



Health, Education, Agriculture & Land rights among Batwa (HEAL) Project



**End of Phase I
Project Final Evaluation Report
March 2013**

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Abbreviations

AICM	African International Christian Ministry
AIDS	Acquired Immunodeficiency Syndrome
BMCT	Bwindi Mgahinga Conservation Trust
CBT	Community Health Trainer
CCMB	Combating Child Mortality
CDD	Community Driven Development
CHI	Community Health Insurance
EOA	Equal Opportunities Act
FAL	Functional Adult Literacy
FGD	Focus Group Discussions
HEAL	Health, Education, Agriculture and Land rights
HIV	Human immuno deficiency Virus
KI	Key Informant
KINGOF	Kisoro NGO/CBO Forum
MoU	Memorandum of Understanding
NAADS	National Agriculture Advisory Services
NGO	Non Government Organisation
NAADs	National Agricultural Advisory Services
UOBDU	United Organisation for Batwa Development in Uganda
REPA	Rights, Equity and Protected Areas (Programme)
SC	Sub County

VSLA

Voluntary Savings and Loans Association

WENG

Women Empowerment in Natural Resources Governance

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Thanks go to all respondents for their time and cooperation, and for sharing their information with the team during data collection. All key informants who accorded their time and information they provided are acknowledged.

Special appreciation goes to CARE Norway and Telethon funding for its humanitarian support to Batwa and Non Batwa marginalised groups in the project area of Kabale and Kisoro District in Uganda.

Last but not least, thanks go to CARE Uganda, for entrusting me with the evaluation and support during the process.

Consultant

Concept Note

The Batwa are an indigenous ethnic minority group living in remote parts of South-western and Western Uganda, with the greatest numbers residing in Kisoro, Kabale and Kanungu districts. Although a number of Batwa currently stay in small settlements on small plots purchased by NGOs, up to 50% remain landless and live as marginalised squatters on other people's land, (Batwa Household Census Survey, 2011). According to the same census of the Batwa, there were 529 Batwa Households in Kabale and Kisoro. Culturally, the Batwa were forest-dwelling hunter-gatherers, but they were displaced from their ancestral areas when these were gazetted as forest reserves and national parks. Some Batwa currently stay in small settlements on small plots purchased by NGOs, but a large proportion remain landless and live as marginalised squatters on other people's land.

CARE has worked in south-western Uganda for more than 20 years with some of the initiatives aimed at empowerment and development of ethnic minority groups. Among such efforts are Combating Child Mortality among Batwa (CCMB) and Batwa Livelihood Project (2008-2010) within the broader REPA programme. Other CARE interventions in the region were in Integrated Conservation & Development, Enterprises Development, and Livelihoods improvement.

In December 2011 CARE International in Uganda secured funding from CARE Norway-Telphon funding for 3 months and later for one year for a Health, Education, Agriculture & Land rights (HEAL initiative) project. HEAL's project impact group is Batwa women and girls between 10-49 years. This initiative builds on other CARE initiative in the region and will end in March 2013 but with some hope of extension. In the meantime CARE Uganda is transiting to a programme approach with the HEAL as one of the programme component initiative under Women Empowerment in Natural Resources Governance (WENG), one of the three CARE programmes in Uganda. In all her programming a Rights Based Approach, Learning and partnership implementation among others are central

The Village Savings and Loan Associations (VSLA) methodology has been used as HEAL's main entry point. Other approaches include Affirmative action for the extremely poor, Strategic partnerships , Advocacy, Engaging men, conflict sensitivity , Mainstreaming crosscutting themes, Transparency and accountability, Phased approach, Documentation learning and information sharing .

HEAL project draws synergies from among others REPA II, a 5-year programme building on a good governance approach to improve well being of poor natural resource dependant households. REPA II overall goal is "Poor natural resource-dependent households achieve improved livelihoods, and natural resources are conserved through equitable and sustainable management of natural resources, while good governance impacting the use and management of natural resources and the livelihoods of poor households is achieved with the effective participation of civil society and poor communities". REPA II is another programme component initiative under WENG.

HEAL feeds into REPA II's strategic objective 3, outcome 3.3 Batwa women, children and men empowered to actively engage and represent themselves in development processes to secure their rights to land and other natural resources, and 3.4 Civil society has increased organizational and technical capacity to actively engage in development processes to fight economic and social exclusion and discrimination of Batwa.

The project fits into WENG's domains of change 1: Sustainable ENR Management and Utilisation Linked to other Livelihood Improvements and Domain of Change 2: Women and Men Meaningfully Participating in Decision-making at the Household and Community Level,



Photo: Un met needs-(Land and Shelter among the Batwa)

Executive Summary

Introduction

In December 2011 CARE International in Uganda secured funding for 3 months and later for one year for a Health, Education, Agriculture & Land rights (HEAL initiative) from CARE Norway. HEAL's impact group is Batwa women and girls aged between 10-49 years. The overall goal of HEAL initiative is ***“Empower Batwa women and girls (10 – 49 years) to participate equitably in decision making at household and community levels, and to have improved sustainable livelihood securities”***. HEAL which is funded by CARE Norway from Telethon funding is implemented in partnership with Bwindi Mgahinga Conservation Trust (BMCT) and African International Christian Ministry (AICM) in Kisoro and Kabale respectively. Other stakeholders include the local governments(Kisoro and Kabale districts) , Mutorere Hospital, Muko Health Centre under the Kabale Diocese Health Insurance scheme, Kisoro District NGO Forum (KINGOF) , UOBDU. CARE HEAL project is a planned 38 months project with a budget of 1.8 million dollars and is to be implemented in a Phased approach. While funding was currently secured for the first one year, CARE envisages that addressing the situation of Batwa will require interventions that would run for not less than 15 years¹.

Specific objectives of HEAL

Objective 1: Land and shelter improved

Objective 2: Food and economic security improved

Objective 3: Social empowerment and equality improved

Objective 4: Health behaviours and health status improved and

Objective 5: Education enrolment and literacy improved

As the current Phase I of HEAL draws to an end, CARE Uganda and the donor contracted a consultant to carry out an end project evaluation to inform about the success and impact of the project.

Overview of project achievements

Summary Achievements

Intended benefits

- Better living conditions (shelter) and improved nutrition;
- Increased household income base reflected by acquired household assets due to project interventions in particular the HEAL-VSLA component.
- Some of the Batwa now own land and have land agreements;
- Reported improved hygiene and reduction of morbidity from immunisable and hygiene related diseases and agents like measles, jiggers, scabies, lice, trachoma, dysentery;
- Empowered Batwa demand for their rights and occupy political and administrative positions in the community with non Batwa;

¹ CARE International in Uganda , Final Proposal Design for HEAL-December 2011

Unintended benefits

- Reduction in alcoholism thus improving the health of the Batwa and reduced domestic violence at household level
- Improved and strengthened family relationship and decision making on management of financial resources
- Reduction of theft of crops in gardens

Failures

There were no direct failures associated to HEAL project. However, some of the planned outputs were not achieved like construction of houses for Batwa and FAL activities that were implemented through strategic partnership arrangements.

Areas for further strengthening

- Advocacy for land allocation and ownership for Batwa by local government
- Provision of shelter for Batwa who have personal land
- Supporting and engaging local government to effectively carry out FAL activities among Batwa
- Water and sanitation support in Batwa and non Batwa communities
- Advocacy for local government to support Batwa VSLAs accessing resources and registration from government programs

Despite the challenges experienced by this 1st phase of the HEAL project, it has substantially had a positive socio and economic impact on the impact group within the short implementation period on ground. There are positive and reliable indicators that the project is on track to achieve its intended goal as planned within the three years phase.

The VSLA component under the *“Food and economic security improved”* has been very successful and has strong sustainable indicators for positive social and economic impacts on the impact group. *The Land and shelter component has had financial drawbacks which affected the project to realise the planned outputs of construction of houses.* Land and shelter are critical needs for the impact group that the project partners have not significantly addressed.

HEAL has built their organizational development and now the Batwa have leadership and form a stronger voice for inclusion in the communities they live and interact. This is demonstrated by the leadership positions they hold in community administrative structures and VSLAs where they belong with non Batwa members.

HEAL initiative has advocated for Batwa at Local and National level government levels so that they are considered for support under government programmes like Community Driven Development program (CDD). As a result, three Batwa groups benefited from CDD money such as in Sanuriro Batwa-Group. NAADS gave them goats. They were supported to present their advocacy issues in the Equal Opportunities Act (EOA). They handed an advocacy document to the Equal Opportunities Commission by themselves as Batwa.

The partnership strategy has played a significant role in the attainment of the project outputs. Despite the few challenges of funds disbursement delays, the partners have directly been involved in specific service delivery for the Batwa and non Batwa communities in the project areas.

Majority of VSLAs groups have a clear direction of how to continue with their VSLAs activities even when HEAL ends. At least each group has a future plan and most plans rotate around collective cultivation, buying cows, goats and sheep, opening a bank account and loaning out money at a higher interest to non-members. The groups also expect to access government support, such as CDD and NAADS, once they are registered.

Project implementation challenges

Despite the positive achievements of the project, a number of draw backs affected the project which resulted in failure of the project to attain some of the planned outputs. The Project lost funds that were to be used for some of the project components due to delays by partners in submitting concept notes which resulted in the donors reducing the funds.

There were delays in funds disbursement to partners that did not submit in time project concepts which also affected timely implementation of planned activities. This had a negative impact on staff turnover in the partner organizations and project outputs.

Some of the project assumptions did not work as expected in particular the partnerships with local government for FAL activities affected efficiency in project implementation and outputs.

While there was noticeable improvement in social integration between the Batwa and non Batwa, nonetheless, the integration continues to face the historical socio cultural divide between the Batwa and non Batwa and negatively impacted on some of the VSLAs formation and growth.

Supervision and monitoring of project activities on the ground was weak attributed to lack of adequate funds for M&E field activities.

HEAL's project plan of encouraging Batwa groups to have marketing associations may be unrealistic in the short run; they still have little to produce to market due to limited land size.

There is rivalry among the Batwa and non Batwa in VSLAs whereby Batwa get seeds and the non Batwa don't yet they all belong to the same VSLA. This is discrimination and could affect the health growth of VSLAs that have mixed Batwa and Non Batwa membership. This affects integration among the Batwa and non Batwa.

Issues that still need to be addressed in future

Lack of land is still a significant constraint to development of the Batwa and negatively impacts on all other project interventions designed to uplift the Batwa socially and economically. For future projects, land should be considered as a critical need.

Shelter is another challenge the majority of Batwa face. Because Batwa have no land, they are unable to construct permanent structures which affect their livelihood. This makes them live a migratory life moving from place to place looking for land and shelter.

Key Lessons from HEAL Implementation

1. Partnerships increase efficiency and effectiveness in project implementation if funding is availed in time. Project risks and benefits are shared and spread evenly although it also increases overhead costs at the expense of program activities.

2. Advocacy is a good strategy for project implementation as it has a high potential for sustainability of project activities.
3. Behaviour change is a slow process and requires time, resilience, adequate resources and commitment of the agent to cause the change.
4. The VSLA Model through linkages and partnership has demonstrated and diminished the myths and beliefs held by the non Batwa that Batwa cannot change behaviour and integrate with the non Batwa.

Recommendations

1. This HEAL project phase has demonstrated that the VSL strategy is one of the most effective approaches to develop the Batwa out of poverty and should be replicated to other sub counties , project be extended for another second phase and supported with provision of land and shelter to the landless Batwa.
2. Partnership strategy has been instrumental in service delivery under the project and this strategy is highly recommended for future project activities. Other NGOs and CBOs in the project area could be identified and partnered with to deliver services like for FAL and WASH. Dependency on local government resources for FAL is not reliable under short term projects like HEAL.
3. Partnerships need to be clearly defined and roles and responsibilities of each partner followed as per signed MoU. Past performance in terms of timely accountability, efficiency in service delivery and reporting is critical in assessing future partnership arrangements.
4. UOBDU as Batwa founded organisation should rather invest heavily in advocacy for Batwa for stronger and greater empowerment, coordination, monitoring and evaluation of the activities of other NGOs/CBOs that do implement projects among the Batwa. There is a conflict of interest and roles between UOBDU and other CBOs/NGOs during implementation of project activities targeting the Batwa.
5. Consider substantial budget for Monitoring and Evaluation component to facilitate field monitoring activities on the ground to follow up and audit partners rather than relying on field reports from partners which are not verified.
6. VSLAs can introduce a component for the health borrowing from the savings for each member that can be used for health insurance.

