BASELINE SURVEY REPORT

FOR
ACCESS PROTECTION EMPOWERMENT ACCOUNTABILITY AND LEADERSHIP (APEAL) PROJECT

Submitted to:
CARE International in Uganda
P.O Box 7280, Kampala
Kalamu House, Plot 1B, Kira Road-Kampala

Salex International Uganda Limited
Plot 55, Nkrumah Road, Fountain house- Suite 10B,
P.O Box 1297, Kampala, Uganda, Tel: +256 776 839435; +256759839435
Email: alex.nakajjo@gmail.com, salex.uganda@gmail.com

Tuesday, 15th October 2019

Table of Contents

LIST OF TABLES AND FIGURES

ABBREVIATIONS AND ACRONYMS

AGD	Age, Gender and Diversity Policy
APEAL	Access Protection Empowerment Accountability and Leadership
ARC	American Refugee Council
CFR	Complaints, Feedback and Reporting
CFS	Children Friendly Space
CPCs	Child Protection Committees
CRRF	Comprehensive Refugee Response Framework
DRC	Democratic Republic of Congo
ECCD	Early Childhood Care and Development
EU	European Union
FGDs	Focus Group Discussions
FRRM	Feedback, Reporting and Referral Mechanism
GBV	Gender-Based Violence
GiE	Gender in Emergency
IEC	Information, Education and Communication
IRC	International Rescue Committee
IYCF	Infant and Young Children Feeding
KIIs	Key Informant Interviews
KRC	Kabarole Resource and Research Centre
LC	Local Council
MBAs	Mother Baby Areas
NFI	Non Food Items
NGO	Non-Government Organizations
NRC	Norwegian Refugee Council
ODK	Open Data Kit
OPM	Office of the Prime Minister
PLW	Pregnant and Lactating Women
PSEA	Protection from sexual Exploitation and Abuse
PSNs	Persons with Special Needs
RRM	Resolution and Referral Mechanism
RRP	Refugee Response Plan
RWC	Refugee Welfare Committee
SCI	Save the Children
SDG	Social Development Goals
SEA	sexual Exploitation and Abuse
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VSLAs	Village Savings and Loans Associations
WLiE	Women Lead in Emergency
WV	World Vision

ACKNOWLEDGEMENTS

Salex International Uganda Limited extends her appreciation to Care International National Office for assigning us the opportunity to conduct the baseline survey for the APEAL project. We extend special thanks to the APEAL project management team for their tireless efforts and support to the baseline survey exercise. We are also greatly indebted to Save the Children Kyaka II and Kyangwali settlement field office teams, IRC Kyaka II field office team, and Kyangwali CARE field office for their support during execution of this assignment. Special thanks go to the APEAL MEAL Advisor, Mr. Geofrey ARUM, for his guidance, coordination, support and the invaluable advice that he extended to the survey team.

The Survey team further acknowledges the hospitality and patience of Consortium partner staff in Kyangwali and Kyaka II offices, the communities in the project area, various stakeholders and the numerous persons who gave their time in providing information. Their open and honest discussions contributed invaluably to the completion of this Baseline survey.

Salex International Uganda Limited acknowledges the contributions of each individual team member, supervisors and enumerators to the baseline survey report. The baseline survey team comprised:

Alex NAKAJJO- Baseline Survey Team Leader
Geoffrey KALUYA- Baseline Survey Team member
Sarah NAMBUDYE- Baseline Survey Team member
Grace NAMISI- Field Supervisor and Qualitative Researcher, Kyaka II
Emmanuel WABWIRE- Field Supervisor, Kyaka II
Ronald TOGA- Field Supervisor, Kyangwali

Salex International Uganda Limited
Plot 55, Nkrumah Road, Fountain house- Suite 10B,

EXECUTIVE SUMMARY

APEAL Project Overview: APEAL project was designed to deliver a comprehensive, evidence-based and people-centred Protection & Gender-Based Violence (GBV) sector response for recent and newly-arrived refugees from DRC settling in Western Uganda. The one year project is implementing a harmonized intervention package of targeted protection and GBV life-saving assistance with a particular focus on extremely vulnerable individuals. It is being implemented by a consortium led by CARE. Other consortium partners are International Rescue Committee (IRC), Save the Children (SCI), Kabarole Resource and Research Centre (KRC), Uganda Law Society, and WoMena Uganda. The project targets to reach 80,000 beneficiaries in Kyangwali and Kyaka II refugee settlements plus refugees and host community members in Matanda and Nyakabande transit centres.

The overall goal of the APEAL project is enhancing ongoing multi-sectoral responses by providing targeted life-saving protection assistance to newly arrived Congolese refugees in Uganda. The APEAL project interventions are organized in four result areas, namely:

1) Enhanced access to timely, quality protection/GBV services;
2) Improved protection mainstreaming across state and non-state actors;
3) Provision of extra capacity in nutrition screening for young children and pregnant and lactating women; and
4) Support setting of standards and harmonized approaches to refugee protection.

APEAL Project Baseline Survey: The APEAL project baseline survey was commissioned with the overall objective of collecting values against all outcome level indicators as per the approved project Log Frame. This baseline survey report was compiled based on a cross-sectional survey of individual new DRC arriving refugees and host community members in the project area. Qualitative survey tools were used to collect in-depth information on the underlying factors responsible for the current state of affairs of APEAL project beneficiaries in general protection, GBV and child protection. Qualitative survey tools used in the baseline survey were key informant interview and focus group discussion guides.

The baseline survey data collection exercise was conducted between 22nd August and 1st September 2019 by a team of consultants supported by 16 enumerators. A total of 647 questionnaires were administered to randomly selected respondents in the project area and 157 purposively selected persons participated in the qualitative survey. There were 326 respondents from Kyaka II (50.4%), 261 from Kyangwali (40.3%), and 30 respondents (4.6%) from both Nyakabande and Matanda transit centres. Of the 647 Respondents, 79.3% were refugees (82.8% in Kyaka II and 70.5% in Kyangwali), while 20.7% were host community members (17.2% in Kyaka II and 29.5% in Kyangwali). All refugees were from Democratic Republic of Congo and had arrived in Uganda between January 2018 and August 2019. In terms of gender, male respondents were 33.5%, while female respondents were 66.5%.

Vulnerability of Respondents: Respondents reporting different forms of vulnerability were 59% across the sample while 41% of respondents did not report any vulnerability. Vulnerability was higher in Kyaka II (67.8%) compared to Kyangwali (42.5%), higher among female respondents (63%) compared to male respondents (51.2%). It was also higher among refugee respondents (63.7%) compared to host community respondents (41%). Those that had been registered as PSNs by UNHCR were 12.8% and those with cases with APEAL partners were 11%. Vulnerable persons in the sample were 371 and of these, 294 reported adoption of negative coping strategies. Therefore, percentage of Extremely Vulnerable Individuals targeted by APEAL reverting to high risk behaviors and negative coping strategies were 79.2%. These were 86.3% in Kyaka II, 76.4% in Kyangwali, 78.9% in Nyakabande T.C and 40% in Matanda T.C. In terms of gender, these were 75.2% among male respondents and 80.9% among female respondents. In terms of age categories, these were 81.7% among adolescents, 82.4% among adults and 63.9% among the elderly.

Awareness about Refugee and Human Rights: Respondents reporting to be aware of their rights were 57.7% across the sample. Awareness about refugee and human rights was higher among the host community members (82.1%) compared to the refugees (51.3%). On the other hand, awareness was lower among females (54.4%) compared to the male respondents (64.1%). Awareness was lower among the elderly at 48.4% compared to the adolescents and adults at 53.5% and 60.1% respectively.

Feeling of Safety: Respondents reporting to be feeling safe were 60.7% across the sample. Those feeling safe were 61.2% among refugee respondents and 59% among host community members; 65% among male respondents and 58.6% among female respondents. The leading causes of feeling unsafe were reported to include: theft in the community (43.9%), limited land and support (38.6%), poor shelter (36.5%), conflict with old refugees (26.7%), discrimination/mistreatment when accessing health services (24.6%), domestic physical violence (21.3%) and alcoholism/drug abuse (21.3%). Half of respondents reported Health centres as the main institution and service provider that make them feel unsafe while being served. Respondents also identified places in the settlements where they face increased risk of being unsafe and these were places were firewood is collected (forest), health centres, dark places in the settlement and water points.

Feeling of Dignity: Respondents who reported in affirmation to the feeling of dignity were 61.2% across the sample. They were 60.6% among refugees and 63.4% among host community respondents, 64.5% among male and 59.9% among female respondents. The main drivers of indignity feeling were: mistreatment and discrimination when seeking medical services (52.1%), poor shelter (36.9%), beating, assaulting and verbal abuses when accessing services at the reception centre, food and NFI distribution points (28.6%), mistreatment and discrimination by other refugees and host community members (26.1%) and rape and other sexual abuses of girls and women (25.3%). Institutions that lead/cause people in the settlement to feel undignified were health centres (56.6%), NGOs/Humanitarian organizations (20.7%) and Local Councils/ leaders (19.6%). Respondents also identified places and community activity/service points that lead/cause them and other people to feel undignified. The most reported was places were firewood is collected (51.2%), water points (40.3%), home/shelter (39.7%) and distribution points (35.7%).

Feeling of Safety and Dignity: Respondents reporting to be feeling safe and dignified were 52.2% across the sample. Those feeling safe and dignified were 52.2% among refugee respondents and 52.2% among host community members, 56.2% among male respondents and 50.2% among female respondents.

Child Protection

Attitudes towards children rights: Respondents were asked whether they agree that children should be treated the same regardless of the differences among them and 82.3% affirmed that they should be treated the same (mostly yes or yes completely). This suggests that there is generally a positive attitude towards equal treatment of children regardless of the differences between them. However, when asked whether they agree that children should be allowed to disagree with adults, more than half of the respondents (53.3%) responded in the negative (not at all or not very much). Only 32.8% responded in the positive (mostly yes or yes completely). This suggests that respondents are less willing to accommodate children's divergent views. However, most respondents agreed that children have a right to their own point of view and should be allowed to express it, with 81.5% affirming in the positive (somewhat yes, mostly yes and yes completely).

Perception of children safety: Findings revealed that 69.2% (children under 18 years=70.5% and Adults=68.9%) of respondents perceived that children in their settlement are safe in their schools. Equally, 60.3% (children under 18 years=60.5% and Adults=60.2%) of respondents reported that they feel their children are safe on the way to and from school. However, 46.5% (children under 18 years=44.2% and Adults=47.1%) reported feeling that their children are not safe in the market and other open places in the settlement, whereas 53.5% reported feeling safe.

Knowledge and use of protective services for children: Respondents reporting to have ever heard of a child protection committee (CPC) in their community/ settlement were 31.4%. Respondents were asked whether they feel safe reporting if they suspected that a child in the community was being abused (physically or sexually) and 86.9% responded in affirmation. Survey findings revealed that the overall average preference of reporting incase a child in the community was being abused was with Block Leaders/Local Councils (69.6%), followed by police (39.7%) and NGO case management workers (28.1%).

Gender Based Violence (GBV): Respondents reported the main forms of violence and abuse to women and girls as a result to their gender in the settlements as domestic physical violence (beating, fighting, and battering) reported 41.0%. This was followed by men abandoning their responsibility including children reported by 40.2%, early marriage reported by 36.6% and sexual violence (rape and defilement) by someone unknown/not related reported by 32.5%. Respondents who over the preceding 12 months to the baseline survey, had ever been subjected to physical, sexual or psychological violence by a current or former intimate partner (spouse) were 10% across the sample. The prevalence of intimate violence was higher among female respondents than in male respondents.

Protection Mainstreaming by Non-Protection and Non GBV Specific Actors: Twelve actors rated their organization's refugee response plan on a five-point protection mainstreaming scale with 1 being very large and 5 being very low. Actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors were six (50%) of the 12 Actors that responded to the protection mainstreaming scale. The most preferred areas of protection training and capacity building were:

i) Child protection mainstreaming and GBV mainstreaming reported by 9 out of the 12 actors (75%),
ii) Analysis of protection risks reported by five of the 12 actors (41.6%),
iii) and Gender in Emergency (GiE), Women Lead in Emergency (WLiE), Feedback, Reporting and Referral Mechanism (FRRM), Capacity building for duty bearers and Case management, each reported by three out of the 12 actors (25%).

Humanitarian Protection Standards: Protection actors rated the extent to which they considered seven humanitarian protection policies/guidelines/frameworks to be inclusive and people centred. The rated policies/ guidelines /frameworks were i) CRRF Roadmap, ii)UNHCR's Age Gender and Diversity 2018 policy, iii) Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback, iv) Resolution and Referral Mechanism, and v) GBV Referral pathway PF3 form. The average percentage of humanitarian actors rating the seven humanitarian protection policies/guidelines as inclusive and people centred was 50.8%.

Conclusions

I. **Vulnerability and Coping Strategies:** Whereas about 12.8% of respondents had been registered as PSNs and another 11% had vulnerability related cases with protection actors, those reporting at least one form of vulnerability as per the UNHCR categorization were 59%. This implies that there are very many vulnerable people in the settlement that are not registered and or reached.
II. **Feeling of Safety and Dignity in Settlement**: Only 52.2% of respondents reported feeling safe and dignified. The proportion of persons feeling unsafe and undignified among refuges is almost the same as those in the host community. Therefore, it is important to ensure that both targeted communities are reached with the interventions. The main drivers of feeling unsafe are thefts, limited land and support, conflicts with old refugees, poor shelter, challenges in accessing medical services and firewood.
III. **Gender Based Violence:** The prevalence of GBV is high in the settlements on account of cultural and economic factors. About four in every ten women and girls are experiencing GBV in different forms, including physical, sexual, psychological and economic. The inability for men to provide for their families is a key driver for GBV. However, the effectiveness of existing structures to address GBV is low.

IV. **Protection Mainstreaming by Non-Protection and Non GBV Specific Actors:** Close to half of the non-protection and non-GBV actors require immediate capacity building support to mainstream protection in their refugee response strategies.

V. **Humanitarian Protection Standards:** The existing policies and guidelines provide a basic framework to ensure inclusiveness and people centeredness of the refugee response programmes as they target all categories of people by gender, age and vulnerability. However, protection actors' response to the refugee crisis has tended to favour and focus on the refugee community and not the host community, despite the requirement for the 30% targeting the host community. Equally, availability of resources continually disadvantage particular sections of the society. For example, many donors are more interested in supporting refugee children than other vulnerable groups like those in serious medical conditions. There is observed general inadequacy of knowledge of the protection policies and guidelines by staff of protection actors.

Recommendations

I. **Vulnerability and Coping Strategies:** APEAL Consortium partners need to prioritize vulnerable people's cases identification and management through the referral pathways. In line with the existing refugee policies, Consortium partners should make deliberate efforts to reach host community members in fulfillment of the 30% host community targeting requirement as the focus seems to be more on the refuges in the settlement at the moment.

II. **Feeling of Safety and Dignity in Settlement:** The project ought to prioritize working with leaders and police to strengthen enforcement of laws and regulation to curtail the rampant human rights abuses especially sexual and physical violence. There is urgent need to provide more security at the forest where firewood is collected to minimize incidences of rape that are rampantly reported.

III. **Gender Based Violence:** The APEAL project should work towards strengthening GBV referral structures and exploring alternative justice system to address GBV cases effectively as most GBV cases go unpunished and increasingly unreported because of the ineffective system for bringing perpetrators to the face of the law.

IV. **Protection Mainstreaming by Non-Protection and Non GBV Specific Actors:** Training and capacity building on non-protection and non-GBV actors ought to be done early in the project life to enable monitoring of capacity development. The training ought to be completed with technical support in developing protection policies and conducting of protection risk analysis in order to ensure that the trainings are translated into tangible output.

V. **Humanitarian Protection Standards:** APEAL ought to conduct refresher and awareness training sessions about existing protection policies, guidelines and strategies for both protection and non-protection actors. Secondly, there is need to deliberately reach the host community in the implementation of the APEAL project and general response to the refugee crisis by strengthening guidelines to compel actors implement programmes in both host and refugee communities, in accordance with existing policy guidelines.

Table 1: Project Indicator Baseline Values Summary Sheet

Result Area	Indicator	Gender		Project Location		Project target Category		Overall
		Female	Male	Kyaka II	Kyangwali	Refugee	Host Community	
Enhancing access to timely, quality protection/ GBV services	Indicator 1: % of persons/target population in a given context reporting an improved feeling of safety and dignity by the end of the intervention compared to at the beginning	56.2%	50.2%	47.5%	54.0%	52.2%	52.2%	52.2%
	Indicator 3: % of Extremely Vulnerable Individuals targeted by APEAL reverting to high risk behaviors and negative coping strategies	80.9%	75.2%	86.3%	76.4%	80.6%	71.4%	79.2%
Improving protection mainstreaming across state and non-state actors	Indicator 2: % of non-Protection and non GBV specific actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors	% of non-Protection and non GBV specific actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors						50%
Supporting the setting of standards and harmonized approaches to refugee protection at the national level	Indicator 4: % of humanitarian actors acknowledging that humanitarian protection standards are inclusive and people-centered	The average percentage of humanitarian actors rating the seven humanitarian protection policies/guidelines as inclusive and people centred. The seven policies/guidelines are: i))CRRF Roadmap, ii)UNHCR's Age Gender and Diversity 2018 policy, iii) Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback, iv) Resolution and Referral Mechanism, and v) GBV Referral pathway PF3 form						50.8%

1.0 INTRODUCTION

1.1 Background

CARE works around the globe to save lives, fighting poverty and social injustice while envisioning a "world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security". At the centre of CARE's programming are women, children and girls because it knows the challenges of overcoming poverty until when all people have equal rights and opportunities. CARE has been in Uganda since 1969 and through its local, public and private sector partnerships, it currently works in more than 60 districts across the country and directly reaches more than 700,000 people. CARE Uganda 2016-2030 Country Office strategy mandates it to implement an integrated humanitarian (emergency) and development programming approach with a mission of Empowering Women, Girls and Youth to Exercise their Rights (a path to resilience and a life free from violence); and the impact goal to "Strengthen resilience of the most vulnerable women, girls and youth in the face of growing risks of man-made (violent conflict leading to wide spread of Gender based violence) and natural disasters".

1.2 APEAL Project Overview and Scope

A new refugee influx to Uganda from the Democratic Republic of Congo (DRC) began in mid-December 2017, following the eruption of inter-ethnic violence in the country. According to refugee statistics by Office of the Prime Minister (OPM), as of 31st July 2019, Kyangwali settlement had 109,207 refugees of which 105,514 (96.1%) were from the DRC. Of the 109,207 refugees in Kyangwali, 17,353 had arrived between January and July 2019. Of the refugees settled in Kyangwali, 20% were children 0-4 years, 23% were children 5-11 years, 12% were children 12-17 years, while adults (18-59 years) and elderly (60+ years) were 40% and 3% respectively. Equally, as of 31st July 2019, Kyaka II settlement had 101,050 refugees of which 95,503 (94.5%) were from the DRC. Of the 101,050 refugees in Kyaka II, 17,969 had arrived between January and July 2019. Of the refugees settled in Kyaka II, 20% were children 0-4 years, 23% were children 5-11 years, 14% were children 12-17 years, while adults (18-59 years) and elderly (60+ years) were 41% and 2% respectively.

The increasing influx of refugees is putting a heavy strain on existing services within Kyangwali and Kyaka II settlements. Despite Uganda having one of the world's progressive refugee policies, new arriving refugees continue to be subjected to or witness gross human rights violations, and un-dignifying treatment. Vulnerable refugees are exposed to further protection risks and un-dignifying treatment upon arrival at border points, while in transition centres en-route settlements and in the settlements. New arriving refugees face protection challenges that undermine their safety and dignity.

Funded by European Union (EU) humanitarian aid, the APEAL project was designed to deliver a comprehensive, evidence-based and people-centred Protection & Gender-Based Violence (GBV) sector response for recent and newly-arrived refugees from DRC settling in Western Uganda. The implementation period of APEAL project spans from 1st February 2019 to 31st January 2020. The Project is being implemented by a consortium of six humanitarian organisations and these are:

1) CARE as technical lead in Protection mainstreaming, GBV prevention, Women lead in emergencies and Gender in Emergencies;
2) International Rescue Committee (IRC) as technical lead in GBV case management, GBV referral pathways, legal assistance and Adolescent Girls Programming;
3) Save the Children (SCI) as technical lead in Child Protection and nutrition;
4) Kabarole Resource and Research Centre (KRC) as technical lead in Village Savings and Loans Associations;
5) Uganda Law Society as technical lead in legal representation and capacity building in Refugee Rights and Ugandan Law;
6) WoMena Uganda as technical lead in Menstrual Health Management.

The consortium is delivering a harmonized intervention package of targeted protection and GBV life-saving assistance with a particular focus on extremely vulnerable individuals. These include unaccompanied and separated children and adolescent girls in refugee settlements and host communities in Western Uganda (Kyangwali and Kyaka II). APEAL project targets to reach 80,000 beneficiaries in the project area.

