS activities at a CFS in Moyo

grain to make porridge. Parents and the wider community take part in making decisions on their resources as well as monitor implementation of this project. This has resulted in an increase in number of children attending school in the targeted ECCD centers as well as retention. The number of children attending CFS has continued to increase with more boys coming to the CFS that the girls owing to

In the Child Friendly Spaces are created in the best interest of the child together with the community; and are a place where the community protects its children ensuring;

- **Child Participation:** Acknowledgement that girls and boys as actors in their own protection help develop appropriate community-based interventions, and this gives them a sense of control, competence and self-confidence. Dialogues meetings are being held in this respect with girls and boys in the different age groups and age appropriate discussions are conducted by trained SC staff and volunteers as well as community members. Children determine the kind of activities they would like to participate in, are listened to and those with specialized support needs identified and target for ICM support by trained case management volunteers recruited at each child friendly space.
- **Inclusive/targeted approach:** Activities are designed to reach large numbers of affected children as opposed to a distinctive group, which ensures community support and reaches all vulnerable children within a community.
- **Building on community dynamics, knowledge, and strengths:** Interventions carried out at the CFS are culturally grounded and based on a clear understanding of children's own resilience, of the community's capacity (collectively and individually) to respond to adversities and of the community power dynamics from the outset. Children are availed an opportunity to participate in culturally appropriate activities including music, dance and drama, folk tales, musical instruments as well as cultural attire. Elders have also been engaged at the CFS for conflict resolution on conflict matters along tribal lines.

CFS ACTIVITIES AND CHILD

ENGAGEMENT: The CFS visited are open 7 days a week to children. In the mornings, it functions as early childhood development centres, in the afternoon the centres convert into CFS. Sessions are structured on activity, gender, age and level of concentration required. Indoor activities last between 30 and 120 minutes and focus on psychosocial support, socialization, dialogue and discussion, learning, art and expression. Outdoor activities focus on sports and cultural activities. The time spent depends on the age of the children. More specifically, recreational, educational and expressive activities such as sports, music, drama, dance, and games help



Figure 16: Children engaged in CFS activities at a CFS in Adjumani

children process the distressing events that they experienced by facilitated by the 24 CFS facilitators recruited and trained by this action with 7 facilitators per location to attend to children. These activities build on daily routine and social relationships which are key in developing resilience; providing an added layer of support. Additionally, through the constructive, facilitated formats of Child Friendly Spaces, children were able to strengthen their existing naturally occurring levels of resilience and better prepare them for what lies ahead. Some of the children interacted with during this evaluation referred to the CFS as a go to space to relax their minds, play, meet their friends and exercise their bodies. This translates to efforts to rebuilding their social fabric and meeting their social needs.

ENGAGING ADOLESCENTS AND GIRLS: The CFS reaches many adolescents between the age of 13-18 years. Facilitators credited this to activities being reactive to their needs, and concerns, where they feel they can speak out and be heard, and where their concerns are addressed. Focus groups sessions are popular, as are peer to peer support groups and conflict management and life skills sessions.

Actively supporting adolescent girls' participation has been crucial, as initial monitoring data showed less girls were attending sessions. To overcome this, staff introduced the following measures:

- Reproductive health and menstrual management sessions for girls.
- Making sanitary wear available at the CFS.
- To strengthen acceptance, boys were involved in sensitization sessions to discuss reproductive health and the normalcy of menstruation.
- Community open days enabled adolescent girls and their parents/caregivers to discuss their participation in the CFS.

PSYCHOSOCIAL SUPPORT: Psychosocial support services are structured around the IASC MHPSS intervention pyramid, trained staff, facilitators and case managers implement activities that underpin the first three levels of support in the pyramid. Where children require further mental health support, the team refers to specialized services in the target locations of the project.

1. Level One: Basic services and Security

- CFS staff and volunteers support the fulfilment of basic needs and security of children through advocacy and awareness raising.
- Available services are promoted.
- This however requires some training and respondents confirmed having received some form of training on psychological first aid and psychosocial support.

2. Level Two: Community and Family Support

- Psychosocial support activities for children who are experiencing mild psychosocial distress or the loss of family and community support include role play, group conversations and expressive arts and crafts.
- Children are involved in peace building activities involving both adults and children.
- Peer-to-peer support groups mobilize adolescents in outreach activities.

3. Level Three: Focused Non-Specialized Support

- The CFS provides a platform to identify and refer children with child protection needs to appropriate services.
- Community case workers provide follow up of children and the services provided; case managers oversee the welfare of children.
- Focused support is available through psychological first aid, group discussions and HEART (Healing and Education through the Arts).

4. Level Four: Specialized Services

- Children with severe distress or psychological disorders are referred to local mental health service providers by caregivers and SCI staff.

STAFFING: 24 CFS facilitators– paid a stipend are community selected. This action provides for a stipend to support them go about their day to day lives weekly and this is disbursed in 2 intervals – bi – weekly. The facilitators indicated that they had had received training relevant to their roles in child safeguarding, child friendly spaces, child protection including violence against children and its manifestations and WASH by OXFAM team. There was evidence of T- shirts gumboots, caps and bags being procured and distributed for the benefit of the facilitators and caregivers. The rate of attrition however is high with many of the recruited caregivers and facilitators leaving the organization for greener pastures or opportunities with other organizations setting SC back on a recruitment and training journey and stalling events for a while. Motivation was fronted as a major issue amongst the caregivers and facilitators engaged with 90% advocating for an increase in stipend to match the increased standard of living in their localities. The community and district respondents were green on how this can be addressed as the district has no vote for ECCD service provision in their budgetary allocations leaving

service provision to organization posing a sustainability challenge to these ECCD centers. Collective advocacy is required to ensure that the gains realized are not lost.

RESOURCING: The CFS operates mainly with use of consumables that support daily engagement of the children in structured activities. Replenishments of these have play a crucial role in keeping the centers resourced to serve the needs of the children timely. The project supported with replenishment of items including of scholastics, art material, balls for all sporting activities. Metallic play facilities who continued use deteriorate because of wear and tear were repaired by welding, repainted and replacement of parts like ball bearings for swings including of sand refills and construction of sand barriers to make the play grounds more child friendly in Imvepi and Rhino camp. Repainting of the wooden walling in the CFS/ECCD center in Adjumani was also done to take care of the deteriorating nature of the wooden structure by natural elements like termites and weather – rain, sunshine. This however remains a challenge especially in Adjumani and Rhino camp where the natural elements are seemingly destroying these structures steadfastly requiring urgent attention lest they become child friendly – for which they will be in a few months if a more permanent solution is not sought to address this matter. Latrine coverage from the areas visited was wanting as some of the locations either had latrines the had filled up already with a cesspool extraction required – Adjumani or the stances available were not available to support boys, girls, caregivers and facilitators resulting in deterioration of the hygiene situation in the centers.