Introduction

1.1 Project Background

CARE has worked in south-western Uganda for more than 20 years with some of the initiatives aimed at empowerment and development of ethnic minority groups. Among such efforts are Combating Child Mortality among Batwa (CCMB) and Batwa Livelihood Project (2008-2010) within the broader REPA programme. Other CARE interventions in the region were in Integrated Conservation & Development, Enterprises Development, and Livelihoods improvement.

Batwa are an indigenous ethnic minority group living in remote parts of South-west and Western Uganda, with the greatest concentrations residing in Kisoro, Kabale and Kanungu districts. Batwa were forest-dwelling hunter-gatherers, but were displaced from their ancestral areas when the areas were gazetted as forest reserves and later national parks. Although a number of Batwa currently stay in small settlements on small plots purchased by NGOs, up to 50% remain landless and live as marginalised squatters on other people's land, (Batwa Household Census Survey, 2011). There were 529 Batwa House Holds in Kabale and Kisoro according to the survey.

In December 2011 CARE International in Uganda secured funding for 3 months and later for one year for a Health, Education, Agriculture and Land rights (HEAL initiative). HEAL's impact group is Batwa women and girls between 10-49 years. This initiative builds on other CARE initiative in the region and will end in March 2013 but with some hope of extension. In the meantime CARE Uganda is transiting to a programme approach with the HEAL as one of the programme component initiative under Women Empowerment in Natural Resources Governance (WENG), one of the three CARE programmes in Uganda. In all her programming a Rights Based Approach, Learning and partnership implementation among others are central. As the current phase of HEAL draws to an end, CARE Uganda sought the services of a consultant to carry out an end study to evaluate the impact of the project.

The HEAL initiative focuses on Batwa women and girls (10 – 49 years) in communities/settlements living around protected areas of Kabale and Kisoro Districts. The target groups (intermediaries who have an influence on the outcomes for the sub impact population) included the following categories: Batwa men and boys, non-Batwa communities in the immediate vicinity of Batwa – who are among the most common perpetrators discriminating the Batwa; local leaders, CBOs/CSOs, extension staff, and service institutions. Local institutions and their representatives were also targeted for advocacy on their roles as duty bearers, including local government leaders, Uganda Wildlife Authority (UWA) and National Forestry Authority (NFA). The key strategy of this project was to primarily involve use of the Village Savings and Loans Association methodology as a platform to deliver the initiative objectives and impact.

HEAL Project

The overall goal of the initiative is *“Empower Batwa women and girls (10 – 49 years) to participate equitably in decision making at household and community levels, and to have improved sustainable livelihood securities”*. WENG's goal to which HEAL contributes, is stated as *“Women and Girls' (10 - 49 years) right to utilize natural resources to affect positive and environmentally sustainable improvements in their household livelihood security is assured”*. HEAL which is funded by CARE Norway from Telethon funding is implemented in partnership with Bwindi Mgahinga Conservation

Trust (BMCT) and African International Christian Ministry (AICM) in Kisoro and Kabale respectively.

Specific objectives of HEAL-Theory of Change

Objective 1: Land and shelter improved – By March 2013, fifteen (15) Batwa households are settled on their own land, residing in proper shelter, (houses with plastered walls, roofed well, doors & window with shutters, with WASH facilities, kitchen) having sustainable access to productive land. Under this objective the project supports Batwa to secure access to land.

Objective 2: Food and economic security improved – By March 2013, 279 Batwa households have sustainable access to productive land and are using it sustainably for better income and sustainable food security with adequate dietary diversity throughout the year. The target is 50 VSLA groups, whose membership is mixed, with 30% of the total VSLA participants being Batwa, and of this 60% Batwa women (252 women)

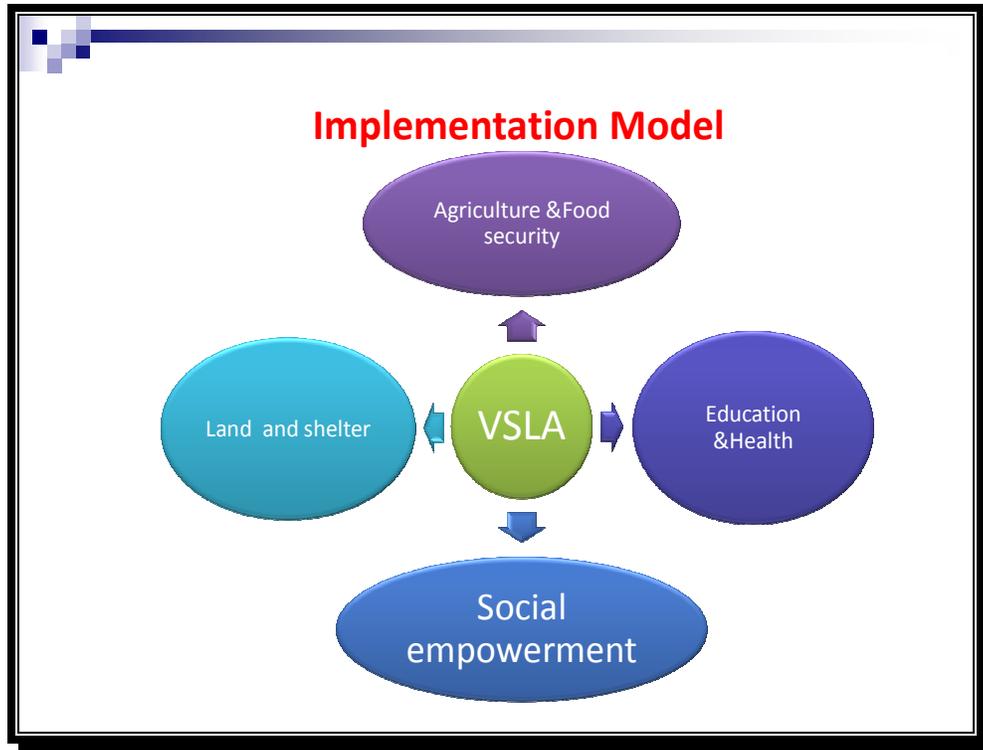
Objective 3: Social empowerment and equality improved – By March 2013, 420 Batwa men and women are able to participate actively in community management and decision-making affecting communal resources and community welfare.

Objective 4: Health behaviours and health status improved – By March 2013, 420 Batwa men and women actively implement key preventive health behaviours and appropriately utilize available health services (outreaches and nearby health units) for preventive and curative care.

Objective 5: Education enrolment and literacy improved - By March 2013, 252 VSLA members are initiated in functional adult literacy initiatives through linkages with the district community development office and other FAL service providers.

HEAL implementation approaches

Under HEAL, the **Village Savings and Loan Associations (VSLA) methodology** was used as the main entry point. Using VSLA as a platform in all the proposed areas of work, CARE planned to work with partners to help coordinate the project processes. CARE was to build the capacity of the implementing partners in the VSLA methodology. Other approaches include Affirmative action for the extremely poor, Strategic partnerships , Advocacy, engaging men, conflict sensitivity , mainstreaming crosscutting themes, Transparency and accountability, Phased approach, Documentation learning and information sharing .



VSLAs are the central linkage for the HEAL project and is an entry point to other project activities. All other project goals and activities (Agriculture & food security; Education and Health; Land and shelter; and Social empowerment) are centred on VSLAs as illustrated in the diagram above.

HEAL's relationship with other projects/programs

HEAL does not exist in isolation. This project draws synergies from among others REPA II, which a 5-year programme is building on a good governance approach to improve well being of poor natural resource dependant households. REPA II overall goal is ***"Poor natural resource-dependent households achieve improved livelihoods, and natural resources are conserved through equitable and sustainable management of natural resources, while good governance impacting the use and management of natural resources and the livelihoods of poor households is achieved with the effective participation of civil society and poor communities"***. REPA II is another programme component initiative under WENG.

Strategic integration of HEAL in WENG (P-Shift activities)

HEAL intervention was designed to contribute to a larger and long term WENG program. Situational and stakeholder analyses were conducted as part of a design process for the programme for women empowerment in natural resources governance in Uganda that also contributed to the refinement of HEAL implementation. The analyses deepened and broadened the understanding of the underlying causes of poverty and vulnerability (UCP/V) and the context of vulnerable populations as well as actors in the Kigezi region.

HEAL feeds into REPA II's strategic objective 3, outcome 3.3 *"Batwa women, children and men empowered to actively engage and represent themselves in development processes to secure their rights to land and other natural resources"*, and 3.4 *"Civil society has increased organizational and*

technical capacity to actively engage in development processes to fight economic and social exclusion and discrimination of Batwa”.

The project fits into WENG’s domains of change 1: **“Sustainable ENR Management and Utilisation Linked to other Livelihood Improvements”** and Domain of Change 2: **“Women and Men Meaningfully Participating in Decision-making at the Household and Community Level”**.

1.2 Evaluation Methodology used

The evaluation utilised both qualitative and quantitative approaches/techniques to collect information about the performance of the project. Participatory techniques of data collection were used through FGDs and Key Informant/In depth Interviews. A total of 25 KIs (10 in Kabale and 15 in Kisoro) and 17 FGDs were conducted in 10 (7 in Kisoro and 3 in Kabale districts) sub counties during the evaluation exercise. The list of names of the people interviewed and VSLAs met are in the Annexes of the report. The Project document and quarterly reports were reviewed to provide information relating to project implementation, outputs and challenges.

The respondents met during the evaluation included the following: the Batwa and non Batwa women and men that have benefitted from the project in particular members of the VSLAs, District Education and Health officers, District, Sub County Community Development Officer, Community Leaders, in charge of sampled health facilities, the teachers in sampled schools, KINGOF, CBTs, UOBDU, BMCT and AICM key project staff and CARE -HEAL project staff.

Purposive sampling methods were used to select the study areas and population including the Key Informants based on identified parameters like population, accessibility in terms of roads infrastructures to access some of the communities, and number of sub counties in each district that



accessed the project interventions, roles and leadership position.

Photo: The LCV Chairperson of Kabale District closing the dissemination workshop of the HEAL Evaluation draft report to stakeholders

Draft evaluation report was also disseminated to CARE HEAL project staff during a workshop in regional office and also during a stakeholders meeting held in Kisoro to triangulate and endorse

the information collected and ensure that the report has been done in a participatory way. The stakeholder’s workshop in Kisoro included high level representatives of key partners, District Chairpersons for Kisoro and Kabale, the impact group representatives, local government staff at sub

county levels and other senior local government staff at district level in planning, health, community services and education departments.

1.3 Partnership strategy

The project success under this phase can be greatly attributed to the strategic implementation approaches by CARE that included Rights Based Approach, Learning and partnership implementation. The partners were selected based on past experience with Batwa and CARE and capacity to deliver the specific services. The partners were Bwindi Mgahinga Conservation Trust (BMC), Africa International Christian Ministry (AICM), United Organisation of Batwa Development Organisation (UOBDO) and Kisoro NGO/CBO Forum (KINGFO) with previous experience working with CARE. The relationship with each were formalised through a sub grant agreement with CARE.

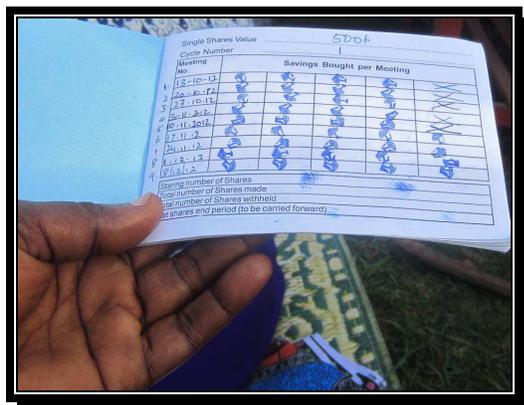
1.4 Roles and responsibilities for each Partner

Bwindi Mgahinga Conservation Trust (BMCT) implemented Batwa resettlement, and shelter construction, food and economic security activities in Kisoro district. Africa International Christian Ministry, AICM implemented similar activities in Kabale district. Both partners also supported linkage of the VSLA groups to service institutions and other community structures with technical support from CARE staff.