The overall goal of the APEAL project is enhancing ongoing multi-sectoral responses by providing targeted life-saving protection assistance to newly arrived Congolese refugees in Uganda. The Project has four outcomes, namely:

5) Enhanced access to timely, quality protection/GBV services;
6) Improved protection mainstreaming across state and non-state actors;
7) Provision of extra capacity in nutrition screening for young children and pregnant and lactating women; and
8) Setting of standards and harmonized approaches to refugee protection at the national level supported.

The APEAL project interventions are organized in four result areas, which are briefly presented here under.

Result Area 1: Enhancing access to timely, quality protection/GBV services. This involves identifying victims of abuse, exploitation, rights violations and GBV among arriving refugees as well as in the settlement. Identified victim cases are then documented and victims supported through protection referral pathways to have access to quality, appropriate and timely protection specific response. The main activities being implemented under this result area include:

i) Screening extremely vulnerable arriving refugees from the point of entry into Uganda and en-route settlements, and facilitating them to have immediate access to specific services to enhance their safety like post exposure prophylaxis for rape victims;
ii) Providing victim and survivor-centered GBV/protection case management services;
iii) Facilitating access to legal assistance to refugees and host community members;
iv) Operation and maintenance of gender and age specific 'friendly and safe' spaces;
v) Conducting trainings of protection actors and stakeholders on people/ victim/ survivor-centered Protection approaches;
vi) Conducting mass protection and GBV awareness raising and Information, Education and Communication (IEC) campaigns in targeted refugee and host communities;
vii) Establishment of and mentorship to community-based protection mechanisms focused on prevention of risks;
viii) Establishing 100 Humanitarian Village Savings and Loans Associations (VSLAs) as a safety net and protection platform.

***Result Area 2: Improving protection mainstreaming across state and non-state actors*.** APEAL is supporting capacity building of non-protection and non-GBV actors in Kyaka II and Kyangwali settlements to mainstream protection in their respective refugee response interventions. The main activities under this result area include:

i) Training of non-protection institutional actors to mainstream protection, inclusion and Gender in Emergencies in their respective action plans;
ii) Training and technical assistance to community leaders on mainstreaming Protection, Accountability and Gender in Emergencies;
iii) Technical Assistance to Sectorial Working Groups to mainstream Protection, Inclusion and Gender in Emergencies into priority sectors;
iv) Support UNHCR to scale up new Inter-Agency Complaints, Feedback and Reporting (CFR) System;
v) Conduct periodic inter-agency multi-sectoral safety audits and vulnerability assessments across settlements to feed into training curricula.

Result Area 3: Providing extra capacity in nutrition screening for young children and pregnant and lactating women. APEAL project is conducting nutrition screening and referrals for infant and young children feeding (IYCF) and pregnant and lactating women (PLW), filling critical service gaps during times of peak influxes and deployment to border points. The Project also conducts IYCF-E sessions for caregivers, mothers of children under two years at mother baby areas (MBAs) located within the SCI supported children friendly spaces (CFSs) in Kyaka II settlement and at the transit centres at Nyakabande and Matanda. The project has supported recruitment and IYCF-E training for volunteers on key messages and malnutrition screening. These are facilitated to conduct malnutrition mass screening in the settlements, targeting PLW and children from six to fifty nine (6–59) months old, and refer children with nutrition needs to the respective nutrition services providers.

Result Area 4: Supporting the setting of standards and harmonized approaches to refugee protection at the national level through promotion of more inclusive and people-centred refugee protection standards. APEAL is using her members' presence in the Protection and GBV Technical Working Groups and other sectoral working groups at the local and national levels to influence the Protection sector as a whole. This result area is advocacy led and involves identifying and defining key protection priorities in line with the CRRF, ReHope and the Refugee Response Plan (RRP) while advocating for the necessary actions at local and national level.

1.3 APEAL Project Baseline Survey

The APEAL project baseline survey was commissioned with the overall objective of collecting values against all outcome and key output level indicators as per the approved project Log Frame. The information that has been generated will be used as a benchmark for measuring project performance. The specific objectives, deliverables and expectations of the baseline study as outlined in the terms of reference (Detailed ToRs attached in appendix 3) were:

- Based on the Log Frame of APEAL, review the outcome and output indicators against objectives and activities, and ensure the following:
  - Develop operational definitions of each indicator, clearly unpacking how each indicator is defined and measured.
  - All baseline findings on indicators are gender sensitive and disaggregated by sex, age, country of origin (refugee or national);
  - All outcome and output level indicator data collected at the baseline level have a clear calculation method (numerator, denominator clearly specified) and sources of information identified so that they can be calculated exactly the same way at base and end line stages.
- The consultant was responsible for developing a baseline data collection strategy for all baseline indicators which:
  - Includes all the necessary data collection forms, tools and related guidance and protocols (who does what, when, and where) for indicators' data collection, reporting and quality assurance and methods of verification, aggregation, data entry, analysis and use.
  - Combine quantitative and qualitative data collection methods to ensure data is triangulated and truly reflects the actual situation. It was required to be participatory and ensure the voice of participants and relevant key stakeholders (Local Authorities, Implementing Partners (IPs), Refugee Welfare Committees, UN agencies, etc.) are captured.
- Upon approval of the baseline data collection strategy and related tools and protocols by CARE, the consultant was required to develop a calendar and logistics plan for the actual data collection, in collaboration with APEAL project staff. This would include identifying needs for transport, accommodation, per diems, and additional temporary staff as enumerators or data entry personnel, etc.

During data collection, the consultant was to:

- Participate and supervise a team of data collectors / enumerators (recruited from the local communities with assistance from CARE and APEAL partners) and take full responsibility for data quality;
- Train and prepare data collectors to conduct the baseline in the field, including pre-testing of tools;
- For any potential focus group discussions (FGDs), ensure they are disaggregated by age, sex and origin (refugee community versus host community). This is to ensure full representation of all categories of interest and enable presentation of disaggregated findings.

Data organization and storage

- Take full responsibility on following appropriate data management and procedures, in coordination with the APEAL MEAL team;
- Organize and safely store notes taken during all data collection efforts;
- Transcribe, translate, and store audio recording of focus group discussions (FGDs) and Key Informant Interviews (KIIs) ;
- Review and clean quantitative data using standard techniques of running frequencies, examining the data base, using logical relationships to check internal consistency in responses. Data labels, data values, and variable names be included in generated findings. Data labels and variable names need to be renamed properly for easy identification and use. Any corrections to the data set must be documented;
- Securely transmit all quantitative and qualitative data sets to CARE according to instructions provided;
- All consent forms must be submitted and handed over to CARE. The consultant must exercise the highest level of confidentiality and anonymity on the datasets.

Data analysis and reporting

- Code qualitative data corresponding to the code tree developed by the consultant in agreement with CARE;
- Complete quantitative and qualitative analysis for community level surveys, KIIs, and FGDs.
- Submit preliminary draft report of baseline results
- Present the draft survey report to the project team and key stakeholders in a validation meeting (one in each district)
- Write and submit final report of findings based on feedback from APEAL partners, key stakeholders and workshop participants.

2.0 Baseline Survey Methodology

2.1 Baseline Survey Design

A cross-sectional quantitative survey of individual new DRC arriving refugees and host community members was conducted targeting four sub-categories of respondents. These were adolescent girls and boys (12-17 years), adult men and women (18-59 years), the elderly (60+years), and Pregnant and Lactating Women (PLW). The cross-sectional survey sought to establish the feeling of safety and dignity among respondents, the prevalence of gender-based violence, child protection and refugee rights violations, functionality of project supported structures and coping strategies adopted by the extremely vulnerable beneficiaries.

Qualitative survey tools were used to collect in-depth information on the underlying factors responsible for the current state of affairs of APEAL project beneficiaries in general protection, GBV and child protection. Qualitative survey tools used in the baseline survey were key informant interview guides and focus group discussions guides.

1) Key Informant Interviews were conducted with consortium partner staff to generate information on project design challenges foreseen during implementation, protection issues being addressed and factors driving the state of protection challenges among refugees and host communities in the project target areas. Views were also sought on the functionality of project-initiated structures in addressing protection issues like referral pathways, MBAs, child protection committees (CPCs) among others. Key Informant interviews were also used to generate information on protection mainstreaming capacity of non-protection and non-GBV actors in the project area, as well as information on protection inclusiveness and people centeredness of selected protection policies, strategies and guidelines.
2) Focus Group Discussions were held with women, men, boys and girls and they generated information on drivers that put women and girls at risk of GBV, Child protection violations, vulnerabilities and coping strategies. As well, cultural and other background issues that explain the current behaviors of men, women, girls and boys with regard to general physical protection, GBV and child protection issues within the settlement were examined.

2.2 Baseline Survey Process

The Baseline survey process comprised three different phases which included the Inception phase, Field Work/Data Collection Phase and Synthesis and Report writing Phase.

Inception Phase: The Inception phase started with the inception meeting between Salex International Uganda Ltd (the Consultant) and the APEAL Project team. During the meeting, APEAL Project team provided guidance on the general assignment undertaking in line with CARE's guidelines and expectations. Thereafter, Salex conducted a field visit to Kyangwali and Kyaka II refugee settlements with the aim of obtaining local context and an understanding of protection issues to enable the team unpack "Safety and Dignity" and incorporate findings into the baseline data collection tools.

Field Work/Data Collection Phase: Data was collected following a shared work plan between the Consultant and APEAL Project team. Data collection took both participatory and non-participatory techniques using structured and unstructured data collection tools (detailed in appendix 1.1 to 1.5). Data collection started with training of research assistants who had been identified by CARE and SCI. A total of 16 research assistants were recruited (list and contact details of research assistants is in appendix 4), nine in Kyaka II refugee settlement (of whom five were female) and seven in Kyangwali refugee settlement (of whom five were female). Research assistants were briefed and trained for two days, 22nd to 23rd August 2019. On the last day of training, pre-testing of the questionnaire was conducted in Maratatu D in Kyangwali settlement and Mukondo A in Kyaka II settlement. The pre-test data was analyzed and findings were used to make some modifications to the questionnaires before the actual data collection exercise that started on Sunday 25th August, 2019. Quantitative data from individual respondents was collected concurrently with qualitative data from key informants, non-

protection and non-GBV actors, and protection humanitarian actors in both Kyaka II and Kyangwali refugee settlements concurrently.

Synthesis and Report writing: Quantitative baseline survey data was collected using the ODK platform on android smart phones. Accordingly, collected data was uploaded daily during the data collection period. Upon completion of the data collection exercise, data was downloaded from the ODK server into a Microsoft Excel file from where it was imported into SPSS for cleaning and analysis in line with different project indicators and themes. Each qualitative data collector prepared data summary sheets for the collected data. Electronic data capture matrices were used to process qualitative data after which a content analysis was undertaken. Some of the qualitative data sources generated information which was reported on exclusively while the other was integrated into the information generated from the different surveys. Draft reports were submitted to CARE for initial comments before presentation to stakeholders (Validation workshop) for any comments. Comments generated at the baseline survey findings dissemination event were used to prepare the final report.

2.3 Sampling Methodology

The sampling process involved sampling enumeration areas and baseline survey respondents/ participants. The process for selecting the areas and participants is presented hereunder:

a. Sampling of Enumeration Areas: Enumeration areas were places were APEAL consortium members are implementing project activities.

- Kyaka II refuge settlement: All the 9 villages in the four zones where the project is operational were sampled with the exception of Mukondo A, were the pre-testing was done. The sampled villages were: Mukondo Zone (Mukondo B, Mukondo C and Mukondo D), Bukere zone (Bukere A and Bukere B), Bwirira zone (Ndolerire and Kyamagabo) and Kaborogota zone (Kaborogota A and Kaborogota B)
- Nyakabande Transit Centre
- Matanda Transit centre
- In Kyangwali refugee settlement: Five of the eight zones which included zone B (Kagoma), zone F (Maratatu C, Kavule and Mombasa), zone E (Maratatu A, Maratatu B and Maratatu D), zone A (Kyebitaka) Kyangwali zone (Bukinda 1, Rwesenene and Ngogoli) villages from the host community.

b. Sampling Procedure for respondents: The baseline survey respondents were refugees who had arrived from DRC since January 2018. The procedure for sampling respondent refugees and host community members in each of the selected villages started with random selection of a respondent in the village /zone using a compass direction approach of sampling. The method entailed moving into the centre of the village, writing the four compass direction points on pieces of paper and randomly picking one paper. The first respondent to be identified in the chosen direction marked the random start point of the interview. Interviewers then used a sampling interval (between 5 and 10) to choose the next respondent for interview till the required number of interviews from a particular village was completed.

c. Sample Size: A confidence interval of plus or minus 5 per-cent was applied in determining the sample size for the quantitative survey sample. Adolescents (boys and girls), adults, and the elderly were interviewed.

Quantitative Sample: The project targets new arriving Congolese refugees and host community members. According to statistics by OPM on new arriving refugees in Kyaka II and Kyangwali settlements, a total of 24,585 refugees arrived between January and June 2019. Of the new arrivals, 10,572 (43%) were children aged between 0 and 11 years, while 14,013 were arrivals aged at least 12 years. The project design document limited participation in the baseline survey to persons who were 12 years and above. Accordingly, the arriving population eligible for sampling was 14,013 refugees. Of these, 7,776 (55.4%) were settled in Kyaka II, while 6,250 settled in Kyangwali.

Using the sample calculator specified in the project document (https://www.checkmarket.com/sample-size-calculator/), which was equivalent to the formula below.

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

Where:
e=0.05 (5%) is the desired 95% level of precision; N= 14,013;
n=is the determined total sample size=374 respondents
We provided for 20% non-response (74 respondents). Therefore, the total sample of refugee respondents targeted was 448. In line with the provision in the project document that 30% of the project coverage will target host community members, the sample size of host community members was 134 respondents. In total therefore, 583 respondents were targeted in the baseline survey.

Considering the different age categories of refugees in the two settlements, the sample was distributed between the two settlements as well as age categories (adolescents, adults and elderly) as summarized in the table below.

Table 2: Quantitative Sample Size Distribution

				Adolescents	**Adults**	**Elderly**
	Refugee arriving Population (12 years and above)			12-17 years	18-59 years	60+ years
Kyaka	7,763			1,907	5,584	272
Kyangwali	6,250			1,535	4,496	219
Total	14,013			3,442	10,080	492
	Sample distribution across the two settlements					
Sample	583			143	420	20
Kyaka II	323			79	232	11
Kyangwali	260			64	187	9
	Gender Distribution of the Sample (60% should be women or girls as per project document)					
Kyaka II	Female	Refugee	136	34	97	5
		Host Community	58	14	42	2
	Male	Refugee	90	22	65	4
		Host Community	39	10	28	2
Kyangwali	Female	Refugee	109	27	78	4
		Host Community	47	11	34	2
	Male	Refugee	73	18	53	3
		Host Community	31	8	23	1

During fieldwork, the following were followed:

a) Sampling was conducted only in villages where ECHO APEAL project is being implemented;
b) Only refuges of DRC origin, who had been in Uganda from January 2018 up to the date of the baseline;

c) 21% of respondents in each category were sampled from the host community and 79% of all respondents were refugees; and
d) Sample size to be allocated to Nyakabande and Matanda transit centres was taken to be part of the Kyaka II sample.

Qualitative Sample

A qualitative sample of 157 persons participating in 14 Focus Group Discussions and 42 key informant interviews were conducted. Both participants in FGDs and Key informant interviews were purposively selected on the basis of their resourcefulness and anticipated role in project implementation. Detailed information on different stakeholder categories that constituted the qualitative sample is presented in the table 3 below:

Table 3: Qualitative sample

Category	Intensity	Participants
Focus group discussions with refugees and host community members (women, men, boys and girls)- four for each category	14 FGDs	112
APEAL Consortium Project Staff	4 KIIs	4
Local leaders, Refugee Welfare Committees, VSLAs and other support structures	11 KIIs	13
Government agencies (Police, OPM, etc.).	3 KIIs	3
UN agencies (UNHCR)	2 KIIs	2
Non-Protection and GBV actors	14 KIIs	14
Protection Humanitarian organization Actors	9 KII	9
Total		**157**

3.0 FINDINGS

3.1 Socio-Demographic and Vulnerability of Respondents

3.1.1 Socio-Demographics Characteristics of the Sample

Distribution of Respondents by Project Area: The baseline survey data collection exercise was conducted between 22nd August and 1st September 2019 by a team of 16 enumerators. A total of 647 questionnaires were administered to randomly selected respondents in the project area. There were 326 respondents from Kyaka II (50.4%), 261 from Kyangwali (40.3%), and 30 respondents (4.6%) from both Nyakabande and Matanda transit centres. The distribution of completed questionnaires by village is summarized in table 4 below.

Table 4: Distribution of Respondents by settlement

Settlement	Village	Sample Size	Settlement	Village	Sample Size
Kyaka II	Mukondo B	41	Kyangwali	Maratatu A	22
	Mukondo C	29		Maratatu B	27
	Mukondo D	44		Maratatu C	23
	Bukere A	42		Maratatu D	21
	Bukere B	24		Kagoma- Reception Centre	22
	Ndolerire	31		Kavule	22
	Kyamagabo	41		Mombasa	24
	Kaborogota A	46		Kyebitaka	23
	Kaborogota B	28		Bukinda 1	27
Nyakabande TC	Kyakabande TC	30		Rwensenene	24
Matanda TC	Matanda TC	30		Ngogoli 1	26

Category of Respondents: Of the 647 Respondents, 79.3% were refugees (82.8% in Kyaka II and 70.5% in Kyangwali), while 20.7% were host community members (17.2% in Kyaka II and 29.5% in Kyangwali). All refugees were from Democratic Republic of Congo and had arrived in Uganda between January 2018 and August 2019. In terms of gender, male respondents were 33.5% (Kyaka II=32.5%, Kyangwali=41.0%, and Matanda=13.3%), while female respondents were 66.5% (Kyaka=67.5%, Kyangwali=59.0%, Nyakabande=100% and Matanda=86.7%).

Characteristics of Respondents: Of the 647 respondents, 265 (41%) were from female headed households and 245 of these were the respondents themselves. Respondents from male headed households were 59%. In terms of age, adolescents (12-17 years) were 19.9%, while Adults (18-59) years and elderly (60+) years were 70.2% and 9.9% respectively. The average household size of sampled respondents was 6 people (Kyaka II=6 and Kyangwali=6). The 647 sampled respondents had a total population of 3,751 members in their households. Of these, 18.4% were 0-4 years, 23.9% were aged 5-11 years, while 17.1% were aged 12-17 years. Adults, 18-59 years were 33.2% while the elderly, aged 60 years and above were 5.5%. Accordingly, 59.3% of the members in respondents' households were children under 18 years, which underscores the prominence of children protection issues under the APEAL project interventions.

In terms of marital status, single/never married respondents were 29.2%, marrieds were 44.4%, widows/ widowers were 12.4%, separated were 13% and divorced were 1.1%. With regard to education attainment, most respondents never attended formal school and they were 43.4%, while those reporting primary and secondary as the highest education level attained were 39.1% and 15.5% respectively. Respondents who had post-secondary education (certificate/diploma/technician) were only 1.9% while those with University level education were only 0.2%.

3.1.2 Vulnerability and Coping Strategies of Respondents

Of the 647 sampled respondents, 265 (41%) did not report any vulnerability. These were 32.2% in Kyaka II, 57.5% in Kyangwali and 33.3% in Nyakabande transit centre. Respondents reporting different forms of vulnerability were 59% across the sample. These were 67.8% in Kyaka II, 42.5% in Kyangwali, 67.7% in Nyakabande transit centre and all in Matanda. In terms of gender, these were 51.2% and 63% among male and female respondents respectively. On a related note, 63.7% of refugee respondents reported some form of vulnerability compared to 41% of host community respondents. Those that had been registered as PSNs by UNHCR were 12.8% and those with cases with APEAL partners were 11%. The distribution of respondents according to vulnerability categories is summarized in table 5 below.