Indicator 5.2	Target	Baseline	End line	Result
# of children who receive case management support from Save the Children	1500	900	4091	3191

Unaccompanied and separated children who lost the primary protection of their families and were therefore at increased risk of abuse, neglect, exploitation and violence were target by the project in a bid to have them placed in interim care, reintegrated, their resilience built and further separation prevented. SCI together with partners ensure placement of children protective interim care, while tracing family members for possible reunification which is the most critical need is being done in camp and cross – border with ICRC. Family Case management mechanisms were established to facilitate family reunification or the identification of alternative long-term care, according to the best interest of the child including the participation of the child in identifying solutions to their care needs.

The project sought to ensure that conflict affected children have increased access to registration, case management, family tracing and reunification and alternative care services by recruiting 4 case Management volunteers per centre to conduct individual case management and referrals for children with nutrition, health and child protection needs, Identify and train alternative and temporary caregivers in positive discipline, child safeguarding, child development etc.; provision of family strengthening support to children and families in temporary care and carry out Inter-agency capacity building on child protection, education and safeguarding.

A total of **4091** children received age appropriate case management services in the project target areas provided by case management volunteers recruited by the project at CFS/ECCD level. These boys and girls received a cocktail of services from SCI including non – food items as first line support, education support, alternative care, counselling, psychological first aid, nutritional/food support, health, life skills/training and mentorship, IGA/Livelihood support. Some of these children received services through referral to other service providers including of shelter support, protection house, Best Interests Determination, medical support, legal and livelihoods support for the duration of the project. SCI though this action supported the institution of care options working with relevant stakeholders to place children

in foster care, supervised independent living care options whilst providing individual case management support to these children to address their protection concerns. Tracing and restoration of family links remained an area the project didn't achieve much with much strengthening required in this area.

FOSTER PARENTS: The evaluation team interacted with children living in different care options including of supervised independent living kinship and foster care.



Figure 17 - An FGD at an ECCD centre

SCI engages foster parents in a peer – to – peer approach in a bid to support the reintegration of children into families, build resilience and reduce dependency. During a FGD with foster parents; in Yangani Village in Yumbe, parents were asked about the satisfaction they get or motivation to take on children in foster care arrangement and they told the evaluation team that, they felt children are more helped, have an adult to give them advice, case worker visits were helpful but some found feeding – balanced diet a challenge because of increased population in their homes owing to the high number of mouths they needed to in their home but insisted

that they try. One parent intimated to us that they were about to chase the children out of their homes because feeding them was a challenge food is not easy but changed their minds after intervention of SCI case workers who encouraged them to carry on. Each of these children has since received a ration card and this has reduced the burden on food though not eliminated it fully. “Children have their own ratio. Even if they are many, each has their own food,” intimated one of the parents.

Non – food items have also been provided to children in care through case workers following assessment of needs of the families. This; some parents said has encouraged them to keep the children more. One parent however had fears about the care of one of the children in her care who is presenting with Hepatitis B, was taken off some foods – drugs are not being provided though she has to pay for these out of hospital. She is worried that if the child died, she had no idea on how to explain to the responsible parties about the status of the child or even where to have them buried in the worst-case scenario. This child is getting education but no drugs – follow up action for CP teams and medical teams was initiated by SCI as a result of this engagement.

Monthly dialogues sessions with foster parents; Some of the caregivers highlighted that they found strength in the case worker dialogues, counselling and routine monitoring children “This gives us confidence to continue taking care of the children. NFIs too support. This eases the burden on care.” said one of the parents. NFIs, trainings and referrals to help the children, Dialogue meetings to engage us more, counselling – for both parents and children; Home visits were some of the services they received. Averagely UNHCR distributes, for a family of 16 72 small pieces (6 per person – 1 bar) for 6 months, Pads – 6 packets for 6 months which is not very regular constraining them occasionally. SCI is supplementing with 1 bar per week per family and distributes 3 bars per month depending on the assessment conducted according to the parents.

Clothing; Medication – delay on side of persons who are supposed to support – first aid; School uniform – you can't buy for some and leave others so you end up not buying at all; Foot wear – sandals not sufficient. Terrain not friendly – have to buy monthly; Secondary school education for older children in

our care. Some children end up going back to Primary – Peace Winds Japan working to bridge this gap in Yangani. Light challenging – children are reading away from home and is worried about what would happen out there – need for lamps remained some of the unmet needs of the parents.

CHILDREN IN CARE

Indicator 5.3	Target	Baseline	Endline	Result
# of children aged 3-6 years attending ECD centres on average daily basis.	12600	5760	25327	19567

Under education, this action sought to carry out replenishment of 36 ECCD centres with materials including construction / rehabilitation of 16 WASH facilities and ensuring their quality operation during the project period; Recruitment of 24 ECCD caregivers with 7 recruited per centre; provide play materials, cleaning materials, furniture for ECCD; Strengthen the capacity of caregivers on ECCD and child protection, conduct monthly meetings for CMCs on ECCD including of their own capacity building and that of like-minded stakeholders and well as link ECCD with local primary education and child protection services by conducting open days at the primary school for ECCD children who are ready to transition to P1 and P7 with one open day conducted per centre for 7 centres.

ECCD is co – located with CFS to deliver integrated protection services to children in a particular locality in the targeted project areas. In the mornings, a CFS/ECCD center functions as early childhood learning centres, and in the afternoon the centres convert into CFS. Sessions are structured on activity, gender, age and level of concentration required.

STATISTICS: A total of 25327 boys and girls were reached with ECCD services during this project period enrolling in baby class, middle class, Top class. 7527 of these will be transitioning to Primary One in the new year. Open days to prepare them and see them off were supported by this action. This accounts for 92% achievement against the planned total reach. The gap has been attributed to drop outs because of spontaneous movements in and out the settlement, inconsistencies in attendance owing to protection related issues with some failing the assessments for eligibility to join Primary One.

Attendance and enrolment registers are kept at each of the ECCD centers and children registered and enrolled for each of the different levels.



Figure 18 - Attendance registers

COMMUNITY PARTICIPATION: The ECCD/CFSs are community owned and managed through committees which include a child representative. These monitor numbers of children and distances to services and secure parental support; engage children and parents/caregivers through 'Community Open Days – which are also a platform for children transitioning to Primary school are flagged off. The Parents/caregivers participate in ECCD feeding programme. Parents and children contribute 5kgs of corn grain and UGX 5000 towards the feeding of their children in the centers. The monies are used to remunerate the cooks preparing the meals, procure sugar, firewood and threshing of the grain to make porridge. Parents and the wider community take part in making decisions on their resources as well as monitor implementation of this project.