Kisoro District NGO Forum (KINGOF), focused on service delivery, monitoring and supporting development of CBOs in the district. The Forum was involved in community monitoring and used Sub county community monitors. Every sub county has 20 monitors and they are from 11 groups. Under HEAL, the forum supported development of CBOs among Batwa communities, and accountability monitoring in service delivery to the Batwa and other poor women, men and children. It increased knowledge and information through Radio program empowering them with the knowledge of information to demand services and human rights for themselves and effectively participate in poverty reduction programmes initiated by local governments and other actors. The intervention contributed to social empowerment and equality as Batwa’s participation increased their influence in decision-making process by local government.

United Organisation for Batwa Development in Uganda, UOBDO is a Batwa membership organisation, and under HEAL it spear-headed advocacy activities for Batwa land rights, education and access to health services and utilisation.

Photo: A savings Pass Book for a VSLA member showing savings done per meeting



2.0 Overview of project achievements

The HEAL Project had five planned objectives and overall delivered quite well on its commitments. It was perhaps strongest on **Objective 2: Food and economic security improved**. It seemed weakest on Objective 5 (*Education enrolment and literacy improved*) and objective 1 (*Land and shelter improved*). The following plan and output data is extracted from project reports on project progress and performance at the time of the evaluation.

Achievements per objective

Objective	Planned output	Output realised	Comments
Objective 1: Land and shelter improved	<p>By March 2013, fifteen (15) Batwa households are settled on their own land, residing in proper shelter, (houses with plastered walls, roofed well, doors & window with shutters, with WASH facilities, kitchen) having sustainable access to productive land.</p> <p>Under this objective the project also supported Batwa to secure access to land.</p>	<p>The project supported construction of 9 households out of the planned 15 (5 in Kirundo and 4 in Bukimbiri sub counties). Value of HEAL contributions about 4.2 million Ug shs (est.US\$1,600) per unit (Main house, kitchen and latrine).</p> <p>HEAL advocacy initiative with local government officials requested them to allocate land to Batwa for long term food production. Nyabwishenya, Bufundi and Chahi sub counties agreed to let the Batwa temporarily use respective sub county land for production. Chahi and Nyarusiza sub counties in Kisoro district have temporarily allocated land to 4 families each to be used for Agriculture and settlement.</p>	<p>Mudding and putting final touches of chalk of some of houses is yet to be completed due to lack of chalk and water for mixing water with chalk/mud to smear the walls so as to look nice. Houses built are of fair quality but the latrines remain unfinished, and lack WASH facilities.</p> <p>Some of the land is not fertile and most of the land small to provide sustainable food production.</p>
Objective 2: Food and economic security improved	<p>By March 2013, 279 Batwa households have sustainable access to productive land and are using it sustainably for better income and sustainable food security with adequate dietary</p>	<p>Through advocacy with Local government, 84 households received agreements for land allocated in an earlier CARE CCMB and BLP projects and now have documentation to certify ownership.</p> <p>59 Batwa households have established back yard gardens in Kabale district. 8 farmer field schools were established in Murambo, Nyakabungo, Makanga, Kinyarushengye and Murubindi in Batwa</p>	<p>This is a great achievement and project during another phase need to advocate for more Batwa secure agreements for land they own which gives them right of ownership.</p> <p>A number of Batwa have adopted the Backyard farming technology and yet to realise the benefit as most of the crops are yet</p>

<i>Objective</i>	<i>Planned output</i>	<i>Output realised</i>	<i>Comments</i>
	<p>diversity throughout the year.</p> <p>The target is 50 VSLA groups, whose membership is mixed, with 30% of the total VSLA participants being Batwa, and of this 60% Batwa women (252 women)</p>	<p>settlements in Kabale district; and in Kirundo (Nyabaremura & KASHAIJA Batwa community) and Nyabwishenya (Sanuriro Batwa community) in Kisoro district. So far 150 Batwa have benefited from the agricultural training.</p> <p>More (54) VSLAs (35 in Kisoro and 19 in Kabale districts) were formed than planned. 1,486 VSLA memberships (67% female) are in place. 30.5% of members are Batwa against the planned 30%. 255 members are female Batwa against the 252 planned Batwa women</p>	<p>to be harvested. Beliefs and myths among Batwa affecting food production. E.g., hand washing that if done in gardens during planting the crops will not grow.</p> <p>VSLA component target achieved and considered very successful VSLAs be supported and promoted as the strategic entry to change behaviours and income base for the Batwa. Majority members are women, and Batwa are majority in all the VSLAs where the VSLA has mixed members of Batwa and Non Batwa. However some VSLAs are pure composed of only Batwa and others pure non Batwa members only.</p>
<i>Objective 3: Social empowerment and equality improved</i>	<p>By March 2013, 420 Batwa men and women are able to participate actively in community management and decision-making affecting communal resources and community welfare</p>	<p>Some Batwa parents are members of the school management committee in Bizi and Rugeshi Batwa community and in Nyabwishenya, Batwa community. Batwa children occupy leadership positions schools. E.g. in Sanuriro, the deputy head boy in one of the schools is a mutwa. Two Batwa (a female and a male) are members of the sub county farmers association in Mulora sub county, Kisoro District. 75 Batwa(45 men and 30 female) are in leadership positions in VSLAs</p>	<p>Effort still needed to improve social empowerment among the Batwa. High level of illiteracy among the Batwa inhibit them from taking leadership positions in institutions like schools.</p> <p>Discrimination still poses a challenge to integration. Batwa still discriminate themselves and also some of the non Batwa still discriminate Batwa. Integration is still weak but on course as demonstrated in VSLAs.</p>
<i>Objective 4: Health behaviours and health status improved</i>	<p>By March 2013, 420 Batwa men and women actively implement key preventive health behaviours and</p>	<p>273 Batwa have benefited from the Kabale Diocese Health Insurance scheme-Muko HC for Karengyeri and Bufundi Batwa community. Of these 46% are children and 31% are female</p>	<p>Planned output substantially achieved about three times.</p> <p>Some communities are very far in hilly terrain</p>

Objective	Planned output	Output realised	Comments
	appropriately utilize available health services (outreaches and nearby health units) for preventive and curative care	Through the Mutorere Health Insurance scheme and Kabale Diocese Health Insurance scheme, over 1,000 (1, 242) Batwa received health related services during 24 outreaches carried out by the partners to deliver various health related services that include immunization, growth monitoring , reproductive health , Treatment for common illnesses, Referrals to the hospital, HIV counselling and testing and health education.	and hard to reach. Services still not being delivered to them and have to walk long distances to access health services. Mutolere hospital in Kisoro district is committed to continue health services support to 11 Batwa communities under the integrated comprehensive health care services.
Objective 5: Education enrolment and literacy improved	By March 2013, 252 VSLA members are initiated in functional adult literacy initiatives through linkages with the district community development office and other FAL service providers	Only one VSLA group of Kinyarushengye in Kabale received FAL Materials from the district Only 97 Batwa in VSLAs (38% of the target) were enrolled for FAL classes only in Kabale District.	Local Government committed to support any VSLA that express interest in joining FAL. Lack of instruction materials is a challenge. FAL being done by CDO who don't have resources to effectively do their work? FAL target not achieved under HEAL Batwa benefiting in FAL from other partners (ADRA and AICM) No FAL reported under HEAL in Kisoro District.
Project Management	Staff recruitment Timely Funds disbursement Timely Reports submission Efficient monitoring of project activities	Project took off late. Staff recruitment not done as planned. Project Manager and M & E Officer reported in May 2012. VSLA data and other project data was collected, reports submitted to the VSLA MIS data quality team of CARE Uganda head office and CARE offices in Kabale and Regional.	Regular meetings with partners contributed to efficiency. Late funds disbursement to partners due to their delay in full filling partnership requirements before project commencement affected timely implementation. Partner's workload due to their organisational activities and weak capacity delay submission of reports and timely accountability.

“HEAL has improved the livelihoods of Batwa women and girls Also when we look at VSLA, it is a component in HEAL project that generates income and helps Batwa to make monthly savings.- Also when we look at Batwa institutional capacity, HEAL has built their organizational development and now they have leadership and form a stronger voice for inclusion” .[KI-KINGOF]

Economic and social improvement of Batwa

- Better living conditions (shelter) and improved nutrition;
- Increased household income base reflected by acquired household assets due to project interventions in particular the HEAL-VSLA component.
- Some of the Batwa now own land and have land agreements;
- Reported improved hygiene and reduction of morbidity from immunisable and hygiene related diseases and agents like measles, jiggers, scabies, lice, trachoma, dysentery;
- Empowered Batwa demand for their rights and occupy political and administrative positions in the community with non Batwa;
- Reduction in alcoholism thus improving the health of the Batwa. It was reported that there has been a noticed reduction in gender based violence at household level, possibly due to reduced drinking and engagement in VSLAs where due to interactions, some behavioural changes are happening.

In nearly all VSLA groups, the following were echoed which qualify the improvements in regard to economic and social improvement among the Batwa

“VSLA has enabled people to look far ahead – people no longer borrow money to buy books, instead they buy seeds which they plant and later get a lot of profits after harvest and sale. I have never seen anyone borrow money from the VSLA to go and drink it. People know how to make good use of their money”. [CBT – Nyakabande S/C]

“We have not shared out money yet but at least we can borrow money for children’s clothes, seeds such as Irish and all this has made men not to look down upon us. At least they see that we are bringing some income and other basics to the home” [CBT-Nyakabande-Kisoro District].

Project performance

CARE globally took on a new on line finance management and planning system during 2012 and as a result, staff were being oriented to the system and this cost the project some delays. The Project lost funds that were to be used for some of the project components through delays of submission of project concepts by partners. Delays in funds disbursement to partners affected timely implementation of planned activities.

“AICM proposal of HEAL project was in place by the time I joined; implementation of the project was to begin last year in March 2012 , but the actual implementation started in June 2012; later in August 2012 there were no funds to implement activities as per the schedule AICM had to use funds borrowed from friends of AICM. In September CARE refunded the funds.” [KI-AICM]

“BMCT-HEAL project received Ug Shs 108,000,000/= from CARE to implement HEAL project. The initial communication was that the project was to last for three years but they later received a communication saying the project will be implemented for one year yet to them even the one year they have not yet completed it because they begun implementation last year in March 2012 [KI-BMCT].

This had a negative impact on staff turnover in the partner organizations.

Although the Project goal is realistic the objectives were unrealistic given the short implementation period of one year. Behavioural changes are long term and cannot be attained in a year. The one year project span was too short for sustainable behavioural change; behaviour change needs holistic, sustained interventions to effectively address the personal, household, community and institutional behaviours that underlie poverty among the Batwa. Some of the project assumptions did not work as expected in particular the partnerships with local government and affected efficiency in project implementation.

Integration of Batwa and Non Batwa continues to face the historical socio cultural divide between the Batwa and non Batwa and will negatively impact on the VSLAs formation and growth. Land is still a significant constraint to development of the Batwa and negatively impacts on all project interventions designed to uplift the Batwa socially and economically. Shelter is another challenge the majority of Batwa face.