Table 5: distribution of respondents by vulnerability category

	Kyaka II	Kyangwali	Nyakabande TC	Matanda TC	Total
Respondents registered as PSNs with UNHCR	16.9%	6.5%	26.7%	10.0%	12.8%
Respondents with cases registered with APEAL Consortium partners	13.5%	5.4%	40.0%	3.3%	11.0%
SGBV (SV) Victim	8.9%	0.4%	6.7%	16.7%	5.7%
Unaccompanied child or separated child (SC)	4.6%	5.0%	3.3%	93.3%	8.8%
Child at risk (CR)	10.1%	8.4%	13.3%	50.0%	11.4%
Woman at risk (WR)	16.9%	8.8%	10.0%	73.3%	15.9%
Older person at risk (ER)	17.8%	4.6%	26.7%	96.7%	16.5%
Single parent or caregiver (SP)	19.3%	7.7%	30.0%	90.0%	18.4%
Disability (DS)	16.9%	9.6%	13.3%	40.0%	14.8%
Serious medical condition (SM)	22.7%	10.0%	23.3%	53.3%	19.0%
Family unity (FU)	5.8%	0.8%	0.0%	0.0%	3.2%
Specific legal & physical protection needs (LP)	2.1%	1.1%	0.0%	3.3%	1.7%
Torture Victim (TR)	4.6%	0.4%	0.0%	0.0%	2.5%
Total reporting some form of vulnerability	67.8%	42.5%	66.7%	100.0%	59.0%

The baseline survey inquired whether respondents had any disability characterized by difficulty in seeing, hearing, walking/climbing steps, remembering/concentrating, self-care and communicating in mother tongue. The findings revealed 45.9% of respondents did not report any form of disability. Respondents reporting one form of disability were 22.1%, two forms of disability were 12.1%, three forms of disability were 9%, four forms of disability were 4.9%, five forms of disability were 3.7% and all the six forms of disability were 2.3%. Difficulty in walking/climbing steps was the most prevalent form of disability reported by 29.7% of the respondents. This was followed by difficulty in seeing reported by 27.8%, difficulty in remembering/ concentrating (27.7%), difficulty in hearing (17.2%), difficulty in self-care (14.7%) and difficulty in communicating (8.3%). The prevalence of different forms of disability among sampled respondents is summarized in table 6:

Table 6: Prevalence of Disability among Sampled Respondents

	Form of Disability (Difficulty), N=647; Percentages					
Extent of Difficulty	Seeing	Hearing	Walking/ Climbing Steps	Remembering /Concentrating	Self-Care	Communicating
No, no difficulty	72.2	82.8	70.3	72.3	85.3	91.7
Yes, some difficulty	20.4	13.1	21.9	22.4	9.4	6.2
Yes, a lot of difficulty	7.0	3.9	7.3	5.3	4.6	2.2
Cannot do at all	.5	.2	.5		.6	
Total	100	100	100	100	100	100

The high number of respondents reporting vulnerabilities compared to the registered PSNs by UNHCR suggests that factors driving vulnerability are high within the settlements. Equally, the relatively small percentage of those with cases registered by APEAL partners indicates the need for more targeted support towards case identification and management in the community.

Coping Strategies Adopted by Vulnerable Persons. Respondents were asked to identify things which vulnerable people in their communities do to cope with their demands/needs, the children's and those under their care.

Positive Coping Strategies: Findings revealed four common positive coping strategies, as summarized in the table 7.1 below.

Table 7.1: Positive Coping Strategies

		Kyaka II N=326	Kyangwali; N=261	Nyakabande TC; N=30	Matanda TC; N=30	Total N=647
Seek out and engage in small business in the market (petty trade) or work	Count	106	184	4	0	294
	Percentage	36.1%	62.6%	1.4%	0.0%	100%
Borrowing on credit from shops	Count	99	36	0	0	135
	Percentage	73.3%	26.7%	0.0%	0.0%	100%
Depend on Social Capital - network of individuals to access for moral, emotional and financial support	Count	32	26	20	0	78
	Percentage	41.0%	33.3%	25.6%	0.0%	100%
Access savings or borrow from VSLA (economic capital)	Count	38	25	1	0	64
	Percentage	59.4%	39.1%	1.6%	0.0%	100%

As shown in table 7.1**,** seeking out and engaging in small businesses in the market was the main positive coping strategy reported by 294 (45%) of respondents, of which 36.1% were from Kyaka II, 62.6% from Kyangwali and 1.4% from Nyakabande. Within the settlements, 32.5% of the respondents in Kyaka II were seeking out and engaging in small businesses as a coping strategy compared to 70.5% in Kyangwali and 13.3% in Nyakabande.

The second positive coping strategy was borrowing on credit from shops reported by 135 respondents (20.9%), of whom 73.3% were from Kyaka II and 26.7% were from Kyangwali. Within the settlements, 30.4% of the respondents in Kyaka II reported adopting borrowing as a coping strategy compared to 13.8% in Kyangwali.

Respondents reporting to depend on social capital (network of individuals to whom a participant has access for moral, emotional, material and/or financial support) as a coping strategy were 78 (12.1%) of all respondents, of which 41% were from Kyaka II, 33.3% from Kyangwali and 25.6% from Nyakabande. Within the settlements, 9.8% of the respondents in Kyaka II were depending on social capital as a coping strategy compared to 10.0% in Kyangwali and 66.7% in Nyakabande.

Respondents reporting to depend on economic capital (access savings or borrow from VSLA) as a coping strategy were 64 (9.9%) of all respondents, of which 59.4% were from Kyaka II, 39.1% from Kyangwali and 1.6% from Nyakabande. Within the settlements, 11.7% of the respondents in Kyaka II were depending on economic capital as a coping strategy compared to 9.6% in Kyangwali and 3.3% in Nyakabande.

Negative Coping Strategies: Findings revealed multiple negative coping strategies as summarized in the table 7.2. The main negative coping strategy reported was engage in exploitative casual labour/domestic work especially in the host community. This was reported by 241 (37.2%) respondents, of whom 63.5% were from Kyaka II, 31.5% from Kyangwali, 0.8% from Nyakabande and 4.1% from Matanda. Within the settlements, 46.9% of the respondents in Kyaka II reported engaging in exploitative casual labour as a coping strategy compared to 29.1% in Kyangwali, 6.7% in Nyakabande and 33.3% in Matanda.

Theft/stealing was the second most reported negative coping strategy. This was reported by 185 respondents (28.6%) of the sample, of which 32.4% were from Kyaka II, 60% from Kyangwali, 5.9% from Nyakabande and 1.6% from Matanda. Within the settlements, 18.4% of the respondents in Kyaka II reported theft/stealing as a coping strategy compared to 42.5% in Kyangwali, 36.7% in Nyakabande and 10.0% in Matanda.

Sale of food and NFI provided through humanitarian assistance was the third most reported negative coping strategy. This was reported by 171 respondents (26.4%) of the sample, of which 57.9% were from Kyaka II and 42.1% from Kyangwali. Within the settlements, 30.4% of the respondents in Kyaka II reported sale of food and NFI provided through humanitarian assistance as a coping strategy compared to 27.6% in Kyangwali. Other negative coping strategies reported were:

i) Beg for assistance from other people in the community was reported by 171 respondents (26.4%) of the sample;
ii) Playing cards, pool and other gambling practices reported by 165 respondents (25.5%) of the sample;
iii) Child labour (sending children to sell in the market or do work to earn money) reported by 133 respondents (20.6%) of the sample;
iv) Alcohol/Drug abuse reported by 112 respondents (17.3%) of the sample;
v) Early marriage reported by 107 respondents (16.5%) of the sample;
vi) Engage in transactional and commercial sex (prostitution, etc.) reported by 101 respondents (15.6%) of the sample; and
vii) Seek out for intimate/love relationship (boyfriends) reported by 63 respondents (9.7%) of the sample.

The findings on negative coping strategies are summarized in the table 7.2 below.

Table 7.2: Negative Coping Strategies[1]

		Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Engage in exploitative casual labour/domestic work	Count	153	76	2	10	241
	Percentage	63.5%	31.5%	0.8%	4.1%	100%
Theft/Stealing	Count	60	111	11	3	185
	Percentage	32.4%	60.0%	5.9%	1.6%	100%
Sale of food and NFI provided through humanitarian assistance	Count	99	72	0	0	171
	Percentage	57.9%	42.1%	0.0%	0.0%	100%
Beg for assistance from other people in the community	Count	97	54	18	2	171
	Percentage	56.7%	31.6%	10.5%	1.2%	100%
Playing cards, pool and other gambling practices	Count	79	85	1	0	165
	Percentage	47.9%	51.5%	0.6%	0.0%	100%
Child labour (sending children to sell in the market or do work to earn money)	Count	66	64	1	2	133
	Percentage	49.6%	48.1%	0.8%	1.5%	100%
Alcohol/Drug abuse	Count	40	64	8	0	112
	Percentage	35.7%	57.1%	7.1%	0.0%	100%
Early marriage	Count	35	70	1	1	107
	Percentage	32.7%	65.4%	0.9%	0.9%	100%
Engage in transactional and commercial sex (prostitution, etc)	Count	26	72	3	0	101
	Percentage	25.7%	71.3%	3.0%	0.0%	100%
	Count	24	34	3	2	63

[1] ***For distribution of respondents reporting the negative coping strategies by gender and age, refer to table in appendix 4***

Seek out for intimate/love relationship (boyfriends)	Percentage	38.1%	54.0%	4.8%	3.2%	100%

Qualitative findings were consistent with quantitative findings on coping mechanisms. Both FGDs and KII in all the project areas had similar perspectives/views regarding negative coping strategies. Most notable among their submissions were engagement in exploitative labour in the host community, theft, prostitution, child labour, alcohol and drug abuse among others. *From the conducted qualitative interviews on the coping mechanisms, participants had this to say;*

"We borrow money to survive especially from those whose relatives came earlier and now live in America, who send them money and they have started businesses. We pay at the end of the month. So the money we get we pay debts. We also work for nationals to get food to eat."

"If we were eating 3 times a day, we cut it to eating once a day and taking porridge for lunch."
"We work so hard for the nationals and carry matooke home to feed the household. So some of us have even died as a result of hard work." **(*FGD MEN MUKONDO)***

"…where can I start from……well, different people are coping differently. Some of our women and girls go and collect firewood from the forest and sell within the settlement here. Others are selling some silver fish. Among men, some go to the lake and do fishing, others go and dig for nationals and get some money and others construct some houses for other refugees and get some money… It is mainly some petty trade…" ***(KII Local Leader – Kyangwali)***

*"Haaaa…, members here have many other coping strategies…Our girls are always frequenting bars in BUKINDA 1 where they sale themselves…you mean you didn't know,…they have sex with men and get money to buy fish, mandazi and some bananas. Most of our girls are the ones working in bars in Hoima and as maids there… "(***Chairperson block 6 Mombasa)**

"…Some young boys have formed a group which moves on attacking and stealing from people… there is a lot of theft of phones and other NFIs. These boys mostly attack women and girls and steal their phones. Once they recognise that one is not home, they also come and take our NFIs… PSN's are the most affected…" ***(FGD WOMEN KYANGWALI).***

"We have found out the presence of some groups of boys that are attacking and stealing from people especially in Maratatu, Mombasa and around Kagoma but we are also vigilant…" **(KII Police Kyangwali)**

Girls go into prostitution among the nationals. Some go get married to sleep and eat well.
Girls get pregnant because of seeking for livelihoods. So, they have given birth while young because of this condition **(FGD MEN KYAKA11)**

'Especially these new arrivals, they steal to survive. They break into people's houses and take away property to sell cheaply and get what to eat and use.'

'Secondly, for the women, they become prostitutes just to survive by selling their bodies' **(KII KYAKAII)**

Indicator 3: % of Extremely Vulnerable Individuals targeted by APEAL reverting to high risk behaviors and negative coping strategies

Vulnerable persons in the sample were 371 and of these, 294 reported adoption of negative coping strategies. Therefore, percentage of Extremely Vulnerable Individuals targeted by APEAL reverting to high risk behaviors and negative coping strategies were 79.2%. These were 86.3% in Kyaka II, 76.4% in Kyangwali, 78.9% in Nyakabande T.C and 40% in Matanda T.C. In terms of gender, these were 75.2% among male respondents and 80.9% among female respondents. In terms of age categories, these were 81.7% among adolescents, 82.4% among adults and 63.9% among the elderly. These were 80.6% among refugees and 71.4% among host community members.

3.2 General Protection

3.2.1 Awareness about Refugee and Human Rights

Respondents reporting to be aware of their rights were 57.7% across the sample. These were 52.1% in Kyaka II, 67% in Kyangwali, 43.3% in Nyakabande and 50% in Matanda. Awareness about refugee and human rights was higher among the host community members (82.1%) compared to the refugees (51.3%). On the other hand, awareness was lower among females (54.4%) compared to the male respondents (64.1%). Awareness was lower among the elderly at 48.4% compared to the adolescents and adults at 53.5% and 60.1% respectively. Respondents reporting to be aware of refugee and human rights were asked to list the different types of rights they were aware of and the findings are summarized in the table 8 below.

Table 8: Awareness about Refugee and Human Rights

	Settlement				Category		Gender		
Refugee/Human Right	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Refugee, N=513	Host Com N=134	Male N=217	Female N=430	Total N=647
Right to food	44.5%	61.3%	43.3%	50.0%	48.3%	63.4%	55.3%	49.5%	51.5%
Right to health	31.6%	45.2%	23.3%	13.3%	33.3%	45.5%		33.0%	35.9%
Right to protection	27.3%	42.5%	23.3%	43.3%	30.6%	47.0%	41.5%	30.2%	34.0%
Right to life	22.4%	24.9%	20.0%	20.0%	20.9%	32.1%	29.0%	20.2%	23.2%
Right to education	19.3%	21.5%	10.0%	13.3%	17.2%	28.4%	28.6%	14.9%	19.5%
Right to work	13.8%	19.9%	3.3%	13.3%	11.3%	32.8%	19.4%	14.0%	15.8%
Refugee rights	16.0%	14.9%	10.0%	13.3%	18.9%	0.7%	19.4%	13.0%	15.1%
Children rights	16.9%	9.6%	6.7%	20.0%	12.9%	16.4%	13.4%	13.7%	13.6%
Right to ownership of property	9.2%	20.7%	3.3%	0.0%	9.7%	26.1%	16.6%	11.4%	13.1%
Women rights	14.4%	8.4%	0.0%	30.0%	10.1%	19.4%	3.2%	16.5%	12.1%
Right to information	4.6%	11.5%	0.0%	10.0%	5.3%	15.7%	12.4%	4.9%	7.4%

As shown in Table 8 above, awareness of human rights was higher among host community members than refugees. Equally, awareness was higher among male respondents than female respondents. Awareness was high for right to food and least for right to information and women rights. The generally low level of awareness about human rights is attributable to a number of factors, including:

a) Culture that does not recognize rights of women and children back home, before displacement
b) Decades of war in the DRC, which has subdued respect of human rights
c) Low levels of education, which limits appreciation and demand for respect of human rights

3.2.2 Feeling of Safety and Dignity in Settlement

The baseline survey sought the perceptions of respondents on their feeling of safety and dignity in the settlement; by rating on a five point scale from 1=Very unsafe/undignified, 2=Unsafe/dignified, 3=somewhat

safe/dignified, 4=Safe/dignified enough and 5=Very safe/dignified. Respondents rating the feeling of safety and dignity as Very unsafe/undignified (1) and Unsafe/dignified (2) were categorized as feeling unsafe/ dignified, while respondents with ratings of somewhat safe/dignified (3), safe/dignified enough(4) and very safe/ dignified (5) were categorized as feeling safe/dignified.

Feeling of Safety

Respondents reporting to be feeling safe were 60.7% across the sample. These were 58.3% in Kyaka II, 60.5% in Kyangwali, 50% in Nyakabande and all respondents in Matanda. Those feeling safe were 61.2% among refugee respondents and 59% among host community members; 65% among male respondents and 58.6% among female respondents. Considering the age of respondents, those feeling safe were 66.7% of adolescents (11-17 years), 58.6% of adults (18-59 years) and 64.1% of the elderly as summarized in the table 9 below.

Table 9: Respondent's feeling of Safety

		Feeling unsafe	Feeling safe
Settlement	Kyaka II	41.70%	58.30%
	Kyangwali	39.50%	60.50%
	Nyakabande Transit centre	50.00%	50.00%
	Matanda Transit centre	0.00%	100.00%
Category of Respondents	Refugee	38.8%	61.2%
	Host Community	41.0%	59.0%
Gender of Respondents	Male	35.0%	65.0%
	Female	41.4%	58.6%
Age Category	Adolescents (12-17) years	33.3%	66.7%
	Adults (18-59) years	41.4%	58.6%
	Elderly (60+) years	35.9%	64.1%
	Total	39.30%	60.70%

The baseline survey sought information on what makes respondents or other people in their community to feel unsafe. Findings revealed multiple drivers of feeling unsafe as summarized in the Table 10.

Table 10: Drivers of feeling unsafe by sampled respondents

	Kyaka II N=326	Kyangwali, =261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Theft in the community	45.4%	36.8%	73.3%	60.0%	43.9%
Limited land and support	39.0%	44.4%	13.3%	10.0%	38.6%
Poor shelter	37.1%	40.6%	30.0%	0.0%	36.5%
Conflict with old refugees (land, water points,etc.)	35.9%	20.7%	0.0%	6.7%	26.7%
Discrimination/mistreatment when accessing health services	24.2%	30.3%	3.3%	0.0%	24.6%
Physical Violent(beating, fighting, battering) by someone known (domestic)	26.7%	13.0%	50.0%	6.7%	21.3%
Alcoholism and drug abuse	19.0%	25.7%	10.0%	20.0%	21.3%
Child labour	15.0%	29.5%	0.0%	3.3%	19.6%
Early marriages	16.0%	22.6%	0.0%	13.3%	17.8%

	Kyaka II N=326	Kyangwali, =261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Tribe affiliated wrangles between the refugee tribes of Bagegere and Banyawisha	27.6%	4.2%	3.3%	33.3%	17.3%
Sexual violent (rape and defilement) by someone unknown/not related	15.6%	18.8%	3.3%	0.0%	15.6%
Emotional and psychological abuse	12.3%	13.0%	43.3%	3.3%	13.6%
Violent attacks (beating, fighting, battering) by someone unknown/not related	12.6%	11.5%	6.7%	0.0%	11.3%
Sexual violence (rape and defilement) by someone known (domestic)	12.0%	10.3%	3.3%	3.3%	10.5%
Conflict with host community (land, water points, women, etc.)	15.0%	5.4%	0.0%	0.0%	9.7%
Threat of Violence/coercion	6.7%	14.9%	6.7%	0.0%	9.7%
Sexual harassment	6.7%	14.6%	3.3%	0.0%	9.4%
Forced marriage	8.3%	10.0%	0.0%	3.3%	8.3%
Exploitative labour	6.4%	11.5%	0.0%	0.0%	7.9%
Child trafficking	5.8%	11.1%	3.3%	0.0%	7.6%
Inadequate lighting Inadequate lighting	7.7%	4.6%	0.0%	36.7%	7.4%
Physical violence/beating by those in charge of refugees (authorities)	2.8%	8.0%	10.0%	0.0%	5.1%

Theft in the community: Theft in the community was reported as the major driver of feeling unsafe across all the settlements. There is rampant theft of basic household food and non-food items, including those distributed by WFP and other food items, mainly by fellow refugees. Rampant theft is attributed to:

a) Lack or limited livelihood opportunities and alternative income generating activities for the refugees, leading some to resort to theft as a survival strategy of meeting household needs in periods of scarcity.
b) Unemployed and idle out of school youth engage in theft as a strategy to earn money. The cash distribution of 31,000 shillings a month is considered by many beneficiaries as too inadequate to meet family needs for a month.
c) Acute shortage of basic needs by household members, forcing some to resort to stealing to survive
d) Theft in the settlements is also facilitated by the poor and temporary nature of shelter, especially for the new refugees. The temporary shelter, often a tent without a door shutter makes it easy for anyone to steal from them both during day and at night

Participants from qualitative interviews did acknowledge the situation and had this to say;

"The houses we were given are spoilt. The tarpaulin I was given is now spoilt. The money I was given cannot handle this. The condition is so bad. We have no shutters to our houses. When a thief comes, he just enters and takes anything he wants. We are not safe." **(FGD WITH MEN KYAKA11)**

"I feel we have very many problems. One is with the coming of these new arrivals. Initially we were very peaceful and secure. But ever since these people came, we have registered so many cases of theft. The thieves are multiplying every day. We are threatened every now and then. The one you arrest will come and say; 'Next time you disturb me, I will come and burn your house in the night. I can even cut you into pieces so do not joke around with me!" **(KII with LC Chairperson KYAKA 11)**

"Refugees operate bars trans-night… keeping young boys roaming around. It is these young boys who are practicing petty theft (mainly stealing goats and pigs), burglary and engage in raping girls

due to alcoholism. These incidents are mainly common in Maratatu D, Kagoma and Mombasa. Women and girls are the most vulnerable people at risk…" **(KII OC CID Kyangwali)**

"There is no security in Kavule…there is a lot of theft in the trading center…robbers are entering into people's houses by breaking through the door, taking phones, clothes….These people can never be reported…Well, we tried reporting to police but there is no response from police…so we gave up…here police doesn't call a refugee a person…" **(KII Chairperson Kyangwali**)

Limited land and support (food and non-food items) is another key driver of feeling unsafe. The amount of land being allocated to new arriving refugees is small, and inadequate to support/allow them engage in agriculture to adequately supplement the support being received through UNHCR and WFP. On a related note, land allocated to new refugees is, in most cases taken from old refugees, resulting into conflicts and reduced feeling of safety. Equally, the food ration of 12kgs of flour and 31,000 Uganda shillings is considered too inadequate to meet the needs of community members. This leaves them with nothing to eat, hence increasing the feeling of unsafety as observed by different key informant respondents interviewed as seen below;