Figure 19: OXFAM evaluation lead taking a look at the maize grain collected by the community in one of the Action CFSs in Moyo

This has resulted in an increase in number of children attending school in the targeted ECCD centers as well as retention. The number of children attending CFS has continued to increase with more boys coming to the ECCD that the girls owing to availability of porridge to address their hunger issues.

Despite their participation in school feeding, a lot is desired from the community as regards sustainability of these ECCD/CFS including of teacher remuneration, sending their children to school with scholastic materials, slashing and compound cleaning, security to rid of thefts and protection of children which are still areas that require strengthening.

Indicator 5.4	Target	Baseline	Endline	Result
# of children supported to integrate into primary school from ECCD	65%	60%	11982	

A total of **11,982** boys and girls were reached with ECCD services during this project period. 92% of these will be transitioning to Primary one and open days to prepare them and see them off were supported by this action.

6 WORKING IN CONSORTIUM

There was a genuine appreciation from all partners on the benefit of working in a consortium and each partner was able to give tangible examples of how they had contributed and benefitted from working with others. Contributing factors which partners referred to as creating this shared purpose and collaborative ways of working included:

- Monthly PMU (Programme management Unit) meetings. These comprised programme managers and technical specialists from all four partners. These minuted meetings were held monthly and viewed as a key planning and coordination opportunity to ensure the consortium “moved as a collective”, enabled “beneficiary considerations to drive decision making” and challenges and performance to be openly discussed.
- A rotational chair and hosting of meetings was appreciated by all partners in avoiding hierarchy.
- An inception workshop was instrumental in kickstarting the Project and ensuring a common understanding of the Project, compliance issues, Consortium ways of working and agreed protocols. As part of this the Project Governance structure (monthly field PMU meetings and quarterly national level steering committee meetings) was agreed and subsequently formalised within partnership agreements.
- All partners highlighted the value of joint monitoring visits that were carried out in each settlement and enabled peer to peer learning and exchange.

These are all areas which could be considered as good practice which should be replicated for future consortia projects.

The quarterly Steering Committee meetings that were envisaged at the start of the project did not happen on a regular basis and possibly not at all. At the field level this was not perceived to be an issue and there was a clear sense from speaking to managers in the field that they were able to amicably resolve any issues and this meant that formal Steering Committee meetings were not required.

A joint MEAL team and planning and execution of the endline survey highlighted some of the challenges of working in consortium where responsibilities are not 100% clear and there are some differences of opinion between partners. Out sourcing of data analysis was not beneficial to the team as the consultant didn't have the required knowledge of the programme.

Overall whilst it is not possible to know whether the outputs and outcomes of the respective partners would have been any different if implemented in isolation, there was a strong sense given to the evaluation team that on balance working as a Consortium was a positive advantage.

All partners expressed the willingness in wanting to adopt an integrated approach within this project starting by focusing in the same geographical areas for maximum impact. Unfortunately, this was often not possible due to the presence of other agencies. Oxfam and CARE had a reported overlap in geographical area of 40%. That most activities did not overlap geographically was acknowledged as a barrier to full integration by all partners but it was beyond the control of the consortium. There was a feeling expressed by Oxfam and Care that Save the Children in joining the consortium midway through the project perhaps had more flexibility and control to focus in areas where the consortium was established and not "spread itself so thinly", however, prior to this project Save the Children also had existing commitments in its intervention areas (which included Palorinya and Adjumani, where no other partner was working) and without ECHO funds, continuity of activities would have been adversely affected.

All partners gave practical examples of how the different strengths and technical expertise had contributed to the consortium and why they viewed the consortium as being of greater value than implementing WASH/Shelter/GBV/Child Protection activities in isolation. These include: CARE leading on the complaints mechanism; Oxfam constructing PSN latrines linked to shelter activities and supporting water provision in ECDs; hygiene promotion/GBV/child protection sessions being incorporated into partner's trainings. Oxfam was able to provide materials for construction of pit latrines, distribution of ceramic water filters at CARE's information help desks in Bidibidi, Imvepi and Rhino; and hygiene kits to SCI ECDs & CFS, PSNs in Imvepi, as well software programming intervention in WASH for CARE GBV preventers who are responsible to overseeing day to day function of the information help desks.

ECHO consortium members also benefited from the CARE established community structures like Role Model Men and boys, community safety action groups and GBV preventers who were at the disposal of consortia members. CARE community structures were used by consortia members in mobilization for WASH, child protection and GBV prevention and response activities which reduced on operational cost of providing humanitarian services.

CEFORD provided the community mobilization and geographical expertise of the areas as well as the good relationship with Arua District and Sub county local Government, this enabled smooth implementation of the project.

7 SUSTAINABILITY

WASH - The water infrastructure implemented under this project is clearly contributing towards improved service delivery and more cost-effective provision of water. UNHCR and the Uganda Government are in the process of developing a long-term sustainability plan related to WASH services. Low operating cost solar pumping systems contribute towards this. Focus group discussions with refugees confirm that they are clearly aware that funding will be reduced in future years and that they accept progress needs to be made towards greater self-reliance but there remains a big gap between a desire to achieve greater independence and an ability to access job and livelihood opportunities that will enable refugees to pay for their water, rebuilt latrines when full and grow sufficient food to eat and buy essential supplies. The District Water Officer summarised that “the quality of infrastructure is perfectly done and functioning well, there has been joint supervision and monitoring activities and these have not identified any issues with Oxfam. The only challenge we have seen or have concern about is operation and maintenance”.

The transition to household latrines and the total phase out of emergency latrines has been impressive but it is important not to interpret this progress as a problem solved. It was reported that many latrines are filling fast and will soon need replacing. Particularly in Rhino camp it was reported that soils are prone to collapse or rocky – preventing deep long lasting pits to be dug and some timbers are prone to termite attack. Oxfam is right to be considering alternatives, and whilst the strategy of encouraging every household to build their own latrine is a good one in the short term, alternative solutions now need to be found as these fill and need replacing. Urine diversion twin chamber toilets that can be emptied and have a much longer life span are a potential alternative that may be more cost effective in the medium to long term. Within and beyond this project Oxfam is also actively seeking solutions to the faecal management problem which is just starting to emerge but will continue growing as household and institutional latrines start to fill.



Figure 20 - Block making for semi permanent shelters

SHELTER - The design of the semi-permanent shelter is durable however sourcing the materials for construction of this model across the whole settlement could cause a negative impact on the environment. Pits dug to extract earth for block making could affect the surface water flow or other elements of the local habitat. Deforestation has already caused significant harm to the surrounding area. The rate of construction plus the increased population needs to be carefully monitored. Corrugated Iron has been chosen for the roofing

material which has a long durability if looked after but is expensive for a household to purchase outside of a project where they are beneficiaries. It would be beneficial to promote a model of construction which is safe and achievable for the wider population and settlement, as not everyone will benefit from direct support.