2.1 Objective 1: Land and shelter improved

Planned

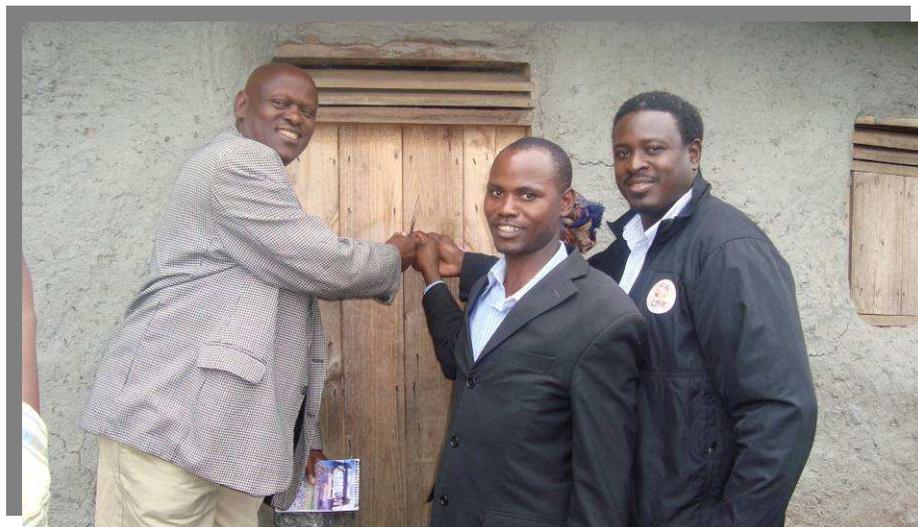
By March 2013, fifteen (15) Batwa households are settled on their own land, residing in proper shelter, (houses with plastered walls, roofed well, doors & window with shutters, with WASH facilities, kitchen) having sustainable access to productive land. Under this objective the project supports Batwa to secure access to land



Photo: Common housing unit for Batwa in one of the project area.

Outputs

HEAL Supported 9 Batwa (5 in Kirundo and 4 in Bukimbiri sub counties) out of the planned 15 who had land with construction materials (timber, 21 iron sheets, reeds) through BMCT to construct



houses in Kisoro District.
Photo: Officials from local government handing over a house constructed under HEAL.

It is however understood that through HEAL empowerment; AICM was able to solicit and get donor funds and put up 40 housing units for Batwa in Kabale district. This objective was partially achieved; only 65% of planned activities were partially

done.

No purchase of land was to be done under HEAL. However, HEAL initiative supported advocacy meetings with local government officials to allocate land to Batwa for long term food production. A secure land tenure and ownership gives Batwa confidence to engage in more long-term land uses. During 2012, CARE worked with partners to formalise ownership of land previously provided by CARE with funding from other donors. As a result, 84 Batwa households secured ownership of land and have land ownership agreements.

HEAL advocacy with Local Government authorities for Batwa land rights outcome has been that Nyabwishenya, Bufundi and Chahi sub counties agreed to let the Batwa temporarily use respective sub county land for production. Chahi and Nyarusiza sub counties in Kisoro district have temporarily allocated land to 4 Batwa families each to be used for Agriculture and settlement. This however is not a long-term strategy for there are local government concerns that there are already negative sentiments among the non Batwa local community against this decision as there are non Batwa who also do not own land

“The land issues are so difficult. Land ownership/holding is less than an acre in the community. There are very few households who have an acre. It is a general community compliant to buy land for the Batwa. As a district, there would be war if we bought land for Batwa, the non-Batwa would fight. We may have to the change the approach of helping the Batwa - Example of the Apiary production. For purposes of integration, we need all actions to achieve that integration for sustainability”. [LC V Kisoro District]

A large proportion of the Batwa have been living in squatter arrangements, where the size of land allocated by landlords is very small, often barely enough for a hut. Before HEAL, the Batwa never used to have gardens. They would go to cultivate for the Bakiga, would be given food which they

would eat and finish. The Batwa land owners and those who have been resettled are more able to grow food for their families; self-esteem and confidence were also improved. The Batwa now have improved food security for they own gardens through of HEAL initiative; however small this may be. HEAL's plan of encouraging Batwa groups to have marketing associations may be unrealistic in the short run; they still have little produce to market due to limited land and/or landlessness.

According to the AICM Founder and Chairman, Bishop Enock Kayeye, AICM first bought land for the Batwa in 1998. This is land that will soon be handed over to the Batwa. In addition, AICM has constructed 40 houses covering about 4 Batwa centres, in the sub counties of Bufundi and Butanda in Kabale District; this will be extended to other centres until all the settlements are done

The project impact is that Batwa have started on their own to construct better houses having seen those built by the project. This is a multiplier effect of the project.

"AICM is still constructing some of the house though majority of Batwa are squatters. However there is a mutwa who has taken an initiative to construct his own house after seeing houses constructed by AICM were looking good". [KI-AICM]

Strengths

HEAL procured 84 land agreements (22 in Kisoro and 62 in Kabale district) for Batwa who had land but lacked documentary evidence for ownership. This greatly improved land security and empowerment for the beneficiaries.

Weakness/challenge

Funds for the activity were lost during the bridging transition period from CCMB to HEAL. Partners were not ready with project concept papers and consequently donors withdrew the funds. Constructed houses lack WASH facilities in particular soap, rain water harvesting containers and pit latrines. Lack of water, plastering materials (due to lack of funds by Batwa to purchase as a contribution to the project) and for women lack of labour to build the structures has affected the construction and completion of houses.

Recommendation

Land and shelter are critical needs for Batwa and any future project support should critically advocate for address this need since they are the foundation of development.

2.2 Objective 2: Food and economic security improved

Planned

By March 2013, 279 Batwa households have sustainable access to productive land and are using it sustainably for better income and sustainable food security with adequate dietary diversity throughout the year. The target is 50 VSLA groups, whose membership is mixed, with 30% of the total VSLA participants being Batwa, and of this 60% Batwa women (252 women)

Outputs

VSLAs component

Overall the target of establishing and supporting 50 VSLA's was exceeded by 4 VSLA's (where by 35 VSLAs in Kisoro and 19 in Kabale were formed). The Batwa members are 30.5% of total which is slightly above the target by 0.5%. About 68% of the total members of the VSLA's are women showing that there are more female members than male in the VSLA's as planned. There are 255 Batwa women which is slightly above by 3 women of planned for members in the VSLA's as Batwa women. Total savings have reached to 16,121,250/= by end of 2012 while the loan value is 15,873,060/=, a good indicator of the VSLA methodology adherence.

TABLE Current VSLA Membership in Kisoro and Kabale Districts

District	Sub county		Male	Female	Male	Female	Batwa	Non Batwa	Totals	%age female	%age Batwa
	Kanaba	6	46	54	18	61	100	79	179	64.2	55.9
	Nyarusiza	6	34	24	21	51	58	72	130	57.7	44.6
Kisoro	Nyabwishenya	5	8	14	28	78	22	106	128	71.9	17.2
	Nyakabande	5	2	5	21	122	7	143	150	84.7	4.7
	Chahi	5	8	4	25	113	12	138	150	78.0	8.0
	Bukimbiri	5	27	33	26	64	60	90	150	64.7	40.0
	Kirundo	3	10	24	11	40	34	51	85	75.3	40.0
Kabale	Muko	8	14	36	78	106	50	184	234	60.7	21.4
	Butanda	2	16	19	8	5	35	13	48	50.0	72.9
	Ikumba	5	6	4	41	92	10	133	143	67.1	7.0
	Bufundi	4	27	38	12	12	65	24	89	56.2	73.0
	Total	54	198	255	303	750	453	1033	1486	67.6	30.5

Source: CARE-Quarterly Report 1st July - 30th December 2012

As end of March, total savings was Ug shs 31, 065,000/=. Total women savings was 12,188,700/= about 39% of total savings. The total number of women borrowers by end of March was 456 of whom 104 (23%) are Batwa women. Most of the money borrowed is used for purchase of agriculture inputs like seeds; purchase of animals for domestic use like goats, sheep; purchase of drugs for treatment since health facilities are inadequately stocked and also purchase of scholastic materials like books, pens and uniforms for those with children in school.

With support of CARE Uganda’s VSLA technical unit, the project embarked on training of 11 VSLA Community Based Trainers (CBTS). The trainers have been pivotal in supporting VSLA activities implemented by Bwindi Mgahinga Conservation Trust and Africa International Christian Ministries. A Management Information System (MIS) training was also conducted to equip both CARE and partners staff with skills to accurately collect and manage VSLA data. The tools for information capture were developed (see annex 1) and have been used to generate information about the VSLA’s outputs.

Overall, there are more women in the groups than men who are members of the VSLAs. For example, Sanuriro Batwa Tukorerehamwe Bika Oguze VSLA in Nyabwishenya Sub County, Kisoro District , has members of whom 92% are women, 73% are Batwa and total savings about UgShs 900,000 (Est. US\$ 350). Some VSLAs are composed of purely Batwa and others are purely non Batwa members. For example, Ntugamo Tweyongyere Group has 30 members (63% are women) and has savings about Shs 3 million (Est. US\$1,200). Some groups are composed purely of female membership.

Photo: A VSLA of female members only



For example, Rucere Abaryakamwe group in Nyarusiza sub county, Kisoro District has 20 female members and all are non Batwa. The VSLA Group, Murambo Batwa Tweyambe, is comprised of only Batwa. The group started with 22 members but they are currently 14 in number because some dropped out due to some disagreements; and even some moved out of the Murambo community and settled somewhere else.

Table: Membership Composition of VSL groups. Case of Nyarusiza Sub County- Kisoro District VSLAs

Group Name & Membership	Batwa		Totals Batwa	Non Batwa		Totals Non Batwa	Total membership	%age Batwa	%age female
	Female	Male		Female	Male				
Rucere Batwa Tuzamuke	10	7	17	6	8	14	31	54.8	51.6
Rucere Batwa Tutere Mbere	6	11	17	2	6	8	25	68.0	32.0

Rucere Abaryakamwe group	0	0	0	20	0	20	20	0.0	100.0
Mubande Bakyala Kwifatanye	0	0	0	6	9	15	15	0.0	40.0
Kabale Kwifatanye group	8	10	18	0	2	2	20	90.0	40.0
Mubande Youth group	0	0	0	5	10	15	15	0.0	33.3
Totals	24	28	52	39	35	74	126	41.3	50.0

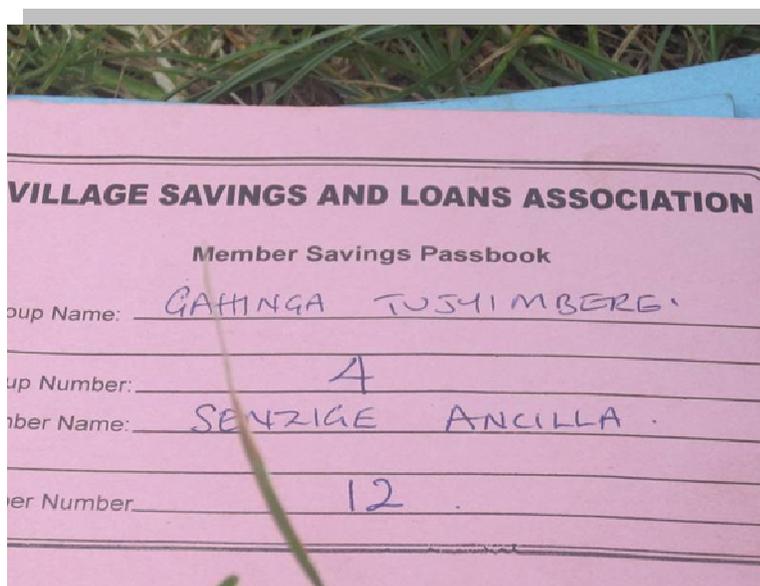


Photo: Tools used by VSLA's for financial information capture during group meetings

"In VSLA, groups are learning to come together, save and lend out the returns with interest. They are learning on economics, they have paid school fees, bought land, built houses, bought cows and goats and paid dowry. When you look at Bakiga and Batwa, they are almost similar. Through VSLA, they are learning to save. The Batwa used to drink their money but now they are learning to save money for fees and lunch for their children. [AICM Executive Director]"

People know they have a "bank" in the group, a Key Informant in Kisoro noted. This perception alone is perhaps contributing to binding the group members together. The accessibility to this "bank" is evidently much easier than to other commercial banks. It is user friendly even to the illiterates and the sense of ownership for it is quite high. The "bank" has yielded tangible results to the members and tremendously improved their lives socially and economically. Therefore HEAL's approach of the VSLAs has created a perception among vulnerable groups that it is possible to institute a successful "bank" in a local village setting that can benefit communities.