"Initially we had land to grow food. We would dig and get even ten sacks of maize and beans so we had no issues of famine and hunger. We could eat and even sell. But now things have changed. It is so bad now. We are too many due to the new arrivals from DRC. Our land has been chopped off and given to the new arrivals. We are now left with 30 by 30 feet plots which are too small for us to grow crops for survival." **(KII with LC Leader Kyaka 11)**

"…Haaa… the situation here with nationals is like being in DRC only that going back to Congo we are killed. Nationals are annoyed of refugees staying on their land – especially in Kitoro village. There are generally many challenges with nationals… Here in Mombasa, we live near the nationals and sometimes they come and harvest refugee crops with pangas, burn off refugee houses – we experienced three houses being burnt last month alone. The situation isn't good, you call police they say they do not have fuel in the car, so we are not safe and in-fact we think that the day nationals will decide to attack us, no one will be there to protect us. If you go to hospital, health workers there favour only nationals and usually speak in the local language we do not understand… Eeeee, my brother……. we are threatened here not safe at all… There is no protection here…" **(KII with Local Leader Kyangwali)**

Poor Shelter is yet another driver of feeling unsafe according to 37.1% of respondents from Kyaka II and 40.6% from Kyangwali. This is due to shortage of building materials such as poles, iron sheets and even grass. Refugees do not have secure strong houses where they can have a safer stay. The forest where they had resorted to picking the materials for construction is not safe either. Refugees are harassed, beaten, molested and sometimes even killed. The tarpaulin provided on arrival is not durable let alone its inability to shelter them safely. Participants in FGDs had this to say:

"We are raped by the nationals and, they grab our property. Our men are beaten, forced to work, especially when we go to get poles for building our huts." **(FGD with Women Kyaka II***)*

"The houses we were given are spoilt. The tarpaulin I was given is now spoilt. The money I was given does not handle this. The condition is so bad. We are not safe. The mosquitoes are a menace. If your wife does not get pregnant you can't have a mosquito net. Some families are fighting hard to conceive multiple times just to get mosquito nets." **(FGD with Men Kyaka II)**

"We sleep with children in the same houses; and life is so terrible. We cannot have our conjugal rights and consequently our marriages are not secure"

Conflict with the old refuges; there is a long standing conflict between the new arrivals and old refugees over issues of land and competition over the water point. 35.9% of respondents from Kyaka II and 20.7% from Kyangwali afirmed that this is one of the drivers of the unsafe feeling. In a bid to accommodate the new influx of refugees, government is compelled to reduce part of the land that had prior been allocated to the old refugees and give to the new ones to forge a living and establish a home. This does not work well with the old refugees since it will be infringing on their already established source of livelihood in terms of land for cultivation. This creates a feeling of hatred and therefore unsafe; living in fear of what is likely to happen to these new arrivals. From the verbatim;

> *"…There are always fights over land even among refugee themselves…among refugees, some want to increase the size of their own land by entering into their counterpart's land and this has always resulted into fights and sometimes death threats. Some months ago, we lost a member who had a land wrangle with an older refugee over land and the following day we just found him dead…so the situation isn't good and we are not safe here over land…land is hot debate being wanted by both older refugees and the Nationals…"* (**KII with Local Leader Kyangwali)**

> "*Safety or security is wide. Not to be an alarmist, people appear to be safe moving in and around the settlement going about their business. As opposed to the other settlements where I have worked, like in Bweyale, Adjumani, etc. with a high observance of security, here it is not the case. May be due to porous borders or OPM not being stricter…, here people just move freely without permits. Here refugees go to Congo across the lake without any communication or notice and you cannot even know they are refugees…, we only learn about such clandestine activities when some of them have drowned in the lake, which is when they call. We do not know whether we have refugees or….. "Who are these people who can move in and out without permits, are they spies or what…? So the entire community is not safe."* **(KII with Police Kyangwali)**

Quite a number of issues were reported as drivers of unsafe feeling among which are; discrimination at service points (health centre, OPM, water point), violence (sexual, emotional, physical), child labour, early marriages, tribal conflict, coercion/threats, and exploitative labour among others. These and many more altogether have given the refugees a feeling of being unsafe in the settlement.

Institutions that lead/cause people in the settlement to feel unsafe: Respondents identified institutions and service providers that make them feel unsafe while being served and these are summarized in the Table 11.

Table 11: Institutions Causing/leading people to feel unsafe

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Health centres	48.8%	57.5%	40.0%	3.3%	49.8%
The police and military	10.4%	27.6%	10.0%	0.0%	16.8%
Schools	7.7%	14.2%	0.0%	0.0%	9.6%
NGOs/Humanitarian organisations	14.1%	29.5%	16.7%	0.0%	19.8%
Government agencies (e.g. OPM)	3.7%	36.8%	10.0%	0.0%	17.2%
Local Councils/leaders	27.9%	5.4%	23.3%	0.0%	17.3%
Don't know	22.7%	10.3%	46.7%	43.3%	19.8%

The health centre ranks highest among the institutions that lead or cause people in the settlement to feel unsafe with 48.8%of respondents in Kyaka II, 57.5% in Kyangwali, 40.0% in Nyakabande and 3.3% in Matanda Transit Centre. Health centres are ranked highest because of the challenges faced by refugees when accessing health services. These include:

a) First is to do with communication challenges due to language barrier. Refugees only freely express themselves in Swahili and their native languages which are not understood by the health workers. As a result, they take long to access health services or they don't get the proper treatment because of the communication breakdown between the health workers and the patients. Indeed, during focus group discussions, many refugees lamented that health workers mistreat and discriminate against them with priority being given to nationals. It was further reported that health workers speak in local languages which they don't understand and their names are misspelt or read in a way that they don't recognize, etc. This has caused a feeling of unsafe in that when they fall sick, they won't have access to treatment and may lose their lives. However, several participants in FGDs confirmed that once you make a line at the health centre, one is able to access the health services although sometime the lines are long. This was consistent with the views of the in charge at Kyaka II Health Centre III. He noted that:

*"Even here in the health centre we don't discriminate but there are complaints that we only care for nationals not the refugees. Take a situation like this you see outside, can you readily tell the difference between the nationals and refugees? Not at all but where do they get the feeling that we discriminate them? It is not easy to please these people. However much we sacrifice to handle them maximally, they still will express their dissatisfaction. Look at our range of clients and the huge numbers compared to our limited human resource; but we sacrifice and work for long hours just to help and attend to them." (**KII with Health Official**)*

b) Health centres are over stretched with inadequate human resources and facilities, contrary to the expectations of the refugee community. As a Health Centre III, the facility has limited capacity and is expected to refer complicated cases to hospitals, which comes with additional costs, requirements for ambulances, etc.
c) Inadequate supplies like medicines and laboratory reagents. Like other health facilities in Uganda, medical supplies stock outs do happen, especially with the ever-increasing new arrivals. This causes shortage of drugs leading to perceptions that it's deliberate thereby triggering complaints among the settlement residents.

Respondents also identified the places in the settlement where they face increased risk of being unsafe and these are presented in Table 12.

Table 12: Places in the settlement where people face the risk of being unsafe

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Forest where firewood is collected	52.8%	54.8%	0.0%	0.0%	48.7%
Health centers	37.4%	52.1%	46.7%	0.0%	42.0%
Dark places	35.6%	34.9%	66.7%	36.7%	36.8%
Water points	39.3%	36.8%	3.3%	0.0%	34.8%
Distribution point	24.5%	39.5%	3.3%	0.0%	28.4%
On the road	24.2%	33.7%	10.0%	0.0%	26.3%
Home	21.2%	23.4%	23.3%	0.0%	21.2%
Market places	12.6%	36.0%	0.0%	0.0%	20.9%
Kabamba Barracks	36.5%	0.0%	0.0%	0.0%	18.4%
Host community	23.0%	6.5%	0.0%	6.7%	14.5%
At school	11.0%	16.1%	3.3%	0.0%	12.2%
Reception center	8.6%	13.8%	6.7%	0.0%	10.2%
Cooking area at the reception centre	1.5%	5.0%	76.7%	0.0%	6.3%

Transit center	6.4%	2.3%	40.0%	0.0%	6.0%

As shown in the table above, the most unsafe place is the forest where firewood is collected in both Kyaka II and Kyangwali settlements. This is because all kinds of violence (physical, sexual and emotional) does take place in the forest for both men and women. Women and girls are raped, defiled, beaten, etc. with impunity by nationals and other criminals who wait for persons looking for firewood, yet it is something they have to do every day since there are no alternative sources of energy for cooking. Like refugee women, men are also beaten and often their firewood confiscated.

> *"We would be safe in the settlement but outside we are very unsafe especially when we go for firewood in the forest and the barracks; we are beaten, harassed, chased by the soldiers and even raped. When we go to work for food we are made to work hard under difficult conditions while working. They even cheat us of our payment. They tell us work and tell us to come back the following day. The condition is so bad in and outside the camp."* **(FGD women Kyaka II)**
>
> *Looking at the places that are unsafe to the participants, they had this to say;*
> *"Inside the settlement we are not safe either; we need charcoal, or firewood. So once you go to Kabamba barracks, they chase us, and beat us. Since the food is not enough, we have to go to dig and these bandits can lay siege, trap us and beat us. They rape our women who go to the forest to get firewood."*

Feeling of Dignity

Respondents who reported in affirmation to the feeling of dignity were 61.2% across the sample. These were 57.7% in Kyaka II, 61.7% in Kyangwali, 56.7% in Nyakabande and all respondents in Matanda Transit Centre. They were 60.6% among refugees and 63.4% among host community respondents, 64.5% among male and 59.9% among female respondents. Considering the age of respondents, those feeling dignified were 65.9% of adolescents (11-17 years), 59% of adults (18-59 years) and 67.2% of the elderly as summarized in the table 13 below.

Table 13: Respondent's feeling of Dignity

		Feeling undignified	Feeling dignified
Settlement	Kyaka II	42.3%	57.7%
	Kyangwali	38.3%	61.7%
	Nyakabande Transit centre	43.3%	56.7%
	Matanda transit centre	0.0%	100.0%
Category of Respondents	Refugee	39.4%	60.6%
	Host Community	36.6%	63.4%
Gender of Respondents	Male	35.5%	64.5%
	Female	40.5%	59.5%
Age Category	Adolescents (12-17) years	34.1%	65.9%
	Adults (18-59) years	41.0%	59.0%
	Elderly (60+) years	32.8%	67.2%
	Total	38.8%	61.2%

The baseline survey sought information on what makes respondents or other people in this community feel undignified. Findings revealed multiple drivers of indignity feeling as summarized in the table 14.

Table 14: Drivers of feeling undignified by sampled respondents

	Kyaka II N=326	Kyangwali N, =261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Mistreatment and discrimination when seeking medical services	52.8%	60.2%	20.0%	6.7%	52.1%
Poor shelter	40.2%	36.4%	40.0%	3.3%	36.9%
Beating, assaulting and verbal abuses when accessing services at the reception centre, food and NFI distribution points	22.7%	37.9%	40.0%	0.0%	28.6%
Mistreatment and discrimination by other refugees and host community members	39.0%	15.3%	6.7%	0.0%	26.1%
Rape and other sexual abuses of girls and women	19.3%	37.9%	6.7%	0.0%	25.3%
School age going children dropping out due to school fees and other scholastic requirements	23.9%	21.1%	0.0%	3.3%	20.7%
Inadequate ration and PSN support (31,000 shs a month)	23.9%	14.9%	43.3%	0.0%	20.1%
Labour exploitation when you work for very long hours and you are not paid or underpaid especially by the host community	19.6%	21.1%	3.3%	0.0%	18.5%
Lack of access to menstrual health kits for girls and women	22.7%	5.4%	33.3%	10.0%	15.6%
Little food is given while the other refugees outside the reception centre come and buy the remaining food for animals like pigs	7.4%	19.9%	33.3%	36.7%	15.0%
Use of local language (Runyoro) by service providers like health centres and teaching in schools	18.7%	9.2%	0.0%	0.0%	13.1%
Absence of where to report/ respond to complains	11.0%	10.7%	3.3%	0.0%	10.0%
Gender differences	10.4%	7.7%	0.0%	0.0%	8.3%
Serving half-cooked food at the reception centre leading to stomach pain and don't want people to even complain about it	1.8%	11.9%	30.0%	3.3%	7.3%
Restricting time for accessing safe water points)(between 5pm and 10am the following day)	5.8%	8.0%	0.0%	0.0%	6.2%

Like with feeling of safety, perceived mistreatment and discrimination when accessing medical services is a major driver of feeling indignity. People feel inhuman when they go to the health facility (hospital) complaining of backache and they are given paracetamol tablets (pain killers) or when they lose the lives of their loved one due to perceived negligence by health workers or stock out of supplies, etc. This has caused the feel of unworthiness and some respondents reported that they had completely lost trust in the health centre services and no longer seek any services, as they equate it to a death trap. However, as noted earlier, the health workers attribute the challenges with accessing services to the limited facilities and capacity at the Health Centre III.

Like safety, shelter is also a driver of feeling indignity in the settlements. The houses are small, very weak in that any person can enter at any time of the night as many especially for new arrivals even lack doors. Refugees

share the small houses with the children, denying them any privacy and conjugal rights. Married couples often have to go to the bush to have sex, which leaves them feeling as if they are not full human beings.

Beating, assaulting and verbal abuses when accessing services at the reception centre, food and NFI distribution points is another un-dignifying practice reported. Refugees are belittled and reminded that they did not come with anything, and hence are receiving the food and NFI at the mercy of providers.

Mistreatment and discrimination by other refugees and host community members. Old refugees don't wish new arrivals well because they have reduced their land holding and livelihood means as the land they initially used to cultivate is now being given to new arrivals. This is leading to mistreatment and harassment of new arrivals at every opportunity by old refugees and host community members combined.

Rape and other sexual abuses of girls and women are un-dignifying and make victims feel like they are less than humans, especially when victims have nowhere to appeal to. One KII respondent noted that;

> *"…the dignity of our women is so eroded, they are raped and abused on two fronts; the Nationals rape them just like fellow refugees too…If the girl survives to be raped by a refugee, then she won't escape the Nationals in the forest during firewood collection…"* **(KII Local leader Kyangwali)**

> *"Our children not being in school or not being able to count or even read English lowers our dignity…The distance from Mombasa to Kinakitaka is far, but even then one teacher can be having an average of 200 pupils in one class…can one read and understand…? Yet we need our children to speak English like the nationals….being unable to speak English and also the local language for nationals here affects our dignity since we see that those who are able to speak English are treated well and cannot be deceived…"* **(KII CPC Chairperson – Kyangwali)**

Institutions that lead/cause people in the settlement to feel undignified: Respondents identified institutions and service providers that make them feel undignified while being served and these are summarized in the table 15.

Table 15: Institutions that lead/cause people in the settlement to feel undignified

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Health centres	58.0%	62.8%	40.0%	3.3%	56.6%
NGOs/Humanitarian organizations	14.4%	32.6%	6.7%	0.0%	20.7%
Local Councils/leaders	33.1%	5.0%	20.0%	0.0%	19.6%
The police and military	11.0%	31.0%	16.7%	0.0%	18.9%
Government agencies (e.g OPM) in the camp	5.8%	37.2%	10.0%	0.0%	18.4%
Schools	9.8%	15.7%	3.3%	0.0%	11.4%

Like with safety, health centres are the lead institution associated with undignifying practices. The qualitative investigations confirmed the extent of feeling undignified as exemplified with the following verbatim.

> *"At the health facility we are not treated as human beings…the doctors talk to us in Runyoro and sometimes abuse us. When you complain of headache, they give you medication for stomach ache. Sometimes they wait for you to line up from morning till evening and on reaching they tell you, there is no medication. The health centre is not a good place to go to or to be."* **(FGD with Adolescent girls Kyangwali)**

> *"When we fall sick and go for treatment, or go into labour, we are not attended to with dignity. We labour and even deliver our babies on a bare floor. The nurses will leave us to suffer the pangs while*

flipping about with their phones. This reduces our dignity to nothingness." **(FGD with women Kyaka 11)**

"The people we expect to help us are the worst; the LC 1 /block leader and the police are the most corrupt of all. They need money to help us out. At times when we report issues to them, nothing is done to the culprits. Even when they are arrested, you will see them in the community after two days. They can do anything to us who report them. This is both insecure and belittling to our dignity" **(FGD with Women Mukondo Zone)**

"When we go to OPM with issues of concern to us, they rubbish us and ask us if we came with land from Congo. They can bark and chase you like a dog or a small child around."

Places and community activity/service points that lead/cause you and other people to feel undignified were reported as presented in Table 16 below.

Table 16: Places and community activity/service points that lead/cause people to feel undignified

	Kyaka II N=326	Kyangwali, =261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
The forest or firewood collection point	51.8%	61.3%	0.0%	6.7%	51.2%
Water points	46.6%	40.6%	10.0%	0.0%	40.3%
Home/shelter	36.5%	46.4%	53.3%	3.3%	39.7%
Distribution point	31.9%	48.3%	3.3%	0.0%	35.7%
Markets	13.8%	33.0%	0.0%	0.0%	20.2%
Cooking areas at the reception centre	2.8%	15.7%	43.3%	0.0%	9.7%
Transit center	6.1%	3.8%	40.0%	0.0%	6.5%

Like reported under feeling of safety section, it was observed from the interviews conducted that the forests where the refugees go to collect firewood cause the highest undignified feeling. Respondents in focus group discussions had this to say;

"We do not have charcoal to prepare food to eat because we do not have money. So the only alternative is to go to the forest. In this we have been beaten, raped and some have even been killed in the process. We have had to live with this trauma to the extent of keeping it to ourselves so as to save our marriage. We do not tell our husbands." **(FGD with Women Kyaka 11)**

Respondents were asked whether they knew places to report or run to for help when feeling unsafe or undignified and the findings are summarized in table 17.

Table 17: Where to Report or Run for help when feeling unsafe or undignified

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Block leaders/LCs	81.9%	74.3%	83.3%	90.0%	79.3%
Police	31.0%	56.3%	73.3%	26.7%	43.0%
NGO case management workers	12.3%	51.0%	10.0%	76.7%	30.8%
Parents/guardians	22.7%	37.2%	10.0%	0.0%	26.9%
Refugee welfare committee	18.1%	5.7%	6.7%	60.0%	14.5%
Settlement commandant	10.7%	13.0%	43.3%	20.0%	13.6%
Prefer not to report	9.8%	3.8%	0.0%	0.0%	6.5%
Community volunteer	3.7%	9.2%	0.0%	0.0%	5.6%
UNHCR	2.8%	4.6%	16.7%	0.0%	4.0%

Courts of law	3.7%	3.8%	0.0%	0.0%	3.4%
Complain/suggestion box	1.5%	1.9%	0.0%	0.0%	1.5%

Findings revealed that the most known place for reporting abuses are the block leaders followed by Police and NGO case management workers. However, some block leaders were reported to be among the perpetrators of violence, and contribute to the feeling of unsafe and corruption.

Indeed, 43.7% of respondents reported that they don't not feel safe to report to police for help. Respondents feeling safe to report for help to the different institutions and persons are summarized in the Table 18.

Table 18: Feeling safe to report for help

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Block leaders/LCs	76.1%	82.8%	80.0%	86.7%	79.4%
Parents/guardians	53.4%	80.8%	10.0%	0.0%	60.0%
Police	44.5%	59.4%	73.3%	33.3%	51.3%
NGO case management workers	19.3%	66.7%	10.0%	86.7%	41.1%
Refugee welfare committee	24.8%	16.9%	6.7%	63.3%	22.6%
Settlement commandant	11.3%	29.9%	50.0%	30.0%	21.5%
Community volunteer	11.7%	35.6%	0.0%	0.0%	20.2%
UNHCR	5.5%	23.8%	13.3%	0.0%	13.0%
Complain/suggestion box	7.4%	18.0%	0.0%	3.3%	11.1%
Courts of law	5.2%	10.7%	0.0%	0.0%	7.0%

The reasons for not feeling safe to report abuses and human rights violation by victims were mainly around corruption and bribery by those supposed to help, and fear of repeat violence as summarized in Table 19.