The semi-permanent structures are robust and technical improvements are made throughout the construction process. The rendering of the bricks increases the longevity of the structure. Initially the rendering (smearing) was not always achieved as the ground is hard in this location and the earth is

not the right type for render. However, the majority of the HHs have managed to render their houses (87%) at least once, those that didn't manage found they didn't have the support, finances or skills to do it. In rainy season this will need re-doing regularly.

There is a link between shelter and livelihoods, some families reported that the shelter enabled them to start a business. This link could be explored in the future as access to livelihoods is a key need in the settlement. Shelter NFIs (the greatest shelter related need) are available in the local markets but families do not have the income to buy them.

When asked if they had any intentions of moving the majority of families said, no they intended to stay in the settlement (69%), only 17% said they intended to move within the next 3 months and 14% said they didn't know. The main reason for moving was to re-join friends and family but to stay in Uganda (and this predominantly came from people living in temporary shelters).

Within the confines of a single project only so much can be achieved and there remains a lot to be done to ensure that activities within this project become part of improved services, safety and security, across settlements and contribute towards durable solutions.

GBV - Reinforcing the referral pathway by using South Sudanese volunteers has been successful, but is at a critical point. Although volunteers are generally motivated to support their community rather than doing it only for a stipend, after the project ended in September many had reduced their efforts by late October. In focus groups, some were reporting that they will look for jobs with other NGOs. Both beneficiaries and GBV Preventers raised the concern that **volunteer structures to prevent and respond to GBV, including the GBV Preventers and CSAG patrols may disband and cease activities now that CARE staff are no longer present to provide support.**

In focus groups in October, GBV Preventers admitted that they will give advice when people seek them out, but many are no longer actively reaching out to the community.

Similarly, where Community Safety Action Groups have stopped patrolling since Sept, **beneficiaries reported sexual harassment and child labour has increased because the 'deterrent' is no longer present**, i.e. the reporting mechanism and swift response by CARE staff connected into service providers like police is no longer functional.

Child Protection and Education: Respondents continuously highlight the precarious situation that they find themselves in and express a dependence on the continuous support by the project are more likely to sustain efforts supporting the reintegration of children after the project has ended.

The sustainability of case management and support to unaccompanied and separated children and children at risk is more questionable. In some of the districts, the district leadership express commitment, support case management efforts technically and not much commitment to funding for long term. This is the same for partners as their support is highly dependent on funding.

Relevant to all sectors, continued funding is crucial to sustain and build upon the achievements of this programme. It is still at a very early stage in transitioning from emergency facilities towards establishing more durable, cost effective facilities, services and structures necessary to ensure the safety and dignity of refugees.

8 GENDER & SPECIFIC NEEDS

Throughout the project implementation men, Women, boys and girls were involved in the project

intervention selection of hygiene promoters, hand pump mechanics, pump operators, water user committees involved both men and women as well as boys and girls as part of the school health clubs. Girls and women were targeted specifically for menstrual hygiene and Wash rooms for girls in schools. Women were involved in pipe line excavation and back filling, all sanitation facilities, both for PSNs were fitted with lockable doors to ensure privacy and safety of beneficiaries. SCI gender Coordinator provided technical support on gender responsive and transformative approach, analysis, and capacity building of staff and volunteers throughout the project implementation. Through SC supported ECCD/CFS centers were made accessible to all children with 3-17 years with materials (games equipment, furniture) and rehabilitation of CFS. Due to this, more children attend school due to the conducive environment provided by the child friendly spaces.

Through SC psychosocial support was provided to all children 3-17 years with materials (games equipment, furniture) and rehabilitation through structured CFS activities and ECCD centres. Due to this, more children attend school due to the conducive environment provided by the child friendly spaces. Through dialogue meetings, peaceful coexistence has been encouraged among the refugees and host communities. Beneficiaries have been linked to other partner agencies for livelihood support and the community structures skilled on referral mechanism to build their resilience.

Menstrual hygiene: Consideration of menstrual hygiene needs of girls and women as an activity was appreciated by beneficiaries. However, post distribution monitoring did highlight that 32% of recipients in one settlement said that kits did not meet their expectation. Further consultation confirmed that the composition of the kit was based on a standard list of items agreed at the technical working group level. Feedback during the evaluation also highlights the limited scope and scale of this activity. Re-usable sanitary towels were distributed to 800 students and 1,000 women. This is small in relation to the overall needs and ambition of the programme to reach over 200,000 people within the zones under Oxfam and CEFORD's support. Focus group discussions confirmed that some households received others didn't and even for those that received they felt the items were inadequate as insufficient numbers were given recognising the need to regularly wash the pads.

A pilot of Ruby Cups for menstrual management among 100 women and girls provided a highly cost-effective intervention delivering multiple protection benefits. In focus groups with adolescent girls, direct beneficiaries gave very positive feedback and there was great demand from other girls who understood the benefits that Ruby Cups provided in terms of saving water for washing, increasing hygiene, avoiding the expense of sanitary towels and reducing risk of embarrassment which can cause school dropout. The activity should be scaled up.

Sanitation coverage discriminates against girls: This project did positively target girls with 6 out of 8 toilet blocks girls.

Accessibility: Some consideration was made at waterpoint for disabled people by provision of access ramps and seats although these were not universal and it was not possible to confirm to what extent these have been used practically.

GBV and overall protection: Safe and secure shelter plays a key role in increasing the protection of the population. It is the first step in reducing attacks within the home from external threat/ strangers. Additionally, dignified shelter with adequate space for all family members also reduces stresses within the family, which could lead to domestic or intimate partner violence.

Selection criteria with HCR/IRC: There was some anger from some FGDs because single young women were reportedly overlooked in the selection process. They were not seen as vulnerable as it was assumed they could still re-marry and find someone to support them, this was often verbalised directly to them. The evaluator raised this issue with UNHCR and IRC.

Un-accompanied minors and Widows: There are significant numbers of elderly women and widows living in temporary shelters with multiple UAMs, there can be at up to 9 minors in each shelter with one elderly supervisor. How are these PSNs able to provide for all these additional children, many of whom are not related to them? PSNs are also being grouped together in shelters which doesn't reduce their vulnerability.

9 LOCALISATION OF AID

Oxfam, CARE, Save the Children and EC are all signatories of the Grand Bargain¹⁰, which contains a commitment to have 25% of humanitarian funding going to local and national organisations by 2020. That one of the Consortium members (CEFORD), is a national partner is positive. This is the first ECHO grant that CEFORD has received and they were appreciative and see this project as an opportunity to strengthen their reputation. Oxfam has a strong reputation in Uganda for working with and through local partners which should be commended but it is worth reflecting on some of the details of this project as they highlight the challenges in working towards the Grand Bargain commitments.