"We appreciate CARE for opening a way for the Batwa and helping them start income generating projects" [Sr. Kato-Mutolere Hospital]"

The VSLA benefit of improved household relations was highly echoed in majority groups. Women plan and invest together with their husbands. Gentleness of women and increased love towards their husbands were also reported. In one group in Rubuguri, a deaf man was a member of the VSLA

- a gesture of affirmative action. Chahi Sub County supported one Batwa dominated group with 7 sheep under government funded - National Agriculture Advisory Services (NAADS) program

“VSLA has enabled people to look far ahead – people no longer borrow money to buy booze, instead they buy seeds which they plant and later get a lot of profits after harvest and sale. I have never seen anyone borrow money from the VSLA to go and drink it. People know how to make good use of their money. VSLA has taught people to economize because here people never used to care, they would boil beans for children, for adults, for pigs, for goats, for chicken etc, and generally food used to be wasted. But nowadays, when you have your beans, you at least keep a little as seed for planting, and for the remaining; you will get other sauce such as vegetables and mix it with the beans so that people in the house can eat. This was not the case before. People/members are very proud of the VSLA. They think they have a bank in the village. VSLA has made people to love each other. They are able to borrow even 1,000/= from members. Each one feels very bad that a fellow member is going to get an x in her/his book and so makes sure that they help “[CBT-Nyakabande-Kisoro District]

Success Story of Majwi Ntingirankabo

The story of Majwi Ntingirankabo, commonly known as Sudhir, a Muttra from Kalengyere depicts a transformation that we hope to see among the Batwa in the next few decades; following interventions by support groups / organisations such as AICM, BMCT and CARE. The Batwa in Kabale district are usually supported by, or through the African International Christian Ministries (AICM). In CARE, through AICM bought land for 19 Batwa households in Kalengyere, Muko Sub County, and Kabale district. The location of this land is about 15 minutes’ walk from Kalengyere Trading Centre.

“It so happened that when AICM bought us land, all the Batwa, except me and my family, refused to utilize it, instead they moved away and spent most of their time in the trading centre. My fellow Batwa claimed there were ghosts and other super natural powers on the land which prevented them from using it constructively. I decided to settle on the land with my family and started using my parcel. I planted Irish potatoes and they did well.

Before the initiative, I was in two “akabox” groups where we used to save money. With the HEAL initiative here in Kalengyere, together with my wife, we joined the Kalengyere VSLA and started saving with the others. We save Ugshs 10,000 every week. HEAL later started distributing Irish Potato seed but I did not have enough land to plant them. I got an idea to request my colleague to rent me his piece located next to my piece and he accepted. I pay him Ugshs 30,000 per season.

The potatoes did well, and I decided to ask the other Batwa to hire me their pieces; 15 of them accepted and 3 refused, out of spite because they immediately rented their pieces to non-Batwa at the same rate. I then borrowed money from the VSLA and the other saving groups to pay for the rent, each at Ugshs 30,000 for a season. These 3 pieces are in the middle of my gardens and I have had challenges with the non Batwa users disrespecting me and sometimes trampling on my gardens. Anyway, with my rented pieces, I was able to use the land to grow beans, Irish potatoes and maize and I have already harvested the first crop.

I have left one garden of Irish potato for home consumption while the rest of the gardens are for the market. I have not lacked food in my household ever since. After my harvest, I sorted the potatoes according to size: the small ones I am keeping for future seed while the big ones are for sale.

From the proceeds of my harvest, I have managed to service the VSLA loan and taken my children to school. I have also joined other VSLA groups and regularly save with them. I have bought sheep from which I get manure for my fields; bought chicken clothes for myself and my family, a mobile phone and a hand saw. If all goes well, after the next harvest, I intend to borrow money from the VSLA and top up to buy my own land for agriculture. I also plan to start sawing timber during the times when there is no agricultural activity.

Unfortunately, my fellow Batwa do not want to associate with me because in my view, I am seen as a successful man and that alone has created malice. In addition, I think they are lazy and always just want to waste time instead of working.

As told by “Sudhir”

Implications:

Such negative attitude from fellow Batwa towards those who have become successful may be a hindrance to faster development in their community, People like Ntingirankabo would be in position to support his people in development

activities since he is a role model but the fact that the other Batwa are uncooperative and envious of his achievements, it may not be possible. This may continuously make the rest of the Batwa lag behind.

Strengths

VSLA's have been used as entry points for sensitizations on the need for the girl child education; women's empowerment and sexual harassment such as where one can go after defilement or rape. VSLAs have empowered women the more in expressing themselves and having the freedom to talk in public. Socialization as a benefit from the VSLA meetings came out in some group's reports. People meet and talk and that alone is gratifying. The purely non-Batwa VSLA women's group that was observed in action during the evaluation exercise portrayed high level of discipline in adhering to the rules and regulations of the group. They all stick to what they are meant to do and they do it diligently. The observed manner in which they conduct themselves, the attentiveness, the contributions to the welfare fund, the returning of balances, the stamping in the books, etc are all interesting to witness and leave a commendable impression. All this may have positive implications for organized future leadership; should they get a chance to form a CBO, an NGO, or get elected in senior positions in local government. The same scenario, though not observed, was reportedly taking place in other VSLAs. Therefore, HEAL has taken a step to mould future leaders through VSLAs. Kisoro District through community Development program committed to support 3 VSLA groups under Community Driven Development (CDD) funding

- *“When CARE comes to monitor us, we get encouraged especially when they come in their cars – members look at them(the cars) and feel so encouraged and even add that in case one defaults these cars will just come and lift you away’[VSLA member-Nyakabande-Kisoro District].*

The VSLA approach had its candid rules but each group was not restricted to these rules alone; they were given chance to include their own rules that they felt would shape their groups. This flexibility helped members to manage their group dynamics guided by their own agreed upon policies. The results to this are reflected in the positive adherence to rules and eventual impact of the VSLA's on their livelihoods. For example a rule that men are not supposed to look down upon women in meetings was found to be common in Kisoro District. In case of violation of rules, there are fines.

Weakness/challenge

Some of the VSLA's did not attain the set percentages of the required composition of Batwa and non Batwa members in a VSLA. For example in Nyakabande, Chahi sub counties in Kisoro district and Ikumba sub county in Kabale District have less than 10% of Batwa members of VSLA's which is less than the required 30%. Some of the groups have all members of the same gender.

In one VSLA group – Rwamahano – majority women reported that much of the money borrowed was used to buy clothing which was contrary to other groups where buying seed took the lead.

Project has created rivalry between Batwa and Non Batwa members of VSLAs since only Batwa VSLA member's access the seeds provided to groups leaving out the non Batwa. Membership is restricted to 15-30 members are some who want to become members are excluded.

“When we introduced VSLA, some people did not care; they just did not care to join. But now when they have seen how both the Batwa and non Batwa have saved, they are so much on my neck that when will they also be brought VSLA. We have kept promising them and explaining that the initial procedure wanted only 5 VSLAs, they then say that

they can do without the Boxes. That they can keep on saving on their own until when CARE finally brings the Boxes’. [CBT-Nyakabande-Kisoro]

VSLA's are self select and some who want to be members are also excluded. This reduced the number of members and became a source of conflict among the interested members.

“Process of transforming the Batwa is a slow process. Transformation is a very slow process. *“Orikuruga omumwirima tagaya mushana”* directly translated to mean that *“whoever is coming from darkness that does not despise the light”* implying that whatever intervention there is, a Mutwa appreciates. [Reverend Kayeye-AICM-Kabale]

Recommendation

The VSLA is one of the most effective model to develop the Batwa out of poverty and should be replicated, extended in other sub counties Batwa communities and surroundings and be supported with provision of land to the landless Batwa

Sustainable access and use of land



The target of 279 Batwa households to have sustainable access to productive land and using it sustainably for better income and sustainable food security with adequate dietary diversity throughout the year by end of project has not been achieved during the project period.

Photo: A mutwa in his garden of Irish potatoes

The training was done, seeds distributed but some of the crops are still in the gardens and it is difficult to assess the outcome of the produce still in the garden. Adaptability rate is still low and Batwa lack land and manure. They lack funds to purchase the agro

chemicals for spraying the Irish potatoes, the pumps and other agro inputs.

Land issues

Some Batwa expressed fears and worries about being thrown away from the land they stay on. This is because some lacked agreements and others had land documents that did not give provision for witnesses' signatures. Members clearly understand the implications to all this including when the agreement does not have both husband's and wives' names. Batwa in Kinyarushengye, Bufundi S/C in Kabale felt an agreement without a man and woman's signatures can not be accepted. This shows how HEAL's social empowerment has been cross cutting – it is in land, in health, in VSLAs, in households and in agriculture. This knowledge and social empowerment in land related issues has become an eye opener to the vulnerable Batwa communities who perhaps previously never knew what ownership of land and agreements at household level meant.

2.3 Objective 3: Social empowerment and equality improved

Planned

It was planned that by March 2013, 420 Batwa men and women would be able to participate actively in community management and decision-making affecting communal resources and community welfare

Outputs

This objective has been achieved based on the following findings. It is observed that Batwa have been empowered and are actively involved in decision making affecting communal resources. Some of the VSLAs, 75 Batwa occupy leadership positions (30women and 45men) like chairperson, secretary, defence, treasurer etc.

-“ You cannot play with the Batwa anymore, when you write a proposal, you will have to answer for all that was put in the proposal. They no longer want to be used as stepping stones.- Their leadership is now coordinated, Previously, they had intra-conflicts but now they have strong leadership structures at community level”.[KIKINGOF]

Some Batwa parents are members of school management committee e.g. in Nyabwishenya, Batwa community. Batwa children occupy leadership positions in the school. E.g. in Sanuriro, the deputy head boy in one of the schools is a mutwa. Two Batwa (a female and a male) are members of the sub county farmers association in Mulora sub county, Kisoro District. Project initiated a Batwa Stakeholders’ bulletin for both Sensitization and social accountability. Radio programmes and drama for awareness rising are carried out on Muhabura FM. The project supported United Organization for Batwa Development in Uganda (UOBDU) to set up an information management system. The System is in not fully in operation due to lack of data to update and lack of competent staff to manage it.

Batwa were empowered and facilitated to petition the Equal Opportunities Commission. The document that was presented to the Equal Opportunities Commission in January 2013 elaborated Batwa issues on marginalisation, allocation of land and land rights, education, health, lack of infrastructures. The petition was inclusive of Batwa from Kanungu, Kisoro and Kabale district. KINGOF spear headed the participatory meeting of Batwa who presented different issues for inclusion in the petition.

HEAL Project facilitated establishment of the Batwa Stakeholders’ bulletin for both sensitization and social accountability. Nine Radio programmes and drama for awareness raising were carried out on Muhabura FM. Consequently, the Batwa have been gaining confidence to proactively express their needs; including opening up to articulate their views on many issues. The fact that they can be listened to by diverse non-Batwa is itself greatly empowering. Many are no longer shy or timid to be identified as Batwa.

Project interventions under VSLA have improved family relationships between spouses. Batwa men who are not in VSLA groups do lend money to their spouses to go and save in the VSLA group. Men’s attitude towards women has improved and men now look at women as partners and share ideas to manage the resources.

Strengths

There has been reduction in discrimination of Batwa by Non Batwa among the community. Batwa and non Batwa now share community resources e.g. water points, outreaches during health care

services and even using same hospital beds during admissions and delivery unlike in the past. Increasingly, the Batwa are seeing themselves and being seen as human beings like all others. Among the important contributing factors are the community water supplies and community shelters that promote integration and sharing. Opening up outreach health services to both Batwa and non-Batwa has promoted integration; and admitting Batwa patients to open wards in hospitals has also helped in integration.