Table 19: Reasons for not feeling safe to report abuses and human rights violation

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
No money to raise the complaint	41.1%	20.7%	0.0%	3.3%	29.2%
Bribery	35.9%	25.7%	0.0%	0.0%	28.4%
Fear of repeat violence by perpetrator	26.1%	32.2%	30.0%	3.3%	27.7%
Takes long to get Justice	24.2%	26.4%	3.3%	0.0%	23.0%
Fear to be embarrassed/ashamed	18.1%	26.8%	40.0%	13.3%	22.4%
Discrimination by police and leaders	28.8%	16.5%	20.0%	0.0%	22.1%
Language barrier	15.6%	15.3%	20.0%	6.7%	15.3%

Feeling of Safety and Dignity

Respondents reporting to be feeling safe and dignified were 52.2% across the sample. These were 47.5% in Kyaka II, 54.0% in Kyangwali, 40.0% in Nyakabande and all in Matanda. Those feeling safe and dignified were 52.2% among refugee respondents and 52.2% among host community members, 56.2% among male respondents and 50.2% among female respondents. Considering the age of respondents, those feeling safe and dignified were 58.1% of adolescents (11-17 years), 49.8% of adults (18-59 years) and 57.8% of the elderly as summarized in the table 20 below.

Table 20: Respondent's feeling of safety and Dignity

Category	Sub-category	Not Feeling safe and Dignified	Feeling safe and Dignified
Settlement	Kyaka II	52.5%	47.5%
	Kyangwali	46.0%	54.0%
	Nyakabande Transit centre	60.0%	40.0%
	Matanda transit centres	0.0%	100.0%
Category of Respondents	Refugee	47.8%	52.2%
	Host Community	47.8%	52.2%
Gender of Respondents	Male	43.8%	56.2%
	Female	49.8%	50.2%
Age Category	Adolescents (12-17) years	41.9%	58.1%
	Adults (18-59) years	50.2%	49.8%
	Elderly (60+) years	42.2%	57.8%
	Total	47.8%	52.2%

Respondents confirming to have ever participated in any meeting/community engagements to discuss safety and dignity of community members were 37.6%. These were 43.6% in Kyaka II, 30.3% in Kyangwali, 43.3% in Nyakabande and 30% in Matanda. During the meetings/community engagement, the main issues discussed include: a) GBV prevention reported by 13.1%, b) Protection and awareness about rights reported by 25.3%, c) Community dialogues on safety and dignity reported by 16.7%, d) Nutrition reported by 5.7% and e) Human/refugee Rights reported by 14.5%. Other issues discussed during community engagement included WASH, Taking children to school, Climate change, Health including the Ebola scourge management and control, Early marriages, Support to PSN, Referral pathways of any problem faced, Land matters, Savings projects, and Election of leaders.

Respondents reported organizers of meetings/community dialogues attended to include APEAL Consortium members. These were: a) Save the children reported by 10.2% of respondents, b) Care International reported by 8.5% of respondents and IRC reported by 5.3% of respondents, Womena reported by 2.3%, Kabalore Resource and Research Centre reported by 0.9% of respondents.

3.3 Child Protection

3.3.1 Awareness about Children Rights

Respondents reporting to be aware of children rights were 70.8% across the sample. These were 63.2% in Kyaka II, 82.4% in Kyangwali, 40.0% in Nyakabande and 83.3% in Matanda. Awareness about children rights was higher among the host community members (84.3%) compared to the refugees (67.3%). On the other hand, awareness was lower among females (68.4%) compared to male respondents (75.6%). Respondents reporting to be aware of children rights were asked to list the different types of rights they were aware of and the findings thereof are summarized in the Table 21 below.

Table 21: Awareness about Refugee and Human Rights

	Settlement				Category		Gender		Children (<=17 yrs)		
Children Right	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Refugee, =513	Host com N=134	Male N=217	Female N=430	Male N=41	Female N=88	Total N=647
Right to food	56.7%	72.0%	40.0%	73.3%	60.8%	70.9%	65.0%	61.9%	70.7%	61.4%	62.9%
Right to education	52.5%	74.3%	26.7%	70.0%	57.3%	74.6%	67.3%	57.7%	63.4%	58.0%	60.9%
Right to Basic needs (clothing &shelter)	51.8%	65.5%	20.0%	83.3%	55.9%	62.7%	60.8%	55.6%	51.2%	56.8%	57.3%
Right to Health Care	33.7%	53.6%	20.0%	30.0%	39.4%	47.0%	49.3%	36.7%	46.3%	33.0%	41.0%
Right to safe play	23.9%	34.5%	0.0%	13.3%	23.0%	40.3%	31.8%	24.0%	29.3%	31.8%	26.6%

Right to be fairly treated	24.8%	21.5%	0.0%	30.0%	22.2%	23.9%	25.8%	20.9%	9.8%	17.0%	22.6%
Right to participate	11.7%	11.1%	0.0%	6.7%	9.9%	13.4%	11.5%	10.2%	4.9%	14.8%	10.7%

As shown in the Table 21 above, awareness about children rights was high among host community members than refugees. Equally, awareness was higher among male respondents than female respondents. Awareness was high for right to food, right to education and right to basic needs.

Attitudes towards children rights

Respondents were asked whether they agree that children should be treated the same regardless of the differences among them and 82.3% affirmed that they should be treated the same (mostly yes or yes completely). This suggests that there is generally a positive attitude towards equal treatment of children regardless of the differences between them. Equally, most respondents agreed that children have a right to their own point of view and should be allowed to express it, with 81.5% affirming in positive (somewhat yes, mostly yes and yes completely).

However, when asked whether they agree that children should be allowed to disagree with adults, more than half of the respondents (53.3%) responded in the negative (not at all or not very much). Only 32.8% responded in positive (mostly yes or yes completely). This suggests respondents are less willing to accommodate children's divergent views.

3.3.2 Children Safety in the Settlements

Perception of children safety: The baseline survey sought respondents' perceptions of children's safety in the settlement. Respondents were asked their feeling of children safety in schools, on the way to school, in the market places or other open places in the market and at the CFS/ECCD. The findings thereto are summarized in the Table 22 below.

Findings revealed that 69.2% (children under 18 years=70.5% and Adults=68.9%) of respondents perceived that children in their settlement are safe in their schools. Equally, 60.3% (children under 18 years=60.5% and Adults=60.2%) of respondents reported that they feel their children are safe on the way to and from school. However, 46.5% (children under 18 years=44.2% and Adults=47.1%) reported feeling that their children are not safe in the market and other open places in the settlement, whereas 53.5% reported feeling safe. Only 8.2% reported feeling that their children are not safe at the CFS/ECCD centres while 66.5% reported feeling safe and 25.3% did not know because they did not have children going to the CFS.

Table 22: Perception of children safety in the settlement

Perception of children safety	Gender	Not at all	Not very much	Some what	Mostly yes	Yes completely	Don't Know
Children in this settlement are safe in their schools	Total	8.2%	15.8%	13.0%	16.7%	39.6%	6.8%
	Male	9.2%	19.8%	12.9%	14.7%	37.3%	6.0%
	Female	7.7%	13.7%	13.0%	17.7%	40.7%	7.2%
Children in this settlement are safe on their way to and from school	Total	15.1%	17.8%	17.0%	17.0%	26.3%	6.8%
	Male	18.0%	17.5%	18.0%	15.2%	25.3%	6.0%
	Female	13.7%	17.9%	16.5%	17.9%	26.7%	7.2%
Children in this settlement are safe at the market or other open places in the settlement	Total	16.5%	26.3%	19.0%	18.9%	15.6%	3.7%
	Male	15.2%	28.1%	18.9%	17.1%	17.1%	3.7%
	Female	17.2%	25.3%	19.1%	19.8%	14.9%	3.7%
Children in this settlement are safe at the CFS/ECCD	Total	1.9%	6.3%	11.3%	21.2%	34.0%	25.3%
	Male	2.8%	5.1%	11.1%	20.3%	32.7%	28.1%

	Female	1.4%	7.0%	11.4%	21.6%	34.7%	24.0%

Feeling unsafe at the CFS was attributed to Physical violence/fighting at the CFS/ECCD reported by 28 respondents (4.3%), Abusing at the at the CFS/ECCD reported by 8 respondents (1.2%), Accidents including falling from swings reported by 24 respondents (3.7%), Unfriendly/unsupportive facilitators/volunteers reported by 6 respondents (0.9%) and Long distance to the CFS/ECCD reported by 26 respondents (4%).

> *"…Generally…some parents do not want their children to come to the CFS because of rampant fights. The Banyabwisha and Bagegere fights extend from homes to CFS, so to avoid such, some parents do not allow their children go to CFS. Also, at the CFS, some of the older children do not use good words while talking to the young ones…"* **(KII Chairperson CPC – Kyangwali)**

Knowledge and use of protective services for children

Respondents reporting to have ever heard of a child protection committee (CPC) in their community/ settlement were 31.4% (Kyaka II=23%, Kyangwali=36.4%, Nyakabande=20% and Matanda=90%). Respondents were asked whether they feel safe reporting if they suspected that a child in the community was being abused (physically or sexually) and 86.9% responded in affirmation ((Kyaka II=85.6%, Kyangwali=88.5%, Nyakabande=80% and Matanda=93.3%).

Preference to report child abuse (physical or sexual) in the community

The survey sought respondents' reporting preference in case a child in the community got an abuse of any form. Respondents were asked on where they would report or run for help in case a child abuse incident is identified or noticed. Their responses to the said question are as summarized in the Table 23 below:

Table 23: Preference for reporting community child abuse incidents

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Block leaders/LCs	70.2%	68.2%	63.3%	80.0%	69.6%
Police	26.7%	53.3%	63.3%	40.0%	39.7%
NGO case management workers	11.3%	45.6%	16.7%	70.0%	28.1%
Parents/guardians	18.4%	25.3%	10.0%	0.0%	19.9%
Settlement commandant	7.1%	10.7%	43.3%	30.0%	11.3%
Refugee welfare committee	14.1%	4.6%	0.0%	50.0%	11.3%
Child Protection Committee	9.8%	9.6%	6.7%	36.7%	10.8%
Community volunteer	1.8%	5.7%	0.0%	3.3%	3.4%
UNHCR	2.1%	2.7%	6.7%	0.0%	2.5%
Courts of law	2.8%	1.9%	0.0%	0.0%	2.2%
Pastor/religious leader/ Teachers	1.8%	3.1%	0.0%	0.0%	2.2%
Prefer not to report	3.1%	0.4%	0.0%	0.0%	1.7%
Complain/suggestion box	0.6%	0.0%	0.0%	3.3%	0.5%

Survey findings revealed that the overall average preference of reporting incase a child in the community was being abused was high among Block Leaders/Local Councils at 69.6%, followed by police at 39.7%, NGO case management workers at 28.1%, Parent/guardian at 19.9%, RWCs and Settlement Commandant both at 11.3%, Child Protection Committee at 10.8%, Community volunteer at 3.4% UNHCR at 2.5%. Only 2.2% of respondents reported to run to courts of law and/or religious leaders and teachers with only 1.7% overall sample who preferred not to report. Respondents in Matanda Transit centre preferred reporting to NGO case management workers (70.0%) before going to police (40.0%). Being transit centres, no respondents in Nyakabande and

Matanda reported preference to run to courts of law or religious leaders and teachers as it may not be easy to locate such people by a refugee just entering the settlement.

By and large, as alluded to from qualitative discussion, the reporting preference is attributed to different factors that made Block Leaders/Local Councils most preferred compared to other reporting channels. Some of these factors/reasons included among others:

a) Availability of the reporting channels (and with minimal resource inputs);
b) The response time likely to be taken by the channel to intervene and giving feedback (if at all provided);
c) Ease of accessibility with minimal need for extra resources like transport or airtime to call or reach channel;
d) Past experience with the reporting channel;
e) The likely power that the channel has to manage a certain type of abuse;
f) The likely interest of the channel in the case to be reported (with low preference in cases where the abused feels that the said channel is likely to perpetrate the abuse or stifle justice); and
g) The level of assumed trust or confidentiality that the abused vest in a particular reporting channel.

The above factors partly explain the preference of block leaders/Local Councils to say police, to NGO case management worker to finally prefer not to report at all. At the transit centres, respondents are not familiar with the system and largely do not know where to locate certain reporting channels like courts of law and religious leaders given that they are new in the area. As revealed in the above responses, Child Protection Committees (CPC) are not a reliable avenue for reporting child abuse incidents in the community. Interactions with the CPC revealed that both parents and some children do not trust them as they feel they are only after money but also children feel that reporting to CPCs is just but a procedural issue which really doesn't affect them.

> *"Our main challenge in this work is trying to protect children who; just like their parent do not respect us and we feel like giving up especially given that our work is voluntary though refugees here think we are given money. These children say even if you report me to CPC, what will they do to me…? Usually parents ask us whether we are the parents to their children…so they do not implement what we tell them…"* **(KII Chairperson CPC – Kyangwali)**

Reasons for not feeling safe to report abuses and human rights violations

Respondents were asked reasons for not feeling safe to report abuses and human rights violations and the findings are summarized in table 24.

Table 24: Reasons for not feeling safe to report abuses and human right violation

	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Fear of repeat violence by perpetrator	5.2%	7.3%	0.0%	0.0%	5.6%
No money to raise the complaint	5.5%	2.3%	0.0%	0.0%	3.7%
Fear to be embarrassed/ashamed	2.8%	2.7%	3.3%	6.7%	2.9%
Discrimination by police and leaders	4.9%	0.8%	0.0%	0.0%	2.8%
Justices takes long	4.0%	1.1%	3.3%	0.0%	2.6%
Language barrier	3.4%	0.8%	6.7%	0.0%	2.3%
Perpetrators are not charged	3.1%	1.5%	0.0%	0.0%	2.2%
Bribery	3.7%	0.8%	0.0%	0.0%	2.2%

In Kyaka II those who reported fear of repeat violence by perpetrator were 5.2% and 5.5% had no money to raise the complaint while in Kyangwali 7.3% feared a repeat violence by perpetrator and 2.3% had no money to raise complaint. Language barrier as a reason for not feeling safe to report abuses was more pronounced in

Nyakabande Transit centre and Kyaka II with 6.7% and 3.4% of their respondents respectively. Findings reveal that the main reason why respondents in Matanda Transit centre do not feel safe to report abuses and human rights violations was the fear to be embarrassed or ashamed at 6.7%. Other reasons reported by the respondents for not feeling safe to report abuses and human rights violation included: i) discrimination by police and leaders, and ii) justice taking long

Overall, fear of repeat violence by perpetrator ranked highest at 5.6 % followed by absence of money to raise complaints (3.7%) and perpetrators not being charged and bribery ranking lowest at 2.2%. Findings further revealed that there are higher chances of a repeat violence by a perpetrator incase the affected reported the abuse or rights violation. There is need to ensure safety of the affected after reporting given the likelihood that even when the affected do not report, the perpetrators continue with the vice thereby making not to report a not reliable option. The project may require putting extra measures to protect the affected from a repeat violence in case they report and also subsidize on the fee required to raise a complaint if the affected are to be able to report and login complaints respectively.

Community Awareness of Children Harmful Practices

Respondents were asked about their awareness levels on some of the harmful practices against children being practiced in their respective settlements. Overall, the most reported practice was child labour (42.8%), followed by early/child marriage (39.1%), corporal punishments (36.8%) and abortion (3.9%). In both Kyaka II and Kyangwali settlements, child labor ranked highest at 39.6% and 55.2% respectively, followed by early/child marriage at 39.3% and 46.4% respectively. Nyakabande transit centre had the highest incidences of child neglect (56.7%) and corporal punishments (76.6%) with no rape incidents reported. The harmful practices being practiced in the community/settlement are summarized in the Table 25 below;

Table 25: Harmful practices against children in the community/settlement

Harmful practices against children	Kyaka II N=326	Kyangwali, N=261	Nyakabande TC, N=30	Matanda TC, N=30	Adolescents(12-17) years by Gender		Total N=647
					Male	Female	
Child labor	39.6%	55.2%	13.3%	0.0%	43.9%	43.2%	42.8%
Early/child marriages	39.3%	46.4%	10.0%	3.3%	22.0%	33.0%	39.1%
Corporal punishment	34.7%	39.1%	76.7%	0.0%	43.9%	43.2%	36.8%
Rape	26.7%	41.4%	0.0%	0.0%	36.6%	26.1%	30.1%
Child neglect	30.1%	26.8%	56.7%	0.0%	14.6%	35.2%	28.6%
Early/child pregnancy	30.7%	25.7%	20.0%	3.3%	12.2%	33.0%	26.9%
Defilement	23.3%	32.2%	30.0%	0.0%	17.1%	31.8%	26.1%
Child trafficking	17.5%	21.5%	10.0%	0.0%	22.0%	23.9%	17.9%
Forced marriage	16.0%	21.1%	6.7%	0.0%	12.2%	15.9%	16.8%
Gender discrimination	13.2%	6.5%	16.7%	0.0%	9.8%	11.4%	10.0%
Abortion	5.5%	2.7%	0.0%	0.0%	7.3%	2.3%	3.9%

3.4 Gender Based Violence

3.4.1 GBV Prevalence in the Project Area

The baseline survey inquired about knowledge and practices related to gender based violence (GBV), which refers to any harmful act or behavior that is perpetrated against a person's will and is based on attitudes about women and men, girls and boys. Respondents were asked whether they had ever heard about community safety action groups (like GBV task force, women leaders), which are part of the APEAL project strategy to

address GBV and 29.7% responded in affirmation across the sample. These were 28.5% in Kyaka II and 34.9% in Kyangwali, and 27.2% among male compared to 30.9% among female respondents.

Respondents reported the main forms of violence and abuse to women and girls as a result to their gender in the settlements and the findings are as summarized in the Table 26 below.

Table 26: Main Forms of GBV in the settlements

	Kyaka II N=326	Kyangwali, =261	Nyakabande TC, N=30	Matanda TC, N=30	Total N=647
Physical Violence (beating, fighting, battering by someone known (domestic)	43.6%	38.7%	63.3%	10.0%	41.0%
Men abandoning their responsibility including children	41.7%	39.8%	40.0%	26.7%	40.2%
Early marriage	34.7%	45.2%	0.0%	20.0%	36.6%
Sexual Violence (rape and defilement) by someone unknown/not related	33.4%	37.9%	6.7%	0.0%	32.5%
Economic violence- denial of income, resources, support, etc.	29.1%	30.3%	13.3%	3.3%	27.7%
Emotional and psychological abuse	25.5%	26.4%	73.3%	0.0%	26.9%
Forced marriage	16.9%	38.3%	0.0%	10.0%	24.4%
Sexual Violence (rape and defilement) by someone known (domestic)	19.0%	23.4%	20.0%	6.7%	20.2%
Threat of Violence	12.3%	26.1%	36.7%	3.3%	18.5%
Violent attacks (beating, fighting, battering) by someone unknown/not related	17.8%	20.3%	3.3%	0.0%	17.3%
Sexual exploitation by people in authority	2.1%	24.1%	0.0%	0.0%	10.8%

As shown in the table above, the main leading forms of GBV were;

i. Physical Violence (beating, fighting, battering) by someone known/related (domestic) was the most reported with 265 respondents (41.0%).
ii. Men abandoning their responsibility including children were the second highly reported GBV form by 240 respondents (40.2%).
iii. Early marriage came third with 237 respondents acknowledging to have witnessed early marriage as a GVB related behaviour. This was mostly witnessed in Kyangwali settlement with 45.2% of the respondents reporting in affirmation.

Qualitative findings were consistent with quantitative findings on gender based violence. In a KII with a member of the RWC, she had this to say.

> *"…Some of our wives say they cannot be two women/females under the same roof and so their daughters are forced into marriage or end up marrying early. Some of these girls are married off from ages 13 – 16 years…In other cases some of these girls are the only household heads so they felt that by marrying off they will get the burden of managing their homes off their neck…but… …unfortunately it is not always the case…"* **(KII with RWC II Kyangwali)**

3.4.2 Physical, sexual or psychological violence by a current or former intimate partner (spouse)

Respondents who over the preceding 12 months to the baseline survey, had ever been subjected to physical, sexual or psychological violence by a current or former intimate partner (spouse) were 10% across the sample. These were 12.3% in Kyaka II, 8% in Kyangwali and 13.3% in Nyakabande. The prevalence of intimate violence

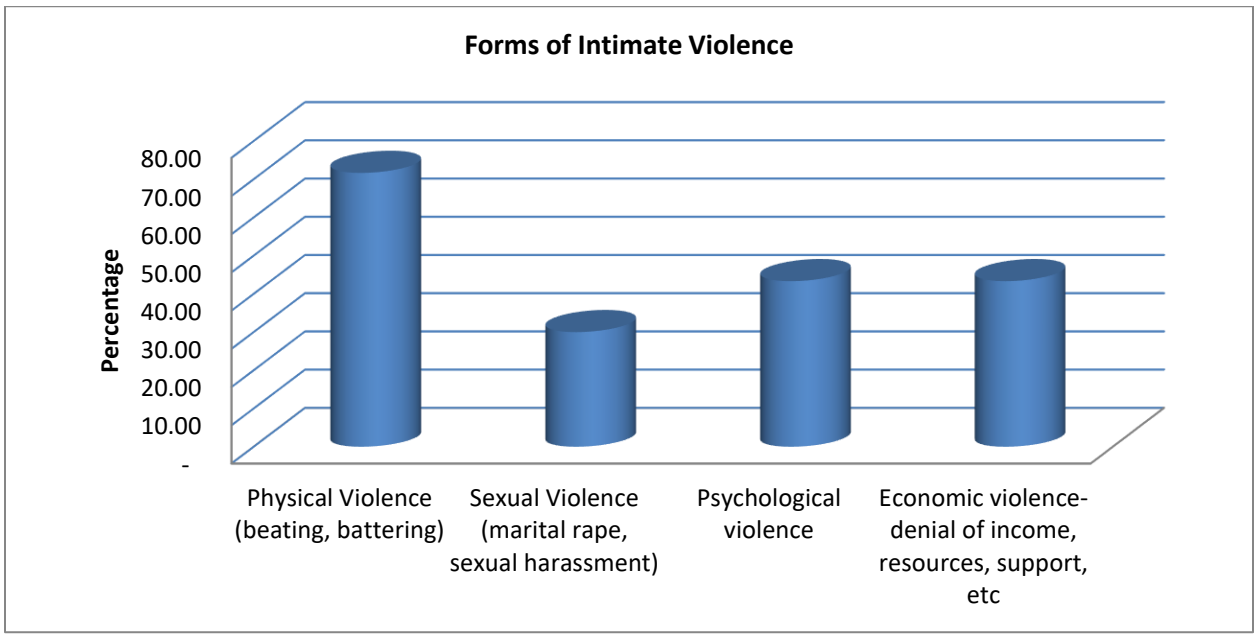
was much higher among female respondents than in male respondents, these same proportion is seen between age groups with very low proportion (2.2%) among 14 years and below group than among 15 years and above age group (64%) as summarized in the Table 27 below.