CEFORD receive €272,680 under this project, equivalent to 5% of the total grant. Their role focuses on community engagement and less technical infrastructure work (latrines, water harvesting) but because of the high financial transactions related to sanitation given the sheer number of latrines built under this project, procurement of materials remained with Oxfam. This division of responsibilities between Oxfam and CEFORD within a single output created a disconnect and a time delay of over one month between latrine pits being dug and materials arriving on site. It was detrimental to the planning and speed of delivery of humanitarian assistance but it was deemed necessary by Oxfam to manage financial risk.

The dilemma exemplified within this project is that the organisation holding the contract with the donor (Oxfam) is accountable for financial management and delivery and therefore needs to retain a certain level of control to manage risk. Delegating this responsibility can be achieved but it requires time and resources to strengthen partner systems, which donors are often unable or unwilling to pay for. More progress needs to be made by implementing partners and donors to find a workable compromise which balances these risks. 2020 is one year away and for any progress to be made, things need to change around risk management and willingness to fund mentoring, capacity building and business support oversight costs within humanitarian operations.

10 KEY RECOMMENDATIONS

WASH

Standardise taps and tapstands to reduce wastage of water and ongoing maintenance costs.

There is no standardisation between WASH agencies for tapstands and this is contributing to wastage of water and unnecessarily high operation and maintenance costs.

Correctly size generators and pumps for new projects and review and where cost effective switch or replace existing equipment which is not optimally sized. It is understood that given the urgency to phase out water trucking as quickly as possible, it was preferable to use equipment that could be sourced expeditiously, which was not always the optimal. With transitioning into a protected response phase, it is important that cost savings are made and pumping costs are as low as possible.

Review procedures around procurement and contract management to improve speed of delivery. Frustrations were evident from project staff, partners and key external agencies about delays in procurement and the speed of implementation of certain WASH activities. A consistent message was received that the quality of Oxfam's work is high but we are slow. The reasons are complex and beyond the scope of this evaluation.

Continued investment in solar motorised water networks to improve service levels to underserved areas, phase out water trucking and contribute to lower long term operation and maintenance costs. There is need for more projects such as this continued support on water and sanitation as standards are still below minimum requirements.

Prioritise faecal sludge management to develop on site solutions to dealing with waste when latrines require desludging. The Oxfam team already has complementary (KFW) funding which is prioritising this. In addition, Oxfam should continue to explore waste to value initiatives on the viability of faecal sludge contributing to people's energy needs and reducing dependency of firewood as fuel, and the associated environmental degradation that results.

Undertake a cost analysis with the view of scaling up the number of urine diversion toilets as a more cost-effective approach in areas not favourable for pit latrines.

Dedicate sufficient resources to sustainability of the water systems constructed within this project. This needs to focus at 2 levels. The district water officer proposes that at least 6 months' post completion monitoring and support be built in to all projects to address teething problems. At a more strategic level, harmonised sector wide approaches supporting the master framework for the Country are required to ensure that the outputs of this project remain as viable and durable services for refugees well beyond Oxfam's exit. As a leading WASH agency, Oxfam Uganda is actively contributing and supporting UNHCR and Ugandan Government to develop and implement workable models but this takes time.

Conduct a cost-benefit analysis prior to constructing future water harvesting schemes and ensure adequate supervision of works to optimise collection of water.

Consider consolidation and doing fewer activities but at greater scale. This project had a lot of activities but when broken down their scope and coverage was often quite small (distribution of 60 water filters, a one-off soap distribution to 7,500 households, distribution of women's dignity kits to 1,000 women and girls. Whilst this is only one of many WASH projects across the refugee settlements, and it is not possible to see how this contributes to the bigger overall picture there are a number of potential drawbacks of the approach, i) it is inefficient to have multiple small activities with low coverage area (from procurement, targeting, mobilisation, distribution and monitoring perspectives; ii) it risks providing a misrepresentation of coverage levels which may disguise need and discourage other actors from meeting gaps, iii) it could be interpreted as tokenistic or trying to maximise beneficiaries but with limited impact. With limited resources, being more focused and doing fewer activities in greater number is likely to have been more cost effective.

Shelter

Shelter NFIs: The basic NFIs that UNHCR gave on arrival need replacing, the jerry cans, the tarps etc. There is a high demand for sleeping mats, mattresses, blankets etc. Many of the PSN are sleeping on dirt floors, which is not dignified for them, and can pose health risks, be damp etc. We should be considering basic shelter NFIs as part of a package to ensure, safety and dignity as stated in the proposal.

Gender: Shelter volunteers: 15-20 refugees were trained as shelter volunteers however the majority were men. This is partly because when interviewed it was mainly men who showed knowledge of shelter construction or were more educated. However, it is important that we recognise that women a) Have very valuable experiences of maintaining the shelter and managing the home, and b) have less chance to access education or construction work, something which we should aim to address/ re-balance. In terms of volunteers on the ground the GBV prevention staff were also very present in the community. Numbering 40 at the peak of the project, only XX were women. The GBV staff were well appraised of the shelter project and could refer issues to the shelter officers too, these volunteers are predominately women.

All volunteers had a shelter awareness training and developed an understanding about maintenance related the timbers, the roof, the windows and doors and the walls. It was however, perhaps not appropriate for the Shelter volunteers to be encouraging the beneficiaries too enthusiastically to carry out the rendering as they didn't have the capacity to do so, and rarely have the family available to help.

Semi-permanent shelter targeting: The shelter team has already learnt that as we are providing shelter for the most vulnerable (PSNs) we cannot expect this selection of people to be able to do the rendering (smearing) without the capacity, tools, ladders with which to do it. Traditionally their houses are the perfect height for women to carry out this task – it is their responsibility to maintain the mud walls. The UNHCR model is significantly taller. We should work closely with the block makers and contractors on quality control of the earth blocks and the construction. There were instances where the mortar was quite thick.

PSN Selection Criteria: The IRC/UNHCR selection criteria do not appear to consider the intersectionality of vulnerabilities and shelter activities in the future would benefit from an internal tool of verification. CARE could develop a more precise tool which weighs/scores the different vulnerabilities of families and individuals along with the conditions of their shelter and number of people in the TS to have a better understanding of those most in need.

Construction Process and Risks: The construction process prioritized local contractors, but CARE's finance team failed to realize that allowances need to be made when using smaller contractors. They will not have financial capacity to work for extended amounts of time without payment, therefore shorter payment schedules and prompt payments are essential. Late payment of contractors has led to the contractors themselves delaying payment to vulnerable refugees and community members, as well as delaying the completion of shelters. CARE is now considering paying laborers directly and revising their cash and shelter approach. The timeline below shows the impact on the schedule of works.

SP Project Timeline: Raising a tender for the cost of 405 SP shelters meant that the process involved the whole consortia and regional offices in Nairobi were required to sign off on the tender. This inevitably takes significant time and impacted on the timeliness of the shelter provision if not planned for. For future consortia work all lead-in times need to be mapped and worked into the schedule of works. The timeline below shows where the delays occurred and need to be mitigated in the future.