There has been some advocacy with LCs, e.g., by UOBDO, which has also helped. Increasing numbers of Batwa children are now in public schools. Batwa have been invited to participate in various events associated with the project together with non-Batwa, e.g., Stakeholder Fora, conditional benefit award ceremony, VHT training. Respondents gave substantial credit for these changes to the community health outreaches and to health care at hospitals; also for the community shelters and water systems, and for VSLA in some areas.

Weakness/challenge

The high illiteracy rate among the Batwa complicates the perception of Batwa on issues of empowerment and gender emancipation. Although integration is becoming a reality, discrimination of Batwa is deep rooted and still exists in the community.

Recommendations

Partnership with local government for advocating for the Batwa issues be strengthened. Supporting CDOs to be directly involved in implementation, monitoring, and technical support of NGOs/CBOs can improve on services delivery and increase empowerment for the Batwa. FAL activities be revitalised to increase level of literacy among Batwa.

2.4 Objective 4: Health behaviours and health status improved

Planned

By March 2013, 420 Batwa men and women actively implement key preventive health behaviours and appropriately utilize available health services (outreaches and nearby health units) for preventive and curative care. This was through the two partners (Mutorele Hospital and Kabale Diocese Insurance scheme at Muko Health centre III for Batwa communities of Karengyeri and Bufundi.

Outputs

As end of December 2013, 273 Batwa had benefited from the Kabale diocese Health scheme and of these 46% are children and 31% female adults. Over 1,000 (1,242) Batwa received health related services (immunization, treatment, reproductive health, HIV Testing, growth monitoring, deworming etc) through the project partners.

The impact of this has been a reported reduction in hygiene related illnesses like scabies and other skin diseases, dysentery, cholera, trachoma. Morbidity from immunizable diseases has also reduced according to the impact group.

“On the side of the Batwa, they have improved a lot, they are clean, settled and it is even difficult to differentiate them from the non-Batwa [CBT –Nyakabande Sub County]

“The HEAL project is a wholesome approach and the evidences are there. The Batwa can wash, the women’s hair is worked on, they use perfumes, and they have self esteem and can even embrace. One can see a lot of positive change.” [AICM Executive Director]



Photo: Batwa women smartly dressed

According to the Mutorele Hospital staff, there are cases of syphilis that have been identified and the numbers are on an increase. Even HIV cases have been found among the Batwa. The drivers of HIV and syphilis are unprotected sex practices among the Batwa and alcoholism.

“Many have syphilis and cases of HIV are increasing because they are mobile and move from community to community. They are also drunkards and this has increased their HIV spread. All age brackets are affected.”[Sr. Kato-Mutorele Hospital]

SUCCESS CASE STUDY

“Once a Mutwa trusts you, they will confide in you and tell you everything.....”

A Mutwa lady suffering from severe bleeding (medically referred to as *Menorrhagia* and defined as menstrual bleeding that lasts more than 7 days or bleeding that is very heavy) was cured due to her trust in one person. This trust did not come in one day but it was as a result of series of interactions with Sr. Kato of Mutolere Hospital through outreaches involving sensitisation and awareness rising about the benefits of seeking medical care for both children and adults. The involvement of Mutolere Hospital with the Batwa started with the CARE - CCMB project and is still running under the Euro change Charity support (now known as Sustain for Life) for the next three years.

Through sensitisation, awareness raising, outreach campaigns, support and eventual trust in Sister Kato, the Batwa are increasingly seeking medical care and immunizing their children. Most of the Batwa hygiene including washing clothes and bathing the whole body, they can no longer smell, has greatly improved. Little by little, most of the Batwa are no longer shunned and /or stigmatised at Health centres, churches, and in markets by non-Batwa; which has improved on their outlook and becoming confident in seeking help where they need it, in this case medical help. This is how the Mutwa woman from Kabahenda village ventured to seek modern medical help for her chronic severe bleeding

Once, I was away for official duty and this Mutwa woman (“mutwakazi”) came all the way from her community of Kabahenda, to Mutolere Hospital looking for me and specifically to seek medical help for a persistent problem, she had had for nearly six years. On reaching the hospital, she requested to see me but was informed that I was away and was advised to see the Doctor on duty. Initially, she did not want to see a Doctor she did not know and felt she could not comfortably share with him her problem.

Because she was sick, she accepted and joined the queue and when her turn came to see the Doctor, she simply mentioned she was bleeding and did not give further details about her problem. Consequently, the Doctor prescribed drugs for what he believed was the right diagnosis. You see, she could not trust anyone to share her deep seated problem. She received the drugs given to her but did not go home. She decided to hang around and keep a look out for me, and even spent a night because I did not return until the next day. When I arrived the next day, I found her waiting and when she saw me, she was so happy and came to my office where she narrated the whole ordeal as she had experienced it.

It was at this time that she confided in me the nature and extent of her problem. Immediately, I introduced her to the Gynaecologist who did the necessary checkups and scheduled her for surgery the next day. The surgery was successful and the Mutwa woman returned home after a few days with the problem completely addressed. Apparently, the Mutwa woman had fibroids which had caused her the chronic severe bleeding over a long time. You see, once a Mutwa trusts you, she will tell you everything” We appreciate CARE for having engaged Mutolere Hospital to better the lives of the Batwa”.

As told by Sr. Kato (Mutolere Hospital)

From this experience, it is evident that it is possible that many Batwa and other non Batwa vulnerable groups succumb to death due to ignorance, fear, stigma and mistrust of those they do not know.

Consequences (outcomes and impacts) – many people commented on the Batwa’s decreased smell and better appearance, saying that this was leading to decreased discrimination, more self esteem, increased integration; as well as less dysentery and fewer diarrhoeal diseases.

The December 2012 morbidity data from Rushoroza Hospital for Batwa cases show malaria (320), respiratory infections (151) and typhoid (112) a significantly high numbers of cases. Typhoid is a result of lack of good drinking water among the Batwa communities while the respiratory infections is associated to poor shelter and heavy smoking habits among the Batwa. It is also noted that the number of deliveries reported increased between December 12 (13 cases) and January 2013 (29 cases). This is one of the indicators of project impact and success on behaviour change among the Batwa delivering from a hospital that never used to be the case.

Strengths

The service providers have experience and committed staff that have the interest in serving the Batwa without any discrimination. Donor support had also given the implementing agencies the capacity to effectively provide the services that are needed by the marginalised groups of people in particular the Batwa.

Weakness/challenges

Some Batwa communities e.g. Mirambo have no outreaches facility and this denies them the health education and treatment that would be provided during the outreaches. Because of distance some emergencies are not attended to. In some communities, one has to walk 2 hours to reach the communities or climb hills for 1 hour such as in Gitebe and Bizi Batwa communities there are very many challenges to access for safe water and building latrines.

The grasp of the concept of health insurance is low among some communities. Some lack solidarity and feel there is no reason to pay money and take a year without falling sick. According to them this is a loss.

Nevertheless, some cultural beliefs such as eating with unwashed hands claiming that the crops will not grow may jeopardize the good intentions of the health education to prevent diseases. Health education need to address these beliefs and cultural practices that harm positive impact from health education.

Factors that have hampered behaviour change

There is persistent lack of drugs and services in some outlying units and Batwa have problems meeting any 'extra' charges in government health units. Lack of transport to hospitals for delivery and ante natal services affects maternal services to the Batwa. Even some health facilities are very far and the roads are equally bad not motor able even using motorbikes.

Lack of water

The level of hygiene among the Batwa has improved although in some cases water is an issue especially in Nyarusiza, Kisoro District and other hilly places where water is very far in the valleys and not easy to reach.

"There is no water in Nyarusiza communities and have to travel more long distances to fetch water. They mostly use dirty water. Being members of the VSLAs has helped them to be clean; few are still dirty. They are okay with non Batwa. CHI from Mutolere – they prefer this program they feel loved and accepted. We receive better Care. Outreaches are happening. [CBT-Nyarusiza sub county]

Recommendations

Conditional benefits should be supported since they stimulate demand and behaviour change for health seeking among the Batwa in particular those delivering in hospitals.

VSLAs can introduce the health saving for each member that can be used for health insurance

2.5 Objective 5: Education enrolment and literacy improved

Planned

By March 2013, 252 VSLA members are initiated in functional adult literacy initiatives through linkages with the district community development office and other FAL service providers.

Outputs

The objective was not substantially achieved. Only one VSLA group of Kinyarushenge in Kabale District received FAL materials from the district. No FAL materials were provided in Kisoro District. As end of 2012, 97 Batwa in VSLAs (which is 38% of target) had enrolled for FAL classes.

This objective was to be achieved through the linkage with local government and in most of the cases local government is under funded for FAL activities.

However, the importance of FAL is recognised by all stake holders who consider it as an important catalyst to other project activities in particular behaviour change and VSLAs growth. FAL is important since high level of illiteracy has a negative impact on level of adoption and synthesizing the importance of development.

“We have looked at education (Formal and non-formal). I have seen the Batwa writing, writing their names on the books given to them. On FAL, they have been empowered to demand, they ask questions, they demand services and can articulate issues with government and local councils. Where people have not favoured their welfare, they have come up to demand”. [AICM Executive Director]

HEAL’s impact on education has only been through VSLAs where parents have been able to borrow money to pay school fees for their children after recognising the importance of education. The need for FAL services was high among VSLA members. There has been a great step towards achieving Batwa empowerment through education; Batwa parents’ functional adult literacy participation is significantly showing positive improvements through the number of Batwa in VSLA joining FAL classes.

Strengths

The project made use of the available FAL instructors recruited and trained by Local governments

Weakness/challenge

Inadequate funds for FAL activities in local government undermine the good intentions of the project goal.

Recommendations

Support districts with resources to carry out FAL activities by the CDOs at sub county level where the Batwa communities are.

Local government should also use the little available funds for FAL activities more effectively through rational and strategic budgeting, planning and allocation.

3.0 Conclusions and Recommendations

Conclusions

The Project level of achievements demonstrates that it is on course and will achieve its long term goal and objectives in the long run. Despite the challenges experienced by the project, it has substantially had positive socio and economic impacts on the impact group within the short implementation period. Notably, the VSLA component under the *“Food and economic security improved”* has been very successful and has strong sustainable indicators for positive social and economic impacts on the impact group. VSLAs multiplier effects on contributing towards the positive impacts of other project activities are visible and demonstrate its importance and central linkage. The *Land and shelter component has had financial drawbacks which affected the project to realise the planned outputs.* Land and shelter are critical needs for the impact group that the project has not significantly been addressed. HEAL has built the organizational development of the Batwa who now have leadership and form a stronger voice for inclusion in the communities they live and interact. There is considerable improved level of integration between Batwa and non Batwa in particular in the VSLAs groups and in social gatherings that include non Batwa.

There is credible evidence in economic and social improvement of Batwa as a result of the project that include the following: Better living conditions (shelter) and improved nutrition; Increased household income base reflected by acquired household assets due to project interventions in particular the HEAL-VSLA component. Batwa have improved hygiene practices especially washing clothes and bathing and a reduction in morbidity from immunisable and hygiene related diseases and agents like measles, jiggers, scabies, lice, trachoma, dysentery; Batwa have been empowered to demand for their rights and now occupy high political and administrative positions in the community with non Batwa. There is reduction in alcoholism consumption favouring saving culture thus improving the health and economic base of the Batwa.

HEAL initiative has advocated for Batwa at Local and National level government levels so that they are considered for support under government programmes like Community Demand Driven development program (CDD). As a result, three Batwa VSLA groups have benefited from CDD money such as in Sanuriro Batwa-Group. NAADS gave them goats. They were supported to present their issues in the Equal Opportunities Act (EOA) and this will address their rights.

Amidst scarcity of funds, CARE partners must innovatively devise cost effective participatory monitoring and supervision systems involving a whole range of project stakeholders. The project needs also to spread to other sub counties critically focusing on the real poor Batwa among the impact group. FAL is a critical element that can significantly contribute towards transformation of the Batwa and need to be promoted through greater advocacy engagement with local government to fund the sector. Preventive health is currently being handled lightly by the various stakeholders under health but the impact limited by low latrine coverage and lack of safe water sources among the communities where the Batwa live. Contracting other NGOs/CBO s that can address this area of health will contribute to transformation of Batwa.