Table 27: prevalence of intimate violence

		14 years and below	15 years and above	Total
Male	Frequency	0	7	7
	Percentage	0.0	3.5%	3.5%
Female	Frequency	1	57	58
	Percentage	3.4%	14.2%	13.5%
Total	Frequency	1	64	65
	Percentage	2.2%	10.6%	10.0%

Indicator: % of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months (SDG indicator 5.2.1)=14.2%

Findings further indicated that physical violence was the main form of intimate violence reported by 71.6% of those that had experienced intimate violence. This was followed by Psychological violence and economic violence- denial of income, resources, support), each reported by 43.3% and sexual violence (marital rape, sexual harassment) reported by 30% of the respondents as summarized in the chart below



Indicator: % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months (SDG indicator 5.2.2)=5%

Women respondents who over the preceding 12 months to the baseline survey, had ever been subjected to sexual violence by persons other than an intimate partner were 4.9% across the sample. The prevalence of sexual violence was higher among female respondents than in male respondents as summarized in Table 28 below.

Table 28: prevalence of sexual violence

		14 years and below	15 years and above	Total
Male	Frequency	2	2	4
	Percentage	12.5%	1.0%	1.8%
Female	Frequency	1	20	21
	Percentage	3.4%	5.0%	4.9%
Total	Frequency	3	22	25
	Percentage	6.7%	3.7%	3.9%

3.5 Protection Mainstreaming by Non-Protection and Non GBV Specific Actors

The baseline survey collected information on the capacity of non-protection and non-GBV actors targeted by APEAL to mainstream protection in their refugee response plans/strategies. The baseline survey covered 14 actors, who had running refugee response programmes/projects in Kyaka II and Kyangwali settlements. Of these, seven had programmes/projects only in Kyangwali; four had interventions only in Kyaka II, while three had programmes/projects in both Kyaka II and Kyangwali. In terms of sectors, two were in Food and NFI distribution, two in WASH, one in health and Nutrition, five in livelihood and resilience, seven in Education, one in Shelter and Infrastructure, and two in Environment and Energy.

3.5.1 Protection Mainstreaming Training

Eleven out of the 14 actors (78.6%) reported that their staff had ever received training on protection mainstreaming. The protection training areas most reported was GBV mainstreaming reported by 10 out of the 14 actors (71.4%). This was followed by Protection from Sexual Exploitation and Abuse (64.3%), Child protection mainstreaming (57.1%) and Feedback, Reporting and Referral Mechanism (57.1%). The least trained areas were Women Lead in Emergency reported by only two actors (14.3%) and Analysis of protection risks reported by three actors. The training areas reported and the corresponding self-rating of organizational capacity in the training area by respondents is summarized in Table 29.

Table 29: Protection mainstreaming training areas

Training Area	Number Trained	Percentage Trained	Rating of capacity in training area for those trained (Percent)		
			High	Medium	Low
1) Gender in Emergency (GiE)	7	50	28.6	71.4	0
2) Protection from sexual Exploitation and Abuse (PSEA)	9	64.3	55.6	44.4	0
3) Women Lead in Emergency (WLiE)	2	14.3	50	50	0
4) Feedback, Reporting and Referral Mechanism (FRRM)	8	57.1	37.5	62.5	0
5) Analysis of protection risks	3	21.4		100	0
6) Child protection mainstreaming in Refugee Response programming	8	57.1	28.6	71.4	0
7) GBV mainstreaming in Response programming	10	71.4	33.3	66.7	0

3.5.2 Protection Mainstreaming

Actors rated their organization's refugee response plan on a five-point protection mainstreaming scale with 1 being very large and 5 being very low, and the findings are as summarized in Table 30 below.

Table 30: Protection Mainstreaming Rating Scale

Statement	1.Very large	2.Large	3.Mode -rate	4.Low/ Limited	5.Very Low/ None
a) Our organization has adequate number of trained staff who demonstrate knowledge and understanding of protection mainstreaming in Refugee Response Programs (N=12)	8.3%	50.0%	41.7%		
b) Our organization has a functioning complaint and feedback mechanism accessible to all groups of workers in a confidential manner (N=12)	58.3%	33.3%	8.3%		
c) Our organization has a written protection policies/guidelines/ code of conduct (in areas of safety and dignity of beneficiaries, GBV, child abuse) followed by all staff (N=12)	75.0%	25.0%			
d) Our refuge response programme decisions are based on the participation of all targeted groups (N=12)	33.3%	58.3%	8.3%		
e) Our Refugee Response Programs activities/actions includes to promote safety and dignity of the beneficiaries (N=12)	75.0%	16.7%	8.3%		
f) Our Refugee Response Programs includes actions for Gender Based Violence protection of the beneficiaries (N=12)	50.0%	41.7%	8.3%		
g) Our Refugee Response Programs includes actions for Children abuse protection among the beneficiaries (N=12)	58.3%	25.0%		16.7%	
h) Our Refugee Response Programs include analysis of protection risks in context analysis (N=12)	16.7%	50.0%	25.0%	8.3%	
i) Our Refugee Response Programs reflect the rights, needs and capacities of vulnerable groups in all stages of agency response (N=12)	41.7%	41.7%	16.7%		
j) Our Refugee Response Program provide humanitarian assistance and services equitably and impartially based on needs assessment and vulnerability (N=12)	75.%	8.3%		16.7%	

Actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors were those reporting very large or large extent to all the ten statements on protection mainstreaming capacity scale in their organisations. These were six (50%) of the 12 Actors that responded to the protection mainstreaming scale.

Indicator 2: % of non-Protection and non GBV specific actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors

Value of Indicator (N=12) = 50%

3.5.3 Priority Training Areas for Protection Mainstreaming

Respondents were requested to propose training and capacity building support areas that should be prioritized for APEAL to effectively contribute to enhancing their organization's capacity to mainstream protection issues

in their refugee response programming. The reported training and capacity building areas are presented in table 31.

Table 31: Proposed Protection Training and Capacity Building Area

No.	Training Area	Number of Respondents	Percentage
1.	Child protection mainstreaming in Refugee Response programming	9	75.0
2.	GBV mainstreaming in Response programming	9	75.0
3.	Analysis of protection risks	5	41.7
4.	Gender in Emergency (GiE)	3	25.0
5.	Women Lead in Emergency (WLiE)	3	25.0
6.	Feedback, Reporting and Referral Mechanism (FRRM)	3	25.0
7.	Capacity building for duty bearers	3	25.0
8.	Case management	3	25.0
9.	Empowering community structures (Volunteers)	2	16.7
10.	Mental Health and psychosocial support in Emergency	2	16.7
11.	Protection from sexual Exploitation and Abuse (PSEA)	1	8.3
12.	Inclusion in Emergency (Disability)	1	8.3
13.	PSN support training	1	8.3
13.	Counseling and Guidance for staff	1	8.3
14	Reproductive Health	1	8.3

3.6 Humanitarian Protection Standards

The baseline survey sought to establish the extent to which humanitarian protection actors believe that key sectorial plans and protection policies, guidelines and frameworks are relevant and suited to refugees and host community members' needs in terms of their age, gender, and vulnerability. Respondents from protection actors/institutions were asked to rate on a four point scale with 1 being very larger extent, 2 being larger extent, 3 being smaller extent and 4 being very smaller extent, of the extent to which seven priority policies and guidelines are considered to be inclusive and people centered. The prioritized policies and guidelines by the APEAL project were:

1) CRRF Road map;
2) UNHCR's Age, Gender and Diversity 2018 policy;
3) Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback;
4) Resolution and Referral Mechanism and
5) GBV Referral pathway PF3 form.

Eleven protection actors, namely ARC, TPO, LWF, Refugee law project, ADRA, UNHCR, OPM, OXFAM, World Vision, Police and NRC participated in the baseline survey and the findings on each of these policies/strategies and guidelines are as presented hereunder.

3.6.1 CRRF Road Map

The protection actors rated the extent to which the Comprehensive Refugee Response Framework (CRRF) road map was relevant and suited to the priority needs of the refugees and the host community in regard to their age groups, gender and form of vulnerability. Table 32 below is a summary of the ratings.

Table 32: Inclusiveness and people centeredness rating of the CRRF Road Map

Protection Beneficiary Category	Rating of Extent of Inclusiveness and people centeredness by Respondents (Percentages)

		Very Larger Extent	Larger Extent	Smaller Extent	Very Smaller Extent
Relevant and suited	Refugees	33.3%	44.4%	22.2%	
	Host Community Members	11.1%	33.3%	44.4%	11.1%
Age	Children	33.3%	44.4%	22.2%	
	Adults	22.2%	44.4%	33.3%	
	Elderly	11.1%	44.4%	44.4%	
Gender	Male	12.5%	75%	12.5%	
	Female	12.5%	50%	37.5%	
Vulnerability	Widow	12.5%	50%	37.5%	
	Disabled	25%	37.5%	37.5%	
	Unaccompanied Children	28.6%	42.9%	14.3%	14.3%
	Lactating Mothers	28.6%	14.3%	42.9%	14.3%
	Pregnant Mothers	28.6%	14.3%	42.9%	14.3%

From the table 32 above, the rating by protection actors was observed as shown below:

Refugees: The protection actors rated the CRRF Road Map to be relevant and suitable for the refugee's priorities and needs at 77.7%. It is all about fair treatment of refugees in Uganda. There are so many programs aimed at benefiting the refugees. The secretariat has a framework that applies to all. Ministries are coming up like water, health, so Uganda has a RRP that caters for both refugees and host community. The CRRF suits all irrespective of status. However, there exist loopholes though they seem satisfied. Refugees even have access to jobs just like nationals do. For the refugee beneficiaries, it may not be different from any other services given to them yet. Although at a leadership level, being part of the refugee advisory forum empowers them that refugees are part of the CRRF but in general it is not really relevant yet.

Host community members: The CRRF Road Map was rated by the protection actors at a percentage of 44.5% in being relevant and suiting the needs of the host community. The programs involve them, there are however very many challenges though they are always enlightened on why the country has to keep refugees. It is for the good of the country. The integration of social services and the 70% to 30% policy of the service delivery may give the host community more relevance than before.

Age category: The actors rated the CRRF Road Map regarding its relevance to the different age groups where for children, it was rated with a percentage of 77.7% to be relevant and suitable to their needs. For the adults, it was rated at 66.6%, while among the elderly it was rated at 55.5% in being relevant to them. It works out for the children since they are minors and almost know nothing. The children are catered for in terms of care, education and access to all services. The CRRF also works for the adults too though there are gaps such as the agencies feeling they know the people's problems.

Gender: The CRRF Road Map regarding gender was rated at 87.5% and 62.5% as being relevant and inclusive in suiting the needs of men and women respectively.
Vulnerability: Regarding vulnerability, the protection actors rated the CRRF Road Map to be 62.5% relevant and suiting the needs of widows and the disabled, 71.5% relevant to the unaccompanied children, 42.9% to both the lactating mothers and the pregnant mothers.

3.6.2 UNHCR's Age, Gender and Diversity 2018 Policy

The protection actors rated the extent to which the UNHCR's Age, Gender and Diversity 2018 Policy was inclusive and people centered. Table 33 below summarizes the rating to each category of beneficiaries in terms of their gender, age and vulnerability.

Table 33: Inclusiveness and people centeredness rating of the UNHCR's Age, Gender and Diversity 2018 Policy

Protection Beneficiary Category		Rating of Extent of Inclusiveness and people centeredness by Respondents (Percentages)			
		Very Larger Extent	Larger Extent	Smaller Extent	Very Smaller Extent
Relevant and suited	Refugees	42.9%	28.6%	14.3%	14.3%
	Host Community Members	14.3%	28.6%	14.3%	42.9%
Age	Children	42.9%	14.3%	14.3%	28.6%
	Adults	42.9%	28.6%	14.3%	14.3%
	Elderly	28.6%	28.6%	28.6%	14.3%
Gender	Male	14.3%	28.6%	42.9%	14.3%
	Female	14.3%	42.9%	28.6%	14.3%
Vulnerability	Widow	16.7%	16.7%	50%	16.7%
	Disabled	40%	20%	40%	
	Unaccompanied Children	33.3%	16.7%	33.3%	16.7%
	Lactating Mothers	20%	40%	20%	20%
	Pregnant Mothers	40%	20%	20%	20%

From the table 33 above, the rating of the protection actors was based on the observations as below.

Refugees: The protection actors rated the UNHCR's Age, Gender and Diversity (AGD) 2018 Policy at 71.5% to be relevant and suited to the priority needs of refugees to a large extent. AGD policy is mandated for all UNHCR staff and partners to comply with and therefore is the guiding document of works in refugee operation. There are specific areas to support the refugees like ensuring family reunion and supporting foster families.

Host Community Members: The UNHCR's Age, Gender and Diversity 2018 Policy was ranked at 42.9% by the protection actors in being relevant and suiting the host community members' needs. There is need to reach villages around the settlement in order for the host community to also benefit from interventions supporting refugees.

Age group: The UNHCR's Age, Gender and Diversity 2018 Policy was rated by the protection actors at 57.2% in being relevant and suiting the children needs, 71.5% for the adults and 57.5% to the elderly. It is all about inclusion of all the age groups. UNHCR does not discriminate among the age groups. Whatever they do they ensure all are supported.

Gender: The protection actors rated the UNHCR's Age, Gender and Diversity 2018 Policy in being relevant and suiting the needs of beneficiaries in terms of their gender. The policy was rated at 57.2% and 42.9% as being relevant and suitable for the priority needs of female and male respectively. Women and girls are very much catered for especially the Core Action 6 – 10 of the policy are looking at girls and women in particular.

Vulnerability: Rating by vulnerability, the protection actors rated the UNHCR's Age, Gender and Diversity 2018 Policy at 33.4% to be relevant and suiting the priority needs of the widows, the disabled at 60%, unaccompanied children at 50%, lactating mothers at 60% and the vulnerable pregnant mothers at also 60%. Much as the inclusion and participation of persons with disability is the interest of the policy, this also comes with resources and sometimes actors can only do blanket approach instead of being tailored to the different needs that the refugees have.

3.6.3 Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback

Humanitarian protection actors rated on the relevance and inclusiveness of the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback to the beneficiary category like refugees, host community, age, gender and vulnerability. Table 34 below shows the summary of rating per category of protection beneficiaries. Below are the observations from the rating of the protection actors.

Refugees: Protection actors rated the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback at 88.9% in terms of being relevant and suiting the refugees' needs. Refugees are very much protected in that if a refugee reports a case, it is pushed by many NGOs who are working in the various settlements, ready to protect and defend them. Refugees are well protected; they are taught their rights. There are different refugee committees who are sensitized and the legal services are free. This Action plan creates an opportunity for the refugees' voices to be heard. They have a voice in case of threat and feedback is given to service providers.

Table 34: Inclusiveness and people centeredness rating of the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback

Protection Beneficiary Category		Rating of Extent of Incisiveness and people centeredness by Respondents (Percentages)			
		Very Larger Extent	Larger Extent	Smaller Extent	Very Smaller Extent
Relevant and suited	Refugees	55.6%	33.3%		11.1%
	Host community	25.0%	37.5%		37.5%
Age	Children	22.2%	44.4%	22.2%	11.1%
	Adults	33.3%	55.6%		11.1%
	Elderly	11.1%	55.6%		33.3%
Gender	Male	22.2%	44.4%	11.1%	22.2%
	Female	22.2%	66.7%	11.1%	
Vulnerability	Widow	25.0%	25.0%	25.0%	25.0%
	Disabled	37.5%	25.0%	12.5%	25.0%
	Unaccompanied children	66.7%	22.2%		11.1%
	Lactating mothers	50.0%	25.0%	12.5%	12.5%
	Pregnant mothers	50.0%	25.0%	12.5%	12.5%

Host Community Members: The relevance of the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback in suiting the priority needs of the host community was rated at 62.5% by protection actors. It is good for all and it gives an opportunity for feedback; and caution is always taken should there be any sort of abuse. Uganda signed these policies and we know the consequences once we tamper with the refugees' safety. The host community is always discouraged about harassing the refugees because they are considered very vulnerable, they can easily succumb to anything.

Age group: Protection actors rated relevance of the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback in suiting the priority needs of different age category as 66.6% for children, the adults at 88.9% and the elderly at 66.7%. Considering children, their voice(s) is/are heard and they are protected. Save the Children International has hardened on the perpetrators and hence it is a deterrent to those who would exploit children. However, there are still some gaps. The awareness levels are low because the beneficiaries have deficiencies due to their vulnerability, they do not follow issues to the end rendering the policy ineffective. Partners have a coordination gap too.

Gender: In terms of gender, protection actors rated the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback at 88.9% to be relevant and suiting female needs and at 66.6% rating for males. Men are left

out because most people view women as the only victims and others that men are the common perpetrators. For the case of women, the policy is relevant to them. However, a lot still needs to be done because cases are reported but follow-up is not done.

Vulnerability: Regarding vulnerability, protection actors rated the Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback to be 50% relevant to the widows, 62.5% for the disabled, 88.9% for the unaccompanied children while for lactating and pregnant mothers the rating was at 75%. Much as the framework is there, they are far much exposed to exploitation because some may not even be able to talk or air out their problems. Besides, it may go unreported bearing in mind the nature of the disability. The PSN are at risk of violence such as defilement, rape and all forms of assault so it is very relevant to document these cases on spot and any kind of referral

3.6.4 Resolution and Referral Mechanism

Protection actors rated the relevancy of the Resolution and Referral Mechanism to the refugees and the host community by gender, age and vulnerability. Table 35 below summarizes the responses of the actors in terms of percentage rating of the RRM.

Table 35: Inclusiveness and people centeredness rating of the Resolution and Referral Mechanism

Protection Beneficiary Category		Rating of Extent of Incisiveness and people centeredness by Respondents (Percentages)			
		Very Larger Extent	Larger Extent	Smaller Extent	Very Smaller Extent
Relevant and suited	Refugees	60.0%	10.0%	10.0%	20.0%
	Host community	55.6%	11.1%	22.2%	11.1%
Age	Children	44.4%	22.2%	33.3%	
	Adults	44.4%	33.3%	11.1%	11.1%
	Elderly	44.4%	33.3%	11.1%	11.1%
Gender	Male	44.4%	22.2%	22.2%	11.1%
	Female	44.4%	33.3%	11.1%	11.1%
Vulnerability	Widow	42.9%	42.9%		14.3%
	Disabled	62.5%	37.5%		
	Unaccompanied children	62.5%	25.0%		12.5%
	Lactating mothers	62.5%	25.0%	12.5%	
	Pregnant mothers	62.5%	25.0%	12.5%	

From the table above, below are the key observations from the ratings of the protection actors.

Refugees: The humanitarian protection actors rated the Resolution and Referral Mechanism (RRM) at 70% to be relevant and suited to the priority needs of the refugees. The resolution and referral mechanism is much centered on the needs of refugees though there still exist some loopholes; some cases go unreported due to a number of issues. These may range from distance, internal settlement of cases where parents prefer to handle the case and no reporting to the police. All the refugees and host community need to be well attended to and to know where to go in case they have issues that require attention.

Host community members: The Resolution and Referral Mechanism were rated at 66.7% in terms of being relevant and suiting the priority needs of the host community. The nationals too benefit equally from these interventions though they seem not happy with the services given.