- Semi-permanent shelter design finalised with the Shelter Working Group in September 2017
- The tender process was concluded in March 2018
- Community mobilisation was started in March 2018
- Construction started on April 1st and concluded at the end of August.
- The structures of the first phase of houses were completed by the end of May, just needed doors and window frames to be installed. However, PSNs tried to stay in the SP shelters.
- Contractor then asked for the first payment of 50% of the total before they installed the frames.
- Therefore, in June and July there was no-progress until the contractor was paid the first instalment.
- The second instalment of 40% was not paid by the time the evaluation ended – October 26th
- The last instalment of 10% was due to be released once the snagging of all structures was finalised.

MEAL: Indicators used in proposals were carefully translated into a practical MEAL matrix, and the data was collected in the field monthly. This learning and practice was not translated into developing the end line. The shelter team needs to work very closely with the MEAL team to ensure the direct and indirect impact of shelter programming are captured and measured. It would be beneficial to have dedicated MEAL capacity at the field level in Imvepi.

GBV and Protection

Volunteers who are part of GBV mitigation activities (GBV Preventers, CSAG patrols and Role Model Men and Boys), and contribute to the current GBV referral pathway must continue to be supported financially with stipends and with ongoing mentorship to ensure that the volunteer structures do not cease activities, that gains in GBV and other forms of violence reduction are not lost, and protection violations do not return to previous levels. This is crucial for sustainability.

Role Model Men and Boys should be scaled up to increase impact. Engaging men and boys can increase protection for both males and females. **RMMB also require ongoing mentorship and clarification about their roles** to avoid potential harm caused by intervening in GBV cases without proper training. Increasing training and 'professionalising' their structures to match those of GBV Preventers (e.g. wearing visibility, having kits, regular mentoring sessions, providing sensitisation materials, receiving certificates) should increase their sense of empowerment, motivation (as suggested by RMM themselves) and understanding of roles and parameters.

Income-generating activities (IGA) should be implemented as a protection mechanism. Poverty and a lack of cash is leading to people selling food rations to obtain cash, and to various forms of GBV when rations and cash runs out, e.g. transactional sex, intimate partner violence and early marriage. Income-generating projects are important for both adult and adolescent males and females, but particularly for females to reduce the forms of GBV mentioned.

Village and Savings Loan Associations (savings groups) should be rolled out for women and adolescent girls integrating livelihoods training and small business grants. Savings groups can consolidate economic gains made through IGA and provide psychosocial benefits through providing a social network and space for talking. Savings groups also facilitate mobilisation for sensitisation about topics such as sexual and reproductive health and GBV.

Greater sensitisation is required about GBV against men and boys, reducing stigmatisation, and on where men and boys can seek help.

Psychosocial services should be scaled up to meet demand from women and men, girls and boys, and awareness increased about where to find help.

Solar lighting should be expanded to reach more areas – it has increased security but crime continues in spots where there is no lighting.

Support key service providers to create safe, confidential spaces to receive GBV disclosures at police, medical and registration facilities.

GBV Information Tents should offer a variety of services so they are not viewed solely as 'GBV centres' risking stigmatization for visitors, while including a private space for survivor disclosures. People should be encouraged to report any type of protection issue here (e.g. people with disabilities struggling to get to food distributions since WFP introduced individual ban on family members signing for others in September). This would both increase general protection referrals while reducing the risk of stigmatization around GBV.

Ruby Cups are a cost-effective intervention delivering multiple protection benefits and should be rolled out.

Increase engagement of adolescent boys and target them for GBV sensitisation – this key group, among whom some are GBV perpetrators, is currently missing out on GBV sensitisation. The Role Model Boy initiative can help to increase respect for women. **Increase activities ranging from livelihoods to sensitisation to reduce sense of disempowerment, and resentment against women and girls** ‘who get all the services’. Men and boys should also receive sensitisation on the reasons why women and girls are targeted with certain services and distributions (e.g. hygiene kits).

Increase engagement of adolescent girls through safe spaces and include sensitisation on dangers of SGBV at key areas identified as particularly dangerous including ‘discos’ and markets.

Advocacy is required on size of food rations and choice between receiving either food or cash. Many beneficiaries report running out of food by the third week in the month leading to negative coping mechanisms including prostitution, and people are also selling food to obtain cash to pay for soap, sanitary towels, school fees etc. As women also reported that some men sell food to buy alcohol to deal with depression, dynamics around in-kind and cash should be analysed and responded to in consultation with communities.

Increase advocacy to Ugandan authorities regarding a survivor-centred approach to case management, particularly the legal requirements and usage of ‘Police Form 3’. Some health practitioners refuse to give a survivor an urgent medical examination unless they have previously reported the incident to police and obtained this form. The law has already been changed to be more survivor-centred and this form is no longer required for a survivor to be examined and treated – this message needs to be transmitted to service providers nationally.

Feedback should be provided to complainants who request it via SEA and other complaints reporting mechanisms. Sensitisation should be increased about how to make a complaint, including information about including their contact details if a response is wanted.

Child Protection and Early Childhood Development

Provision of alternative temporal learning spaces - Space is a huge challenge as there are more learners than the carrying capacity of the classrooms. Each centre was planned to have 150 children (3 classrooms of one block) for 4 blocks with a total enrolment of 1800. Indoor and outdoor activities done on a scheduling basis to be able to bridge the gap. Community members have been engaged but required materials like poles to support and yet there is a ban on cutting trees in majority of the settlement with limited budget to affect the same.

Urgent attention required to maintain facilities - Temporary learning spaces in Adjumani, Rhino and Imvepi with wooden walling in the CFS/ECCD centers are gradually deteriorating because of the wooden nature of the structure by natural elements like termites and weather – rain, sunshine. Natural elements are destroying these structures steadfastly requiring urgent attention lest they become child friendly – for which they will be in a few months if a more permanent solution is not sought to address this matter.

Latrine coverage from the areas visited was wanting as some of the locations either had latrines the had filled up already with a cesspool extraction required – Adjumani or the stances available were not available to support boys, girls, caregivers and facilitators resulting in deterioration of the hygiene situation in the centers. This area needs to be addressed to allow for proper hygiene in the CFS/ECCD

centers. One strategy is to explore extension of WASH services beyond communities to target ECCD/CFS wherever possible.

The geographical scope and location of partners in different settlements limited interaction of expertise including of opportunities to leverage expertise from other themes like WASH, GBV in terms of referral, capacity building and learning across the different consortium partners.

Individual case management support was provided to Unaccompanied and Separated children – UASC and Children at Risk – CR. This however left some of the children in some of the homes unserved as some of the families reached remained vulnerable even after the project requiring more specialised livelihood and health interventions beyond the scope of partners and SCI. Some of these children however benefitted from cash transfers having enrolled on AEP centres to further their education hopes.