The pledge and commitment of partners to continue project implementation when project ends is a good indicator for project sustainability. Mutorele Hospital and AICM commitment during end of CCMB has showed results in that both partners have continued to provide services to the target groups even when CCMB ended. Rugarama Hospital has committed to treat whichever mutwa makes efforts to visit the hospital for free and other partners like BMCT, OUBDU and also local governments need to commit themselves to this call.

Based on the key findings, the following recommendations are made for future support of Batwa.

Recommendations

1. This HEAL project phase has demonstrated that the VSL strategy is one of the most effective approaches to develop the Batwa out of poverty and should be replicated to other sub counties , project be extended for another second phase and supported with provision of land and shelter to the landless Batwa.
2. Partnership strategy has been instrumental in service delivery under the project and this strategy is highly recommended for future project activities. Other NGOs and CBOs in the project area could be identified and partnered with to deliver services like for FAL and WASH. Dependency on local government resources for FAL is not reliable under short term projects like HEAL.
3. Partnership need to be clearly defined and roles and responsibilities of each partner followed effectively not to undermine the partnership and its outcomes. Timely accountability, efficiency in service delivery and reporting be critical in assessing future partnership arrangements.
4. Consider substantial budget for Monitoring and Evaluation component to facilitate field monitoring activities on the ground to follow up and audit partners rather than relying on field reports from partners which are not verified.
5. VSLAs can introduce a component for the health borrowing from the savings for each member that can be used for health insurance.

ANNEXES

1-Name of Key informant interviews (individuals and VSLA groups)

	District	Sub-County	Parish	Village	VSLA group	Respondent type	F	M	All
1.	Kabale				Sabiti T.	CDO, Kabale district	0	1	1
2.	Kabale				Helen Turyahabwa	Kabale Diocese CHI ² Scheme	1	0	1
3.	Kabale				Bishop Enock Kayeye	AICM, Founder and Board Member	0	1	1
4.	Kabale				Helen Ninsiima	CARE HEAL Livelihoods Advisor	1	0	1
5.	Kabale				Nicodemus Tumukwasibwe	CARE HEAL, Project Manager	0	1	1
6.	Kabale				Timothy Balikenga	CARE HEAL	0	1	1
7.	Kabale				Claire Arinitwe	CARE HEAL, M & E Officer	1	0	1
8.	Kabale				Bruce Byamukama	AICM focal person	0	1	1
9.	Kabale	Bufundi	Kashasha	Kinyarushengye	Kwetungura Batwa Bakiga group	FGD Female	16	0	16
10.	Kabale	Bufundi	Nyakabungo	Nyakabungo	Nyakabungo Tweyambe Group	FGD Mixed ³	10	2	12
11.	Kabale	Bufundi	Kisenyi	Nyakabungo	Kinyarushege-Kisenyi	FGD Mixed ⁴			
12.	Kabale	Butanda	Murambo	Murambo	Murambo Batwa Tweyambe	FGD Female	12	0	12
13.	Kabale	Butanda	Nyamiryango	Makanga	Makanga Batwa Turanzehare	FGD Male	0	8	8
14.	Kabale	Muko	Rwamahano	Rwamahano	Bakiga Batwa Oguze & Batwa Bakiga Kweterana Group	FGD Female	14	0	14
15.	Kabale	Muko	Kagano	Kalengyere	Farmer, Majwi Ntingirankabo	Male farmer	0	1	1
16.	Kabale	Muko			Tumukunde Edison	BCT	0	1	1
17.	Kisoro				Rev. Emmanuel Mfitumukiza	KINGOF Coordinator	0	1	1
18.	Kisoro				Sr. Kato, Mutolere Hospital	In-Charge	1	0	1
19.	Kisoro				Stephen Tumusiime	BMCT	0	1	1
20.	Kisoro				Bazanye Milton	LC V	0	1	1

² CHI - Community Health Insurance

³ The two groups were interviewed in one FGD (Nyakabungo Tweyambe and Kinyarushenge Kisenyi)

⁴ The two groups were interviewed in one FGD (Nyakabungo Tweyambe and Kinyarushenge Kisenyi)

						Chairman			
21.	Kisoro	Bukimbiri	Kagunga	Biraara	Biraara Batwa Community	FGD, Mixed	12	2	14
22.	Kisoro	Bukimbiri			Velence Tukeijuka	CBT	0	1	1
23.	Kisoro	Busanza			Kabahenda Batwa Saving Group	FGD(non HEAL)			
24.	Kisoro	Chahi			Kabaya Kwifatanye		0	15	15
25.	Kisoro	Kanaaba	Kagano	Kagano	Kagano Twiyubake Group A				
26.	Kisoro	Kanaaba	Kagano	Kagano	Kagano Kwifatanya Group B				
27.	Kisoro	Kanaaba			Peter Hakizimana	CBT	0	1	1
28.	Kisoro	Kirundo							
29.	Kisoro	Kirundo							
30.	Kisoro	Nyabwishenya	Nteeko	Sanuriro	Sanuriro Batwa Tukorerehamwe Bika Oguze		15	6	21
31.	Kisoro	Nyabwishenya	Nteeko	Ntungamo	Kahurire Twimukye Group				
32.	Kisoro	Nyabwishenya	Nteeko	Ntungamo	Ntungamo Tweyongere Group		8	4	12
33.	Kisoro	Nyabwishenya			Birungi Denis	NAADS Coordinator	0	1	1
34.	Kisoro	Nyabwishenya			Mugisha Christopher	CDO	0	1	1
35.	Kisoro	Nyabwishenya			Phillip	CBT	0	1	1
36.	Kisoro	Nyakabande		Mperwa	Mperwa Batwa Twifatanye		14	5	19
37.	Kisoro	Nyakabande			Abizeera group ⁵		28	1	29
38.	Kisoro	Nyakabande			Agnes Karuhije	CBT	1	0	1
39.	Kisoro	Nyarusiza			Ezra Bakunda	CBT	0	1	1
40.	Kisoro	Nyarusiza		Kagano	Kagano				
41.	Kisoro	Rubuguri		Kashaija	Bakiga –Batwa Kweterana Group	FGD female	9	0	9
42.	Kisoro	Rubuguri		Kashaija	Kashaija Batwa Bakiga Twetungure	FGD Male	0	7	7
43.	Kisoro	Rubuguri		Nyabaremura		FGD Mixed	8	4	12
44.	Kisoro	Rubuguri			Sylvester Tugume	CBT	0	1	1

⁵ The Abizeera group was saving on this day and the study team witnessed the group in action

2-CBT Data collection Tool on VSLAs

CBT name and Number		PITHUP	
No.	Item at the end of a meeting	Information/Data Required	
1.	NAME OF ASSOCIATION/GROUP	KATHUKIYE 1202	
2.	ASSOCIATION/GROUP NUMBER	02	
3.	LINKAGE TO EXTERNAL SAVINGS	-	
4.	LINKAGE TO EXTERNAL CREDIT	-	
5.	DATE OF FIRST TRAINING MEETING	26/3/2012	
6.	DATE SAVINGS STARTED THIS CYCLE	01/9/2012	
7.	GROUP FORMED BY	CBT	
8.	MEMBERS AT START OF CYCLE	22	
9.	DATE OF DATA COLLECTION	26/01/2012	
10.	ACTIVE MEMBERS AT TIME OF VISIT	17	
11.	ACTIVE MEN AT TIME OF VISIT	-	
12.	ACTIVE WOMEN AT TIME OF VISIT	17	
13.	NUMBER OF MEMBERS ATTENDING MEETING	21	
14.	DROP OUTS SINCE START OF CYCLE	-	
15.	VALUE OF SAVINGS THIS CYCLE	667900#	
16.	NUMBER OF LOANS OUT STANDING	21	
17.	VALUE OF LOANS OUT STANDING	767900#	
21.	BANK	481000#	
22.	CASH IN OTHER FUNDS/SOCIAL FUND (WELFARE)	55600#	
23.	PROPERTY AT START OF CYCLE	-	
24.	PROPERTY NOW	Tool Kit	
24.	DEBTS	-	
This is user defined			
25.	GROUP LOCATION(DISTRICT, SUB COUNTY, PARISH, ZONE)	Kahungu Xb sho X1706u Nisao	
26.	SHARE VALUE	500#	
27.	INTEREST RATE	5%	
28.	NET SAVINGS BY WOMEN	667900#	
29.	NUMBER OF WOMEN ACCESSING LOANS	21	
30.	BATWA WOMEN ACCESSING LOANS	-	
31.	NUMBER OF LOANS OUTSTANDING BY	Total Women	Batwa Women
		21	-
32.	CUMULATIVE NUMBER OF LOANS	21	
33.	CUMULATIVE VALUE OF LOANS	787000#	
34.	LOAN USE BY MEMBERS	Non Batwa	Batwa
		buying agrib and other equipment school inform	-
35.	TOTAL NUMBER OF BATWA	Batwa Male	Batwa Female
		-	-
	ACTIVE BATWA AT VISIT	Batwa Male	Batwa Female

7.	IS THE GROUP LINKED TO GOVERNMENT PROGRAMS (CDD NAADS)	—	—
	No. OF BATWA LINKED TO FAL CLASSES	Batwa Male	Batwa Female
	NET SAVINGS BY BATWA	Batwa Men	Batwa Women
	NUMBER OF BATWA MEN ACCESSING LOANS	—	—
	NUMBER OF LOANS OUTSTANDING BY BATWA MEN	—	—
	No. OF BATWA PARTICIPATING AT FARMER FIELD SCHOOLS	Batwa Male	Batwa Female
	1412 BLESS PAB	110,000	—
	FINE	33,000	—

3. CARE- HEAL Project Voices from members of the impact group

What are differences between those with iron roofed house and those without? [Baking –Bata Kweterana Group- Rubuguri Kisoro District]

- ❖ Those in grass thatched houses are suffering with rain, it rains on their beddings, the beddings rot and they lack what to sleep in.
- ❖ Those without houses spend a lot of their time trying to work on their dilapidated shelters while those with good houses are busy looking for money in town.
- ❖ Those with poor shelters are easily identified because they don't dress smartly like those who live in iron roofed houses.
- ❖ Those without iron roofed houses don't want to cultivate, they end up stealing and we don't know why they really behave like that.
- ❖ Those they have built iron roofed houses for are quite hard working and even sell to us Bakiga vines of potatoes.

What have you achieved by joining the VSLA or what have you used the money for?

- ❖ When we are poor, the "kabox" helps us to borrow money, buy seeds and plant Irish and pay the loan back after selling.
- ❖ I borrow money to buy chicken and the chicken lays eggs which I give to my children to eat.
- ❖ I send my husband to borrow money from the "kabox" when am sick and repay after I recover.
- ❖ I have borrowed and bought utensils.

- ❖ I have borrowed and bought clothes and been able to go in public looking smart.
- ❖ We have got medical treatment (from welfare funds).
- ❖ - We have got fees for our children (from welfare funds)
- ❖ - The Batwa can now associate with the non - Batwa which was not the case in the past.
- ❖ - We can borrow money to buy seeds e.g. Irish potatoes and beans
- ❖ - We have been able to buy clothes
- ❖ - We are carrying out business using money from the group
- ❖

How exactly did you choose who to be in the group?

- ❖ The CARE trainer told us to choose trustworthy people who will not make the group collapse. This CARE lady told a few of us and told Abdu, the Chairman of the group to get us the most trustworthy persons to join our group. We went informing each other until we added up to 30. Those who were not selected quarrelled that they were not selected and when they came to forcefully join us, they found when we had already closed the registration.

In what ways has the group empowered you as women and men and as Batwa and Bakiga?

- ❖ The Batwa have learnt a lot from us the Bakiga and we have also learnt from them. E.g. we the Bakiga have learnt discipline from the Batwa, when we are in our meetings they are very principled. They don't bring chaos.
- ❖ We the Batwa have learnt to cooperate with the Bakiga in these groups.
- ❖ We women in the group have been able to plan with our husbands for example when we borrow money; we plan how to use it e.g. buying a pig. Before, we would plan but there was not even money to plan for.
- ❖ Our men are able to lend us money because they know we shall go to the group and pay back.