Age group: The protection actor rated on the Resolution and Referral Mechanism to the different age groups. The RRM on children was rated at 66.6%, while both the adults and the elderly it was rated at 77.7% in terms

of being relevant and suited to their needs. Children need more protection as some of the issues affecting them go unreported. There is no clear feedback to the affected but also follow-up of the one who referred the case.

Gender: The protection actors rated the RRM at 77.7% and 66.6% to the female and male respectively in terms of being relevant and suiting their needs. It is relevant to the female because they are mostly the victims. Most men fear to report and most of them are the perpetrators.

Vulnerability: On the relevancy of the RRM to the different vulnerability groups, the protection actors rated the relevancy and suitability to the widows at 85.8%, the disabled at 100%, and the unaccompanied children at 87.5%, both the lactating mothers and pregnant mothers at 87.5%. The PSN are at risk of violence such as defilement, rape and all forms of assault so it is very relevant to document these cases on spot and make any kind of referral. A lot of priority is given to the unaccompanied children; one thing about these children is that their issues have always gone unattended.

3.6.5 GBV Referral pathway PF3 form

Humanitarian actors in protection rated the inclusiveness and people centeredness of the GBV Referral pathway PF3 Form to the refugees and host community, beneficiary age, gender and vulnerability. Table 36 below presents a summary of the ratings in percentages according to different beneficiary categories.

Table 36: Inclusiveness and people centeredness rating of the GBV Referral pathway PF3 form

Protection Beneficiary Category		Rating of Extent of Incisiveness and people centeredness by Respondents (Percentages)			
		Very Larger Extent	Larger Extent	Smaller Extent	Very Smaller Extent
Relevant and suited	Refugees	30.0%	50.0%	10.0%	10.0%
	Host community	20.0%	40.0%	30.0%	10.0%
Age	Children	22.2%	55.6%	22.2%	
	Adults	11.1%	66.7%	22.2%	
	Elderly	11.1%	66.7%	11.1%%	11.1%
Gender	Male	11.1%	66.7%	22.2%	
	Female	11.1%	66.7%	22.2%	
Vulnerability	Widow	22.2%	66.7%	11.1%	
	Disabled	55.6%	33.3%	11.1%	
	Unaccompanied children	33.3%	55.6%	11.1%	
	Lactating mothers	22.2%	44.4%	33.3%	
	Pregnant mothers	22.2%	44.4%	33.3%	

From the table, below are the key observations from the ratings of the protection actors.

Refugees and host community members: The GBV Referral pathway PF3 Form was rated at 80% and 60% in being relevant and suited to the priority needs of the refugees and host community members respectively. There is a lot of focus in benefiting the refugees though there is no discrimination. The PF3 form focus on a person irrespective of status, age and gender. There are special case workers recruited by protection actors who support refugees. However, there are challenges in the implementation. Whereas PF3 forms are available at the Police stations, complainants are most times required to make photocopies and pay some money especially for medical examinations. This is amount required is about 30,000 shillings, which is not in reach for most affected persons. This often results into abandoning the entire process of seeking justice by the victims of abuses.

Age category: According to the different age groups, the protection actors rated the GBV Referral pathway PF3 Form in being relevant at 77.8% to both the children, adults and elderly. The issues of this form are the same across the beneficiary groups. It just becomes worse with children. They can't speak for themselves. Caregivers have to stand in yet at times these prefer out of court settlement. The victim therefore becomes more victimized. For the case of children, there should be more visual information on SGBV referral pathway at schools, CFS and areas where they gather.

Gender: The actors rated the GBV Referral pathway PF3 Form in being relevant and suited to the priority needs for both female and men at 77.8%. Some IEC materials on the referral pathway have more focus on women given the cultural context and the likelihood of girls and women being at more risks to SGBV.

Vulnerability: Regarding vulnerability of the different beneficiaries, the protection actors rated GBV Referral pathway PF3 Form in being relevant and suited to the priority needs for both the widows, disabled and unaccompanied children at 88.9%. For the case of the lactating mothers and the pregnant mothers, the rating was given at 66.6%. For the unaccompanied children in particular, they may need additional sensitization to foster parents and outreach sensitization to make sure children under alternate care arrangement do not shy away from reaching out to receive services. The disabled especially with physical disability may face difficulty in accessing information on referral pathway as well as accessing the different access points.

General Observations: The findings on humanitarian standards reveal a number of issues. These include:

a) Most of the humanitarian policies and guidelines seem inclusive and people centred but there are gaps in implementation. This is mainly driven by resource constraints, which often limit the scope of the projects/programmes interventions and application of policy guidelines.
b) Limited focus on host community: Whereas there are policy requirements for 30% of the interventions to target host community, this is often over looked by protection actors during actual implementation of project interventions. In addition to the call to revive the host community target to 40%, there is need for mechanisms for enforcing this requirement during implementation and reporting of interventions by all actors.
c) Limited knowledge and awareness about protection policies and guidelines by staff of humanitarian actors. The survey team observed gaps in the knowledge and awareness about the protection policies and guidelines by respondents. As part of the APEAL project interventions, a refresher training or awareness sessions of key of protection standards ought to be facilitated for all actors. This should be organized in collaboration with UNHCR.

Indicator 4: % of humanitarian actors acknowledging that humanitarian protection standards are inclusive and people-centered

Definition: A sectorial plan, protection policies, guidelines and framework will be considered inclusive and people centred if it's rated to a very large extent or large extent to be relevant and suited to the needs of refugees and host community members, all age, gender and vulnerability categories, for at least 9 of the 12 sub-categories of beneficiaries.

A count of individual actor ratings for each of the sub-categories of age, gender and vulnerability was done. Actors who rated large extent or very large extent to at least 9 of the 12 sub-categories were considered to be acknowledging to a large extent that the humanitarian policy/standard is inclusive and people centred, else, the actor is acknowledging to a small extent. The average percentage of humanitarian actors rating the seven humanitarian protection policies/guidelines as inclusive and people centred was 50.8%. The count for all the seven policy/guidelines is summarized in Table 37 below.

Table 37: humanitarian actors acknowledging that humanitarian protection standards are inclusive and people-centered

	Policy/Strategy, Guideline	Large Extent	Small Extent	% of actors acknowledging that humanitarian protection standard is inclusive and people-centered
1	CRRF Road map	4	5	44.4
2	UNHCR's Age, Gender and Diversity 2018 policy	3	4	42.9
3	Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback	4	5	44.4
4	Resolution and Referral Mechanism	5	4	55.6
5	GBV Referral pathway PF3 form	6	3	66.7
	Average percentage of rating			50.8

3.7 Menstrual Health Management

The Baseline survey collected information on menstrual health management knowledge and practices and 350 women in the reproductive age responded to questions on menstrual health in the sample. Of these, 60.1% reported to had ever talked about menstruation with friends and family members. These were 64.6% in Kyaka II, 57.9% in Kyangwali, 57.1% in Nyakabande and 33.3% in Matanda. The baseline survey also inquired whether respondents felt they had enough information about menstrual health and 45% responded in affirmation. These were 47% in Kyaka II, 37.6% in Kyangwali, 52.4% in Nyakabande and 72.2% in Matanda.

Respondents were asked from whom they would prefer to get information on menstruation and the findings show the preferred source of information on menstruation as Mother (28%), Sister (20.7%), Female elders and other family relatives/family members (43.6%), Father (0.3%), Brother and other male relatives (1.1%), Friend (21%), Husband/boyfriend (7.6%), Community health worker/clinic (37.1%), NGO (16.1%), Media (1.1%), Schools (1.7%), Religious leaders (0.6%), and Mentors (2.0). Findings strongly suggest preference for female elders and community health workers as source of information on menstrual and the project ought to prioritize them. However, the importance of involving men in promoting adoption and acceptability of the different menstrual health management materials should was acknowledged and should be pursued under the project.

Attitudes on Menstruation

Respondents were asked to agree with positive statements on menstruation, on a five scale with a=strongly agree, b=agree, c=neither agree nor disagree, d=disagree and e=strongly disagree

Table 38: Attitudes on Menstruation

	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree	don't know
Women are unclean when they are in menstruation	10.2	45.3	15.0	22.4	7.1	
Menstruation in women and girls is normal	36.0	52.4	7.6	4.0		
When a girl gets her first period, her body is ready to have children	27.5	44.2	14.7	10.5	3.1	
It is healthy for a woman to run, dance, or ride a bicycle during her menstrual periods	4.0	12.5	15.9	42.2	25.5	
Menstrual pads can cause sickness or infections	9.6	28.0	19.8	26.1	7.9	8.5
Men are not allowed to be near women when they are menstruating	9.3	28.0	19.0	38.5	5.1	

Findings revealed strong negative perceptions about menstruation. First, 55.5% strongly agreed or agreed that women are unclean when they are in menstruation. Secondly, 71.5% strongly agreed or agreed that when a girl gets her first period, her body is ready to have children, which is not true. This could be one of the drivers of early marriages and early pregnancy in the settlements. Thirdly, only 16.5% strongly agreed or agreed that it is healthy for a woman to run, dance, or ride a bicycle during her menstrual periods, which is low and wrong.

Respondents identified challenges experienced during menstruation and the findings are summarized in table 39.

Table 39: Main challenges faced during menstruation

	Frequency	Percent
a) I feel menstrual pain	252	71.4
b) Don't have enough pieces of underwear	135	38.2
c) Don't have enough soap to clean myself or menstrual management materials	126	35.7
d) Menstrual management materials are too expensive to buy	106	30.0
e) Menstrual management materials given at general distribution are not enough	96	27.2
f) Don't have enough water to clean myself or menstrual management materials	52	14.7
g) I feel embarrassed	41	11.6
h) Don't have privacy to change my menstrual management materials	39	11.0
i) I don't have any challenges	37	10.5
j) Worried people will find out am on my periods	32	9.1
k) Activities restricted for cultural/ religious reasons	24	6.8
l) Menstrual management materials are not available on the shops	23	6.5
m) I feel embarrassed to buy or ask for menstrual management materials	20	5.7
n) I give/share the menstrual management materials I receive with my daughter/other family relatives	6	1.7

As shown in Table 39, the main challenges are menstrual pains, not having enough underwear and inadequate access to menstrual management materials. Therefore, the project's effort to enhance access to menstrual management material is very relevant to community's needs.

Respondents were asked if they are able to carry out daily activities as usual when menstruating and those who reported always were 14.7%, often were 15%, sometimes were 47.3% and never were 22.9%. The activities that respondents do not do during their menstrual period were reported as: Household chores like laundry and cleaning (22.7%); Fetching water (41.1%); Physical activities like running and playing netball (46.7%); Carrying out income generating activities(15.9%); Religious activities (17.8%); Social activities like meeting friends (18.4%); and Attending school (7.4%).

Respondents were asked whether during the preceding three months to the survey, they or a school going girl child under their care ever missed school or returned home early because of menstruation and 12.2% responded in affirmation. The average number of days per menstruation period that they did miss school was reported by 43 respondents. That missed school were; a)Half a day (9.3%) b)One day (25.6%), c)Two days (20.9%) d)Three days (14.0%) e)More than three days (27.9%). The Reasons for missing school during menstrual period were due to: a) Did not have menstrual management materials to manage my menstruation (37.2%), b)afraid of leaking/sporting/soiling (41.9%), c)afraid someone will tease them at school(14%), d)felt unwell or

uncomfortable (46.1%), e)menstrual pain (62.8%), f)Nowhere to change menstrual management materials at school (16.3%) and g)told to stay at home (11.6%).

Respondents were asked the menstrual management materials used during their last menstruation period and the findings are summarized in Table 40 below.

Table 40: Menstrual management materials used during their last menstruation period

	Materials used		Materials used Most	
	Frequency	Percent	Frequency	Percent
a) Disposable pads (always)	172	48.7	158	44.8
b) Reusable factory made pads (AFRIpads, sosure, etc.	85	24.1	84	23.8
c) Self-made reusable pads	26	7.4	26	7.4
d) Clothes/rags/fabric	164	46.5	134	38.0
e) Extra pair of knickers	27	7.6	17	4.8
f) Natural materials (grass, leaves, etc)	4	1.1	1	.3
g) Toilet paper	2	.6	1	.3
h) Cotton wool and gauze	9	2.5	6	1.7
i) Menstrual cup	1	.3	0	0
j) Nothing	5	1.4	5	1.4

Respondents were asked their current level of satisfaction with their current menstrual management materials and findings revealed that those that are very satisfied were 13.6%, satisfied were 27.2%, neutral were 13.6%, unsatisfied were 30.9% and very unsatisfied were 14.7%. Respondents were asked the reasons for using the menstruation management materials they are currently using and the findings are summarized in Table 41 below:

Table 41: Reasons for using the menstruation management materials

	Frequency	Percent
a) It is comfortable	126	35.7
b) My friends/relatives use it	42	11.9
c) It is cheap	90	25.5
d) It does not leak	68	19.3
e) I can't afford other methods	90	25.5
f) I don't know other methods	22	6.2
g) There are no other methods on the market	8	2.3
h) It is the only method I have access to	101	28.6
i) It is the product that was given to me	86	24.4
j) Don't know	8	2.3

Respondents were asked whether during their last menstrual period, they did experience any leaks while wearing their main menstrual management material and those who reported always were 4.5%, often were 17%, sometimes were 37.1% and never were 41.1%. On a related note, respondents were asked whether during their last menstrual period, they had experienced any itching or burning feelings while wearing their main menstrual management material and those who reported always were 5.4%, often were 14.4%, sometimes were 35.4% and never were 44.8%.

Access and Disposal of Menstrual management materials: Respondents access menstrual management materials by buying themselves (30.0%), someone buys them for me (8.2%), get them for free/donated to me (51.8%), and those without any access (9.1%). Respondents were asked whether they feel that they have enough menstrual management material to manage their menstrual period and those who reported always were 9.3%, often were 5.9%, sometimes were 25.2% and those reporting never were 59.5%. Respondents were asked the preferred way to receive donated menstrual management materials and findings revealed that the preferred way are: a)Receive cash or voucher to buy (32.3%), Receive a donation of the product (66.6%), Buy them myself (17.6%), For my husband/boyfriend/partner/parent/guardian to buy for me (6.8%).

Respondents were asked from where they had changed their menstrual management material and the findings show that majority changed from bathing shelter/wash room and these were 62.6%. Other places reported were inside the house at home/dormitory at school (34.8%), latrine/toilet (29.5%), community facilities (3.7%), outside the house at home/behind school facilities (2.5%), and school changing rooms (2.5%). Respondents were asked where they dispose menstrual management material and they were: pit latrine (55.8%), toilet (19.8%), bin (2.0%), I bury it (2.3%), burn it (1.1%), I wash and reuse (35.7%).

Respondents were asked to state the most important things on menstrual management materials that would make them satisfied and the responses are summarized in the table 42 below.

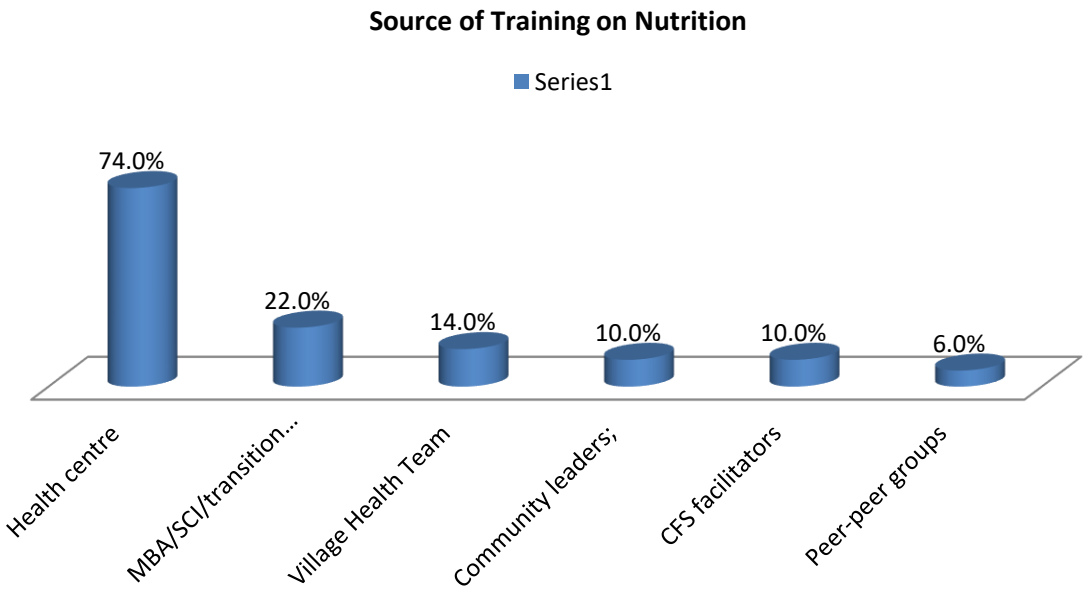
Table 42: Most important things about the menstrual management materials

	Frequency	Percent
a) Having enough products	201	56.9
b) Products that are affordable	115	32.6
c) Products that are comfortable	144	40.8
d) Products that are easy to use	127	36.0
e) Products that are re-usable	127	36.0
f) It does not leak	170	48.2
g) It does not irritate my skin	96	27.2
h) It does not smell	54	15.3
i) It is disposable	56	15.9
j) Having enough water and soap	91	25.8

3.8 Infant and Young Children Feeding Practices

The baseline survey collected information on infant and young children feeding practices in Kyaka II settlement where Save the Children is implementing the nutrition component of the project. A total of 92 pregnant and lactating mothers responded to the section on nutrition.

Of the 92 caregivers, 54.3% reported that they had ever been trained on proper feeding of children or balanced diet, while 45.7% had never been trained. Among those that had been training/sensitized on proper feeding of children or balanced diet, the main source of training/sensitization was Health centres reported by 74%, MBA/SCI/transition centres/APEAL Project staff reported by 22%, Village Health Team (14%), Community leaders and CFS facilitators (10%) and Peer-peer groups (6%) as summarized in the chart below.



Respondents reported the good nutrition (proper feeding of children or balanced diet) information that they had received over the last six months preceding the survey to be:

a) Eating food in right amounts reported by 50% of respondents,
b) Eating a balance diet: Proteins (Body building), vitamins (health foods) and carbohydrates (energy giving) reported by 70% of respondents;
c) Eating at least two meals per day reported by 28% of respondents
d) Cooking and preparing good nutritious food for children from locally available foods reported by 68% of respondents

Out of the 92 PLW interviewed, 74 respondents had children 0-23 months and 73 of them had ever breastfed these children (98.6%), and 65 respondents (89.1%) were still breastfeeding at the time of the survey. Respondents who had breastfed their children within an hour after birth were 52.1%, while 38.4% had breastfed their children after more than an hour after birth and 10.9% did not remember. Of the 65 respondents who were still breastfeeding, 47 caregivers had introduced solid, semi-solid or soft foods, other liquids or supplementary foods. Caregivers with children who were at least six months were 25 and of these 72% had introduced solid, semi-solid or soft foods, other liquids or supplementary foods after six months, and had practiced exclusive breastfeeding.

Caregivers who had introduced complementary feeding were asked the number of times they had fed their children with solid, semi-solid or soft foods other than liquids the previous day during the day or at night. Findings revealed that 51.1% fed once or twice, which is below the recommended three times. However, 48.9% had fed children at least three times, in line with the recommended practice.

Caregivers were asked the kind of food they had fed children in the previous day to the baseline survey (during the day or at night) and the findings from the survey are summarized in the table 43 below.

Table 43: kind of food they had fed children in the previous day to the baseline survey

		Percentage		
		Yes	***No***	***Don't Know***
A	Dairy products (milk other than breast milk, cheese or yogurt)	19.1	78.7	2.1

B	Foods made from grains, roots, and tubers, including porridge, fortified baby food from grains	80.9	19.1	
C	Legumes and nuts	42.6	57.4	
D	Vitamin A-rich fruits and vegetables like Ripe mangoes, papayas	19.1	76.6	
E	Any other fruits or vegetables?	46.8	51.1	
F	Flesh meats and offals: Any meat, such as beef, pork, lamb, goat, chicken, duck &fish?	21.3	78.7	
G	Eggs?	12.8	87.2	
H	Foods made with oil, fat, butter	48.9	48.9	2.1

Dietary Diversity: For a balanced diet, children should be fed on each of the four categories of food; a) Carbohydrates (B), Proteins (F and G), Vitamins (D and E) and Dairy Products (A). A review of the baseline survey data revealed that out of the 40 children who had been fed on solid and semi-solid foods, 35% had eaten only one category of food, 27.5% had eaten two and three categories of food and only 10% had eaten all the four categories.

Appropriate Complementary feeding analysis
Children 0-23 months are considered to be having appropriate complementary feeding if all 3 of the following must be true;

a) Breastfeeding: Child is still breastfeeding
b) Food Frequency: Child has eaten at least 3 times a day
c) Dietary Diversity: Child has eaten from at least 4 food groups

Analysis of the collected baseline data revealed that no caregiver had provided appropriate complementary feeding to their children. This implies the children are at high risk of malnutrition, stunting and wasting.