Case load numbers in the intervention locations continued to grow which led to a backlog as the child protection team was unable to close/graduate cases because exit plans were not prioritised and social safety nets were insufficient to support graduation. SCI should start the graduation of UASC much earlier at 16 years, preparing them for independence by linking them to livelihood opportunities for economic empowerment, offering transferable life skills and apprenticeships for skilling as well.

Harmonisation of incentives. A contributory factor of high volunteer turnover are the different policies and higher incentives offered by some other organisations. Engagement with technical working groups and UNHCR should be undertaken to ensure uniform pay for the same role, harmonisation of pay and consistency across the board.

END NOTES

- ¹ <https://ugandarefugees.org/en/country/uga>
- ² This is not supported by pumping station records and pump operators which indicate that on overcast days, pumps are run on generators for a greater number of hours.
- ³ Tapstands are open when the evaluated tank is full to ensure there is sufficient pressure in the pipeline to serve all tapstands. Opening hours are 9am-12pm and 3-6pm. Restricting opening hours increases pressure on waterpoints and increases the likelihood of queues.
- ⁴ Traditionally when a pump is switched on there is a sudden surge in power demanded to start the motor. For the reason a 10KW pump might require a generator twice this size. With a “soft start” the power requirement is much less.
- ⁵ This approach was followed by Oxfam in Dadaab in 2010 women were invited to give feedback on the tapstand and the design was adjusted accordingly. The process was repeated before a final design confirmed. This had a slightly raised but wider apron which women were comfortable standing on and were less likely to slip or trip. The iterations enabled Oxfam technical team to simplify the design for ease of replication by contractors and to optimise costs.
- ⁶ Based on project monitoring reports.
- ⁷ The baseline questions related to handwashing were leading, e.g. “did you wash your hands the last time you visited the toilet”, and “did you wash your hands before eating”. Research shows this type of leading question is likely to give inflated figures as people are less likely to admit to not washing their hands.
- ⁸ It takes 12 months for the waste in a vault to decompose and be rendered safe to empty. Each chamber needs to be large enough to take 1 year’s worth of waste, while the second chamber is composting.
- ⁹ Sanergy - <http://www.sanergy.org/>; Water for People - <https://charity.org/resource-center/media-gallery/water-people-uganda-briquettes/>; Sanivation - <http://sanivation.com/>; NAWASCO <https://www.youtube.com/watch?v=9tJxXZHLp8>
- ¹⁰ The Grand Bargain is an agreement between the biggest donors and humanitarian aid organisations which aims to get more aid into the hands of people in need and improve the effectiveness and efficiency of humanitarian actions. One of the 10 thematic focuses of the Grand Bargain is for more support and funding tools for local and national responders. Grand bargain signatories are committed to making humanitarian action as local as possible and as international as necessary. The aim is to engage with local and national responders in a spirit of partnership and aim to reinforce rather than replace local and national capacities. There is a commitment by 2020 to achieving 25% of humanitarian funding to local/national responders directly.

This publication is a collaboration between Oxfam, CARE and Save the Children. It was written by the following people:

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Oxfam is an international confederation of 20 organisations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Oxfam has been working in Uganda since 1961. This project was led by Oxfam Novib (Netherlands). For further information visit www.oxfam.org



CARE is a global leader within a worldwide movement dedicated to ending poverty. CARE works around the globe to save lives, defeat poverty and achieve social justice. CARE began working in Uganda in 1969. This project has been implemented by CARE UK. For further information visit www.care.org



d)

Save the Children comprises Save the Children International and 28 member organisations working together to deliver change for children in about 120 countries. Our members work together to campaign for better outcomes for children that can deliver at scale. Save the Children has been working in Uganda since 1959. For further information visit www.savethechildren.org



Community Empowerment for Rural Development (CEFORD) is a Ugandan NGO formed in 1993 with a mission to provide capacity development services that empowers the people of West Nile and work towards a poverty free society. Visit www.ceford.org



European Union
Civil Protection and
Humanitarian Aid

This project was funded by the European Union (EU). The EU and its Member States are the world's leading donor of humanitarian aid. Relief assistance is an expression of European solidarity with people in need all around the world. It aims to save lives, prevent and alleviate human suffering, and safeguard the integrity and human dignity of populations affected by natural disasters and man-made crises. The European Commission ensures rapid and effective delivery of EU relief assistance through its two main instruments: civil protection and humanitarian aid. Through its civil protection and humanitarian aid operations department (ECHO), the European Commission helps over 120 million victims of conflict and disasters every year.

APPENDIX 1

Household Survey Sample size and selection

Bases on UNHCR verification records of refugees as of 30th July 2018, Yumbe District, particularly Bidibidi Refugee settlement had 192,838 refugees; Arua (84,105 in Rhino camp and 53,856 in Imvepi) had 137,957 refugees; and 118,813 refugees in Parolinya settlement. In effect, the total refugee population within the survey area at the time according to UNHCR stands at 449,612 which became the total survey population estimates. The sample unit for the survey was household and assuming 5 members per household, the total estimated household population in the survey area could be 89,925. Taro Yamane (1967) approach for sample size determination was applied as per the below formulae:

$$n = \frac{N}{1 + N \cdot (e)^2}$$

Where;

n = Sample size

- N = Population size
- e = Error term (usually 5%)

At 95% level of confidence, 5% margin of error (standard value of 0.05) and the population size of 89,925 households, sample size is estimated as 384 households. The estimated sample size sample was adjusted for design effect (D) during clustering of the sample in order to find a survey sample size based on stratified sampling as applied which resulted in larger sample size than would be expected with simple random sampling (SRS). The DE tells the magnitude of the increases which is generally always taken to be 2 for such studies. In effect the sample size of 384 was multiplied by 2 which further was increased by 1% to account for contingencies such as non-response or recording error. The overall sample size was **707**.

The stratified sampling was applied due to variation in the number of households in different zones of the settlements. This was aimed at getting more precise estimates of each stratum thus the use of proportional allocation for the targeted zones in the settlement. Basing on proportionate scientifically calculated number of households from each zone/cluster, households were randomly selected from the survey clusters and a household member, preferably family head or any member aged 16 and above were interviewed. Further, in each selected zone/cluster, trained enumerators were allocated and instructed to move in opposite directions, with plan of interviewing every 5th household. The process was repeated until the required number for each cluster and/or settlement were achieved. The proposed sampling technique is deemed most appropriate in the absence of the recent full household registration list or prior listing.