Any recommendations?: Bakiga –Batwa Kweterana Group –Rubuguri-Kisoro

- ❖ Our Baking-Batwa Kweterana Group was formed so that we team up with the Batwa and they learn from us and they develop economically because their source of income was inadequate. But we are not happy that when they bring Irish, they only give to the Batwa and don't give us the Bakiga.
- ❖ Among the Bakiga, there are widows who have nowhere to sleep- their houses are grass thatched and are in poor conditions.
- ❖ We need agreements for our land.
- ❖ We want to go to Radio and talk about, what CARE has done for us and that we need agreements.
- ❖ We want to be assisted with sheep for it will help us with manure.

What impact has been realized after improvement in hygiene?

- ❖ Some diseases such as dysentery, chicken pox have reduced.
- ❖ Eye problems have reduced
- ❖ Jiggers and lice have disappeared.
- ❖ Skin rashes/scabies have reduced. [*Nyaburemura Batwa –Bakiga Group –Rubuguri*]

Do you ever boil drinking water? There is no need to boil water. We don't have enough saucepans for boiling water. Even when you boil, the soot will go into the water when it rains. We cannot boil water when our houses are thatched with grass that fall in the water. ***[Nyaburemura Batwa –Bakiga Group –Rubuguri]***

4- Terms of Reference for HEAL Project Impact Evaluation



Back ground

CARE has worked in south-western Uganda for more than 20 years with some of the initiatives aimed at empowerment and development of ethnic minority groups. Among such efforts are Combating Child Mortality among Batwa (CCMB) and Batwa Livelihood Project (2008-2010) within the broader REPA programme. Other CARE interventions in the region were in Integrated Conservation & Development, Enterprises Development, and Livelihoods improvement.

Batwa are an indigenous ethnic minority group living in remote parts of South-west and Western Uganda, with the greatest concentrations residing in Kisoro, Kabale and Kanungu districts. Batwa were forest-dwelling hunter-gatherers, but were displaced from their ancestral areas when the areas were gazetted as forest reserves and later national parks. Although a number of Batwa currently stay in small settlements on small plots purchased by NGOs, up to 50% remain landless and live as marginalised squatters on other people's land, (Batwa Household Census Survey, 2011). There are 529 Batwa HH in Kabale and Kisoro according to the survey.

In December 2011 CARE International in Uganda secured funding for 3 months and later for one year for a Health, Education, Agriculture & Land rights (HEAL initiative). HEAL's impact group is Batwa women and girls between 10-49 years. This initiative builds on other CARE initiative in the region and will end in March 2013 but some hope of extension. In the meantime CARE Uganda is transiting to a programme approach with the HEAL as one of the programme component initiative under Women Empowerment in Natural Resources Governance (WENG), one of the three CARE programmes in Uganda. In all her programming a Rights Based Approach, Learning and partnership implementation among others are central.

As the current phase of HEAL draws to an end, CARE Uganda seeks services of a consultancy to carry out an end study to evaluate the initiative.

HEAL Project

The overall goal of the initiative is *"Empower Batwa women and girls (10 - 49 years) to participate equitably in decision making at household and community levels, and to have improved sustainable livelihood securities"*. WENG's goal to which HEAL contributes, is stated as *"Women and Girls' (10 - 49 yrs) right to utilize natural resources to affect positive and environmentally sustainable improvements in their household livelihood security is assured"*. HEAL which is funded by CARE Norway from Telethon funding is implemented in partnership with Bwindi Mgahinga Conservation Trust (BMCT) and African International Christian Ministry (AICM) in Kisoro and Kabale respectively.

Specific objectives of HEAL:

Objective 1: Land and shelter improved – By March 2013, fifteen (15) Batwa households are settled on their own land, residing in proper shelter, (houses with plastered walls, roofed well, doors & window with shutters, with WASH facilities, kitchen) having sustainable access to productive land. Under this objective the project supports Batwa to secure access to land.

Objective 2: Food and economic security improved – By March 2013, 279 Batwa households have sustainable access to productive land and are using it sustainably for better income and sustainable food security with adequate dietary diversity throughout the year. The target is 50 VSLA groups, whose membership is mixed, with 30% of the total VSLA participants being Batwa, and of this 60% Batwa women (252 women)

Objective 3: Social empowerment and equality improved – By March 2013, 420 Batwa men and women are able to participate actively in community management and decision-making affecting communal resources and community welfare.

Objective 4: Health behaviours and health status improved – By March 2013, 420 Batwa men and women actively implement key preventive health behaviours and appropriately utilize available health services (outreaches and nearby health units) for preventive and curative care.

Objective 5: Education enrolment and literacy improved - By March 2013, 252 VSLA members are initiated in functional adult literacy initiatives through linkages with the district community development office and other FAL service providers.

HEAL implementation approaches:

The Village Savings and Loan Associations (VSLA) methodology has been used as HEAL's main entry point. Other approaches include Affirmative action for the extremely poor, Strategic partnerships, Advocacy Engaging men, conflict sensitivity, Mainstreaming crosscutting themes, Transparency and accountability, Phased approach, Documentation learning and information sharing.

HEAL's relationship with other projects/programs in the south western Uganda.

HEAL does not exist in isolation. This project draws synergies from among others REPA II, a 5-year programme building on a good governance approach to improve well being of poor natural resource dependant households. REPA II overall goal is "Poor natural resource-dependent households achieve improved livelihoods, and natural resources are conserved through equitable and sustainable management of natural resources, while good governance impacting the use and management of natural resources and the livelihoods of poor households is achieved with the effective participation of civil society and poor communities". REPA II is another programme component initiative under WENG.

HEAL feeds into REPA II's strategic objective 3, outcome 3.3 Batwa women, children and men empowered to actively engage and represent themselves in development processes to secure their rights to land and other natural resources, and 3.4 Civil society has increased organizational and technical capacity to actively engage in development processes to fight economic and social exclusion and discrimination of Batwa.

The project fits into WENG's domains of change 1: **Sustainable ENR Management and Utilisation Linked to other Livelihood Improvements** and Domain of Change 2: **Women and Men Meaningfully Participating in Decision-making at the Household and Community Level,**

Purpose of the consultancy

The purpose of this consultancy is to carry out a comprehensive final evaluation of the project in the two districts of Kisoro and Kabale in selected sub counties. The output of this evaluation is a comprehensive report of project impact, lessons learned, case studies and recommendations to project team, key partners and other development partners supporting marginalized communities.

Specific objectives of the consultancy

- a. Reviewing existing information (HEAL M&E data) and other previous intervention and baseline documents) so as Identify existing gaps and develop a plan of filling them.
- b. Clearly map out both intended and unintended impacts through documentation of successes and failures of the project on the impact group.
- c. Identify areas that need further strengthening in implementation of such a project through critical analysis of inputs Vs outputs in regard to the intended project outcomes (in the project log frame)
- d. Identify opportunities and key lessons in the implementation of HEAL

Scope of consultancy The end of project evaluation will assess operational aspects, such as project management and implementation, extent to which objectives were fulfilled as well as appropriateness of its approaches. The evaluation will cover all the project area (two districts and at least 10 out of 15 sub counties)

Responsibilities and Tasks

The prospective consultancy is expected to:

- Good understanding of the project (objectives, outputs, inputs/ resources, approaches as well as context)
- Develop and submit a technical and financial proposal to undertake the assignment
- Assess achievements/ successes, efficiency ,adequacy and constraints in terms of delivery of the project With regard to effectiveness,, relevance, impact and sustainability
- Assess the relevance and effectiveness of technical support (and training) given to the primary stakeholders (VSLA, CBTS and Partners) in relation to project objectives and the extent to which they were applied.
- Assess quality and effectiveness of coordination of key project partners for the benefit of the project Impact Group.
- Assess which factors that have influenced project implementation, and to what extent.
- Assess the prospect of the local primary and secondary stakeholders and host institutions for sustaining impact after termination of the project, taking into account assumptions and risks.

- Produce a clear set of lessons learned that can benefit replication process

CARE will provide logistics within her means to the assignment.

Outputs/Deliverables

The major outputs of the consultancy are:

- i. A detailed technical and financial proposal for conducting the end of project evaluation
- ii. Comprehensive data collection tools/instruments to be reviewed and agreed upon with CARE management (to be appended to final report)
- iii. Quality Consultancy Report with project impact, lessons learned and recommendations. The report will have half a page of an Abstract, 1-2 pages Executive Summary, and not more than 25 pages full text report excluding annexes
- iv. Prepare and make a half day presentation for project partners and other stakeholders in Kabale before finalising the consultancy report

Timeframe

Time is of essence to this assignment that should be completed by end of February 2013.

Required *Consultancy profile*

- 1) Proven experience in participatory Program Design and implementation processes with excellent analytical and writing skills
- 2) Documented prior experience of producing situational analyses and stakeholder analyses is essential
- 3) Documented experience with standard field research methods (semi-structured interviews, focus group discussions etc.) is essential
- 4) Knowledgeable in the areas of health, education, water and sanitation, livelihoods and community empowerment.
- 5) Familiarity with rural development work in Uganda.
- 6) Ability to work with sensitivity to culture, gender and conflict
- 7) Knowledge and experience in using the evaluation criteria of Transparency, Equity, effectiveness, efficiency, impact, relevance and sustainability.
- 8) Ability to see the wider scope of the project in terms of its focus on cross sector partnership for delivery and in context of the project being seen as means of communicating development.
- 9) Fluency in English and preferably an ability to understand Rufumbira and/or Rukiga
- 10) Ready to abide by the ethical principles that guide research and studies.
- 11) Ability to work under pressure with minimal supervision and in difficult terrains
- 12) Good people skills

Supervision and support

The Consultant will report to the program manager who shall take responsibility for:

- Provision of basic logistics
- Approval of tools and methodology
- Approval of payment invoices

Completion of CARE internal/external consultant evaluation form at the end of the consultancy. The consultant will work very closely with the Technical Manager, project manager and the Project staff during the whole course of this consultancy for technical support and guidance. Payment of professional fees will be made by CARE after accepting the final report.

VSLA not under HEAL project-Control sampled VSLA

KABAHENDA BATWA SAVING GROUP; Total number of members = 30 members

Background

This group consists of Batwa and non Batwa from four communities i.e. Kabahenda community, Butere community, Butoba community Nyarubelemba community. They formed a joint group which was initially formed by the Batwa who later encouraged the non Batwa to join them. This group has got a governance body which consists of Chairman, Vice chairperson, treasurer, defence, secretary. On the committee 2 are females and 3 are males. On the committee 3 people are Batwa and two are non Batwa. They have rules and regulations which help them to settle conflicts in case the rule and regulations are violated. Money which is saved is kept by the treasurer. The group does not have a "kabox"(safe for keeping money) .They save money every after two weeks. Every member is expected to save 1000/= but in case the member has no money on that the day he or she is allowed to attend the meeting. This group has been in place tor more than two years.

This group decided to begin saving because of the following reasons:

- *Reduce on poverty*
- *To learn new good practices which they can adopt*
- *To raise money as a group which can be used to meet some of the services like health, education, start up a joint business*

Benefits gained so far in the group

So far some of the members have borrowed money which has helped them to buy sheep, pay school fees, buy seeds e.g. there is a member who borrowed money from the group and bought 4 goats, 6 doors for the main house and 2 windows.

LAND AND SHELTER

Members in this group have settled on the ancestral land for the Batwa. BMCT bought land for 19 households and they were given land agreements and out of 19 households only 4 households were helped in the construction of houses. They usually grow vegetables , passion fruits, cabbages, avocado and they usually use manure from the live stock

Originally they used to have FAL lessons but currently there are no FAL classes

CHALLENGES

- *The soils are not fertile*
- *Limited land, animals for non Batwa have been destroying their crops. They find hardships in accessing health and education services because of long distances*

SUGGESTIONS

They are requesting NGOs to give them a grant , this will enable them to boost their business e.g. burning and selling charcoal!!!!