After the households were selected during the sampling process, interviewers went on to each household to determine which segment of the population (Male or Female) household residents belong to. For a participant in one of these two population segments resides at the household, interviewers described the survey to them, and ask them to participate. Only one member per household was eligible to be interviewed. Respondents were told, and carefully trained interviewers supervised by team of M&E from the consortium member organizations ensured so that no information from the household survey were shared with the other members of the household. All those who agreed to participate were administered for informed consent before beginning the interview. The interviewer explained the survey objectives, interviewing process and that participation is voluntary with no financial incentives to participate. The interview took place either at that time, or at a later time that the respondent preferred and the interviews followed interpretation in the local language for purposes of ensuring information gotten reflected a clear understanding of each question asked.

Sample Distribution (Probability Proportionate to Sample population (PPS))

INSTRUMENT	IMVEPI	RHINO	BIDIBIDI	PAROLINYA	TOTAL

	Male	Female	Male	Female	Male	Female	Male	Female	
WASH	54	55	74	75	55	55			368
GBV	74	75			75	75			299
SHELTER									
CHILDREN	05	05	05	05	05	05	05	05	40
TOTAL	133	135	79	80	135	135	5	5	707

APPENDIX 2

KEY INFORMANT INTERVIEWS

Location	Organisation/Title	Participant/Comments
Arua	Programme Manager (SC)	Cephas Hamba
	Emergency Team Leader (CARE)	Julias Onyango
	Senior Initiative Manager (CARE)	Godfrey Rotich
	WASH Coordinator (Oxfam)	Vincent Ogira
	PHE Team Leader (Oxfam)	Carol Omoroa
	MEAL Officer (Oxfam)	William Odong
	Project Manager	Theophillus Emanu
	Protection Coordinator (Oxfam)	Wilson Senyonyi
	Programme Manager (Ceford)	Lillian Obiale
	PHP Officer (Ceford)	Alico Celesta Betty
	UNHCR Field officer (acting)	Joseph Aluba
	District Water Office – WASH focal person	Stephen Obitre
	PHE officer	Alfred
	District Health Inspector	Anziku Manaseh
	Country Director (CARE)	Delphine Pinault
	MEAL Manager (CARE)	Sam Okello
	MEAL Officer (CARE)	Teddy Nakubulwa
	MEAL Officer (CARE)	Denis
	Engaging Men & Boys Specialist	Ronald
	Psychosocial Support Coordinator Arua Sub-Office (CARE)	Kenneth Massa
	Protection Specialist (CARE)	Mark Can
	GBV Specialist (CARE)	Sandra Achom
	UNHCR Protection Associate & SGBV Focal Point	Zelinda Aromorach
	International Rescue Committee – GBV/Protection	Name withheld
	Shelter Specialist	Alson Madrar
	Shelter Officer	
Yumbe	Project Officer – Water Supply (NRC)	Richard Twebaze
	Environmental Health Officer (MoH)	Prisca Anyonga
	Health Assistant (District MoH)	Faisal Hussian
	Meal Officer (Oxfam)	Brendah Nonieza
	PHE officer (Oxfam)	Peter Sitailu

	PHP officer (Oxfam)	Emilly Lenia
	PHP Team Leader	Esther
Moyo/Palorinya	Settlement Commandant	David Wangwe
	Sub Area Manager – SCI	Suzanne Aneek
	Regional Area Manager – SCI	Coreen Auma
	Project Officer – SCI	John Kennedy Aleku
	Education working group	Carol Aketch
Kampala	Humanitarian Programme Manager (Oxfam)	Edward Mwebaze
	Country WASH Coordinator (NRC)	Stanley Njau
	Project Manager (CARE)	Ronald Matanda
Rhino Settlement	Ariwa self help Group (Briquetting)	FDG - 9 female
	Hygiene promoters	2 male
	General Secretary & Chairperson (RWC1)	Community leaders, male, names not recorded.
	Impromptu interviews x 3	Group of women at tapstand
	Pump Operators Ofua III water supply	2 male, names not taken
	Handpump attendant/committee member	1 female
	Policeman – Responsible for Ofoa (Prot & GBV)	Officer name TBC
	GBV Preventers	FGD: 2 male, 2 x Female
	Community Safety Action Group (Prot & GBV)	FGD: 2 male, 1 x Female
	Role Model Men and Boys (Prot & GBV)	FGD: 4 males
	GBV Caseworker (CARE)	Daniel
	GBV Caseworker (CARE)	Miriam
	Volunteer GBV Preventer	Dennis
	Adolescent girls, 16 – 18 (Prot & GBV)	FGD: 8 x Female
	Women over 25 years (Prot & GBV)	FGD: 8 x Female
	Adolescent boys, 16-18 (Prot & GBV)	FGD: 8 x Male
	Men over 25 years incl 3 RMM (Prot & GBV)	FGD: 8 x Male
Bidibidi	Headmaster – Highland Primary school	Orambia Robert
	School Health Club	Approx 30 children (mixed)
	Hygiene promoters – Village 2	FGD – 4 female, 3 male
	Model Household	Owner, name unknown, male
	Health Centre manager	George Avvo
	GBV Officer / Caseworker (CARE)	Elizabeth

	GBV Officer / Caseworker (CARE)	Eunice
	Women over 25 years (Prot & GBV)	FGD: 9 x Female
	Girls/women 15 – 19 years (Prot & GBV)	FGD: 13 x Female
	Role Model Men (Prot & GBV)	FGD: 9 x Males
	Role Model Boys (Prot & GBV)	FGD: 6 x Adolescent Males
	GBV Preventers (Prot & GBV)	FGD: 6 x Males, 6 x Females
Imvepi	Pump Attendant (Oree)	Name not recorded, male
	Pump Attendant (Juell)	Name not recorded, female
	Hygiene Promoters	FGD – 8 female, 8 male
	Hygiene Promoters (village 9&10)	FGD – 3 female, 1 male
	Deputy Commandante of Office of Prime Minister	Manzarita
	Refugee Welfare Committee	Chairman and Security Focal Point (2 x male)
	People living with disabilities – shelter beneficiaries (Prot & GBV)	1 x Male, 1 x Female
	Clinical Officer – Imvepi Health Centre (Prot & GBV)	Joanne
	Women over 25 years (Prot & GBV)	FGD: 6 x Female
	Men over 25 years incl 2 x RMM (Prot & GBV)	FGD: 9 x Males
	Volunteer GBV Preventer	Harriet
	Adolescent Girls/Women (18-24) (Prot & GBV)	FGD: 9 x Female
	GBV Officer	Teddy
	Shelter Officer	Ronald Angupale
	IRC Protection Lead	Bob Odoch
	Peace Winds Japan Shelter Lead x3pp	Nyero, Denis Nyeko and Jamal Atiko
	UNHCR Field Assistant	Denis Ocitti
	FGD with Shelter Volunteers	
	FGD PSN Women x2 <35>	
	FGD PSN Men x2 <35>	
	FGD Village Leaders (Men)	
	FGD Village Leaders (Women)	