4.0 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Vulnerability and Coping Strategies: Whereas about 12.8% of respondents had been registered as PSNs and another 11% had vulnerability related cases with protection actors, those reporting at least one form of vulnerability as per the UNHCR categorization were about 59%. This implies that there are very many vulnerable peoples in the settlement that are not registered and or reached. It also means that the vulnerability status of community members' changes, and refugees who were not vulnerable on arrival might now be vulnerable. Vulnerability is high across all age and gender categories, including host community members that remain largely unreached. Most vulnerable persons are pursuing negative coping strategies, which put their lives in danger.

Feeling of Safety and Dignity in Settlement: Only 52.2% of respondents reported feeling safe and dignified. The proportion of persons feeling unsafe and undignified among refuges is almost the same as those in the host community and therefore, it is important to ensure that both target community are targeted with the interventions. The main drivers of feeling unsafe are theft, limited land and support, conflicts with old refugees, poor shelter, challenges in accessing medical services and Fuel (firewood).

Gender Based Violence: The prevalence of GBV is high in the settlements on account of cultural and economic factors. About four in every ten women and girls are experiencing GBV in different forms, including physical, sexual, psychological and economic violence. The inability for men to provide for their families is a key driver for GBV. However, the effectiveness of existing structures to address GBV is low.

Protection Mainstreaming by Non-Protection and Non GBV Specific Actors: Close to half of the non-protection and non-GBV actors require immediate capacity building support to mainstream protection in their refugee response strategies.

Humanitarian Protection Standards: The existing policies and guidelines provide a basic framework to ensure inclusiveness and people centeredness of the refugee response programmes as they target all categories of people by gender, age and vulnerability. However, protection actors' response to the refugee crisis has tended to favour and focus on the refugee community and not the host community, despite the requirement for the 30% targeting on the host community. Equally, availability of resources continually disadvantage particular sections of the society. For example, many donors are more interested in supporting refugee children than other vulnerable groups like those in serious medical conditions. There is observed general lack of knowledge of the protection policies and guidelines by staff of protection actors.

4.2 Recommendations

Vulnerability and Coping Strategies: APEAL Consortium partners need to prioritize vulnerable people's cases identification and management through the referral pathways. The project should scale-up building capacity of protection actors' staff including volunteers in case identification and documentation of vulnerable persons. In line with the existing refugee policies, Consortium partners should make deliberate efforts to reach host community members in fulfillment of the 30% host community targeting requirement as the focus seems to be more on the refuges in the settlement at the moment.

Feeling of Safety and Dignity in Settlement: The project ought to prioritize working with leaders and police to strengthen enforcement of laws and regulation to curtail the rampant human rights abuses especially sexual and physical violence. This should include capacity building to report and escalate GBV, Child protection and other criminal cases reported by the locals councils/block leaders to Police and the formal judicial system. Local/block leaders should be incorporated into the referral structures/pathways since they receive the bulk of community cases in their areas of jurisdiction. There is urgent need to provide more security at the forest where firewood is collected to minimize incidences of rape that are rampantly reported. APEAL could also implement efforts that promote reporting of corruption and bribery by leaders, to curtail the reported increasing demand for bribes and corruption among local leaders. Through community sensitization, create awareness on the evil of corruption and how to fight against corruption and the corrupt officials in the settlement. To increase wider security, APEAL should lobby for increasing the number of police posts/avail day and night patrol especially in the dark spots in the settlement to check out insecurity and gang bandit tendency. APEAL should advocate for efforts to diversify livelihood opportunities as refugees continue to experience reduction in land holdings, which is contributing to increased feeling of being unsafe.

Gender Based Violence: The APEAL project should work towards strengthening GBV referral structures and exploring alternative justice system to address GBV cases effectively as most GBV cases go unpunished and increasing unreported because of the ineffective system for bringing perpetrators to the face of the law.

Protection Mainstreaming by Non-Protection and Non GBV Specific Actors: Training and capacity building on non-protection and non-GBV actors ought to be done early in the project life to enable monitoring of capacity development. The training ought to be completed with technical support in developing protection policies and conduction protection risk analysis in order to ensure that the trainings are translated into tangible output. The training should also include awareness creation about the refugee protection policies, standards and guidelines together with other protection actors. Any training and capacity building support should also include volunteers, who are often on the frontline of serving the communities and interact with them on a day to day basis.

Humanitarian Protection Standards: APEAL ought to conduct refresher and awareness training about existing protection policies, guidelines and strategies for both protection and non-protection actors, including volunteer workers who are often on the frontline of serving the communities. Secondly, there is need to deliberately prioritize reaching the host community in the implementation of the APEAL project and general response to the refugee crisis by strengthening guidelines to compel actors implement programmes in both refugee and host communities. As part of the advocacy agenda, APEAL could initiate policy reform dialogues on a more inclusive Education system for refugee settlement. This would include a remedial learning class for new arrivals in English Language for one year as they transition to their individual levels of study to curb the high rate of dropout due to language barrier. Consequently, they should go to particular schools that have such a program.

Appendix

Appendix 1: Data Collection Tools

Appendix 1.1: Baseline Survey Questionnaire

APEAL BASELINE SURVEY QUESTIONNAIRE
KYAKA II AND KYANGWALI SETTLEMENTS

Guidance for introducing yourself and the purpose of the interview:

- Good morning /afternoon Sir/Madam. My name is …….. we are conducting a baseline survey for the APEAL project on behalf of CARE/Save the Children/International Rescue Committee. APEAL project is being implemented in Kyaka II and Kyangwali settlements by CARE, International Rescue Committee, Save the Children, WoMena, Kabarole Resource and research Center, and Uganda Law Society (ULS). APEAL interventions target support for arriving refugees and host community in areas of: GBV Prevention and Case Management, Capacity Building on Gender and women lead in Emergencies, Mentorship to Community Based Protection Mechanisms, Capacity Building on Protection Mainstreaming, Menstrual Health Management & Sexual Reproductive Health, Legal Assistance & Representation Services, PSN Support , Child Protection, Prevention of malnutrition, Humanitarian Village Savings & Loans Associations and Protection & advocacy.
- We want to establish the current situation and where the project will be beginning to work with the community on issues of protection of human rights, GBV and Children protection among refugees and host community members in this area. The information you provide will help CARE and her partners in planning and implementing the project in this area.
- You have been randomly selected to participate in this baseline survey because you are a key stakeholder and resource in the project and can therefore share with us information that can help the project to be a useful. I therefore, kindly request you to share your honest views on different issues we will be discussing with you.
- Participation in this study is totally voluntary. Therefore if you choose not to participate, be assured that there will be no effect on your future relationship with the CARE, International Rescue Committee, Save the Children WoMena, Kabarole Resource and research Center, and Uganda Law Society (ULS). However, I wish to assure you that if you accept to participate, the information given shall be kept strictly confidential and will only be used for purposes of this baseline assessment.
- Could you please spare some time (around 30 minutes) for the interview?
- Consent given ☐ (If no, terminate the interview and thank the respondent)

Please DO NOT suggest in any way that household entitlements could depend on the outcome of the interview, as this will affect the answers.

Name of Enumerator: ……..
Start time: …….

SECTION 1: DEMOGRAPHICS

1. Settlement 1=Kyaka II 2=Kyangwali 3= Nyakabande transit centres 4=Matanda transit centres
2. Name of Village:
   1) Mukondo B ;2) Mukondo C 3)Mukondo D 4)Bukere A 5) Bukere B 6)Ndolerire 7)Kyamagabo 8)Kaborogota A 9) Kaborogota B 10)Nyakabande transit centres 11)Matanda transit centres 12) Maratatu A 13)Maratatu B 14)Maratatu C 15)Maratatu D 16) Kagoma- Reception centre 17)Kavule 18)Mombasa 19)Kyebitaka 20) Bukinda 1 21)Rwensenene 22)Ngogoli 1
3. Category of Respondent 1= Refugee 2=Host Community member (if host community, skip to qn 7)
4. If Refugee, country of Origin
   a) DRC b)others (If others, skip to end of questionnaire and end interview)
5. If refugee, for how long have you been in Uganda? (If 2017 and before, skip to end of questionnaire and end interview)
   a)January 2018 to date b) 2017 and before
6. Gender/sex of Respondent 1=Male 2=Female
7. Gender of the Household head 1=Male 2=Female
8. Age of Respondent in Completed Years [……..] **(Do not allow a number below 12 years)**
9. Age of Household head in Completed Years [……]
10. How many people do you stay with (eat and sleep under the same roof)
    a) 0-4 years […..]
    b) 5-11 years […..]
    c) 12-17 years […..]
    d) 18-59 years […..]
    e) 60+ years
11. Marital Status: 1=Single/never married 2=married 3=window/widower 4=separated 5=divorced
12. Highest attained/completed education level of Respondent
    a) Never attended formal school
    b) Primary level
    c) Secondary
    d) Post-secondary certificate/diploma/technician
    e) University degree
13. "I'm going to ask you some questions about what you can do and what is difficult for you to do at home or in your daily life. It is okay to say if something is difficult for you. Everyone is good at some things and has other things that are difficult for them.

i) Do you have difficulty seeing?
a) No, no difficulty b) Yes, some difficulty c) Yes, a lot of difficulty, d) Cannot see at all

ii) Do you have difficulty hearing?
a) No, no difficulty b) Yes, some difficulty c) Yes, a lot of difficulty, d) Cannot hear at all

iii) Do you have difficulty walking or climbing steps?
a) No, no difficulty b) Yes, some difficulty c) Yes, a lot of difficulty, d) Cannot do at all

iv) Do you have difficulty remembering or concentrating?
a) No, no difficulty b) Yes, some difficulty c) Yes, a lot of difficulty, d) Cannot do at all

v) Do you have difficulty with self-care such as washing all over or dressing?
a) No, no difficulty b) Yes, some difficulty c) Yes, a lot of difficulty, d) Cannot do at all

vi) Using your usual (mother-tongue) language, do you have difficulty communicating, for example understanding others or being understood by them?
a) No, no difficulty b) Yes, some difficulty c) Yes, a lot of difficulty, d) Cannot do at all

14. Where you registered as a PSN with UNHCR? 1=Yes 2=No 3=Host community /national

15. Do you have any GBV and Child Protection case with CARE/IRC and SCi? 1=Yes 2=No

16. Tell me situations that you are experiencing or have experienced, which make you require protection support or a person of special needs in this community. Probe for the different vulnerability characteristics (categories) as outline on the sheet provided. Multiple responses allowed.
    a) SGBV (SV) Victim
    b) Unaccompanied child or separated child (SC)
    c) Child at risk (CR)
    d) Woman at risk (WR)
    e) Older person at risk (ER)
    f) Single parent or caregiver (SP)
    g) Disability (DS)
    h) Serious medical condition (SM)
    i) Family unity (FU)
    j) Specific legal and physical protection needs (LP)
    k) Torture Victim (TR)
    l) Not vulnerable

SECTION 2: GENERAL PROTECTION

2.1 I would like to ask you about your knowledge of human and refugee rights.
2.1.1 Do you know your rights as a refugee or citizen of this area? 1=Yes 2=No
2.1.2 If yes in 2.1.1 above, kindly tell me the refugee and human rights that you know. Multiple responses allowed.
    a) Right to protection
    b) Right to food
    c) Right to information
    d) Right to life
    e) Right to ownership of property
    f) Right to health
    g) Right to work
    h) Women rights
    i) Children rights
    j) Refugee rights
    k) Right to education

2.2 Am going to ask you some questions on your feeling of safety in this community for the last 7 months or ever since you arrived as a refugee. You are requested to provide a response on a

scale from 1 (most negative) to 5 (most positive). The questions refer to the last 7 months of your stay in this camp/settlement?

2.2.1 How would you currently rate your overall feeling of safety in this settlement? ***With 1 being very unsafe to 5 being very safe***

1=Very unsafe 2=Unsafe 3=somewhat safe 4=Safe enough 5=Very safe

2.2.2 Tell me what makes you or other people in this community feel unsafe? (Multiple responses allowed)

a) Conflict with host community (land, water points, women, etc)
b) Conflict with old refugees (land, water points, women, etc)
c) Tribe affiliated wrangles between the refugee tribes of bagegere and banyawisha
d) Inadequate lighting
e) Violent attacks (beating, fighting, battering) by someone unknown/not related
f) Physical Violent(beating, fighting, battering) by someone known (domestic)
g) Physical violence/beating by those in charge of refugees (authorities)
h) Sexual violent (rape and defilement) by someone unknown/not related
i) Sexual violent (rape and defilement) by someone known (domestic)
j) Threat of Violence/coercion
k) Theft in the community
l) Emotional and psychological abuse
m) Economic violence (no/limited land, money, food, etc)
n) Poor shelter
o) Discrimination/mistreatment when accessing health services
p) Child trafficking
q) Early marriages
r) Forced marriage
s) Sexual harassment
t) Exploitative labour
u) Child labour
v) Alcoholism and drug abuse
w) Others, specify ……

2.2.3 Without mentioning names, can you list categories of institutions that lead/cause you/ other people in this community to feel unsafe? (Multiple responses allowed)

a) Health centres
b) The police and military
c) Schools
d) NGOs/Humanitarian organisations
e) Government agencies (e.g OPM) in the camp
f) Local Councils/leaders
g) Don't know
a) Others, specify ……

2.3 Where are the places Girls/Women Or Boys/Men faces the risk of being unsafe? (Multiple responses allowed)

a) Host community

b) Forest where firewood is collected
c) Home
d) Health centers
e) At school
f) Water points
g) Distribution point
h) Transit center
i) Reception center
j) On the road
k) Market places
l) Kabamba Barracks
m) Dark places
n) cooking area at the reception centre
o) Others, specify ……

2.4 Am going to ask you some questions on how you feel about treatment with dignity in this settlement. For each question, you are requested to provide a response on a scale from 1 (most negative) to 5 (most positive). The questions refer to the last 7 months of your stay in this camp/settlement?

2.4.1 How would you currently rate your overall feeling of dignity in this settlement? ***With 1 being very unsafe to 5 being very safe***

1=Very unsafe 2=Unsafe 3=somewhat safe 4=Safe enough 5=Very safe

2.4.2 When people in this settlement do not feel dignified, can you mention the types of things that make them feel undignified? (Multiple responses allowed)

b) Mistreatment and discrimination when seeking medical services
c) Mistreatment and discrimination by other refugees and host community members
d) Beating, assaulting and verbal abuses when accessing services at the reception centre, food and NFI distribution points
e) Lack of access to menstrual health kits for girls and women
f) Labour exploitation when you work for very long hours and you are not paid or underpaid especially by the host community
g) Rape and other sexual abuses of girls and women
h) Inadequate ration and PSN support (31,000 shs a month)
i) Absence of where to report/ respond to complains
j) Use of local language (Runyoro) by service providers like health centres and teaching in schools
k) School age going children dropping out due to school fees and other scholastic requirements
l) Poor shelter
m) Little food is given while the other refugees outside the reception centre come and buy the remaining food for animals like pigs
n) Serving half-cooked food at the reception centre leading to stomach pain and don't want people to even complain about it
o) Restricting time for accessing safe water points)between 5pm and 10am the following day)
p) Gender differences
q) Others, specify ……

2.4.3 Without mentioning names, can you list categories of institutions that lead/cause you/ other people in this community to feel undignified?

h) Health centres
i) The police and military
j) Schools
k) NGOs/Humanitarian organisations
l) Government agencies (e.g OPM) in the camp
m) Local Councils/leaders
n) Don't know
r) Others, specify ……

2.4.3 Without mentioning names or details that identify people, can you tell me places and community activity/service points that lead/cause you and other people to feel undignified?

a) Cooking areas at the reception centre
b) Home/shelter
c) Water points
d) Distribution point
e) Transit center
f) The forest or firewood collection point
g) markets
h) Don't know
s) Others, specify ……

2.4.4 If Girls/Women Or Boys/Men encounter/suffer violence from individuals or institutions/ services as identified above, who can they run/report to for help? (Multiple responses allowed)

a) Police
b) Block leaders/LCs
c) Settlement commandant
d) NGO case management workers
e) Parents/guardians
f) Courts of law
g) Refugee welfare committee
h) Complain/suggestion box
i) Community volunteer
j) UNHCR
k) Prefer not to report
l) Don't know
m) Others, Specify ……

2.4.5 Do Girls/Women Or Boys/Men victims of violence and un-dignifying behaviours feel safe to report to the above identified individuals and institution for help? 1= Yes 2= No

Institution	victims of violence and un-dignifying behaviours feel safe to report		
	Yes	No	Don't know

a) Police			
b) Block leaders/LCs			
c) Settlement commandant			
d) NGO/ case management workers			
e) Parents/guardians			
f) Courts of law			
g) Refugee welfare committee			
h) Complain/suggestion box			
i) Community volunteer			
j) UNHCR			

2.4.6 Tell me the reasons why you or other community members do not feel safe to report abuses and human right violations? (Multiple responses allowed)

a) No money to raise the complaint
b) Perpetrators are not charged
c) Justices takes long
d) Bribery
e) Language barrier
f) Fear to be embarrassed/ashamed
g) Fear of repeat violence by perpetrator
h) Discrimination by police and leaders
i) Others, Specify …….

2.4.7 Have you ever participated in any meeting/community engagements to discuss safety and dignity of community members? 1=Yes 2=No

2.4.8 If YES, what issues were discussed (Multiple responses allowed)

a) GBV prevention
b) Protection and awareness
c) Community dialogues
d) Nutrition
e) Human/refugee Rights
f) Others, Specify …….

2.4.9 Who organized the meeting/community dialogue?

a) Save the children
b) Care International
c) IRC
d) Womena
e) Kabalore Resource and Research Centre
f) Uganda Law Society
g) Others, Specify …….

SECTION 3: CHILD PROTECTION

3.7 Have you ever heard about children rights? 1=Yes 2=No (if no, skip to 3.3)

3.8 If yes, please tell me the children rights that you are aware about?

a) Right to Basic needs(clothing &shelter)
b) Right to education
c) Right to food
d) Right to Health Care
e) Right to safe play
f) Right to participate
g) Right to be fairly treated
h) Right to be registered at birth

Attitudes towards children rights

3.9 Do you agree that children should be treated the same regardless of the differences among them
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)No response

3.10 Do you agree that children should be allowed to disagree with adults
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)No response

3.11 Do you agree that children have a right to their own point of view and should be allowed to express it? a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)No response

3.12 Do you agree that children's ideas should be seriously considered in making family decisions
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)No response

Perception of children safety

3.13 Do you feel that children in this settlement are safe in their schools?
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)don't know

3.14 Do you feel children in this settlement are safe on their way to and from school
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)don't know

3.15 Do you feel children in this settlement are safe at the market or other open places in the settlement
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)don't know

3.16 Do you feel children in this settlement are safe at the CFS/ECCD
a) Not at all b) Not very much c) Somewhat d) Mostly yes e) Yes completely f)don't know

3.17 If not at all or very much, give reasons for your answer?

a) Physical violence/fighting at the CFS/ECCD
b) Abusing at the at the CFS/ECCD
c) Accidents including falling from swings
d) Unfriendly/unsupportive facilitators/volunteers
e) Long distance to the CFS/ECCD
f) Others, please specify……

Knowledge and use of protective services for children

3.18 Have you ever heard of a child protection committee (CPC) in this community/settlement?
1= Yes 2= No

3.19 If you suspected that a child in the community was being abused (physically or sexually), would you feel safe reporting? 1=Yes 2=No

3.20 If yes to "3.12", where would you go to report it or who would you speak to?

a) Police
b) Block leaders/LCs
c) Settlement commandant
d) NGO case management workers
e) Parents/guardians
f) Courts of law
g) Refugee welfare committee
h) Child Protection Committee
i) Complain/suggestion box
j) Community volunteer
k) UNHCR
l) Pastor/religious leader/ Teachers
m) Others, Specify ……
n) Prefer not to report, why? .....

3.21 If NO to 3.12, why? (Multiple responses allowed)

a) No money to raise the complaint
b) Perpetrators are not charged
c) Justices takes long
d) Bribery
e) Language barrier
f) Fear to be embarrassed/ashamed
g) Fear of repeat violence by perpetrator
h) Discrimination by police and leaders
i) Others, Specify …….

3.22 What are some of the harmful practices against children you are aware of in your community? Multiple responses

a) Early/child marriages
b) Child trafficking
c) Child labor
d) child neglect
e) early/child pregnancy
f) gender discrimination
g) defilement
h) rape
i) Forced marriage
j) Corporal punishment

k) Abortion
l) Others……..

SECTION 4: GENDER BASED VIOLENCE

4.1 Have you ever heard about community safety action groups (like GBV task force, women leaders)? 1=Yes 2=No

4.2 Am going to ask you some questions about gender based violence. GBV refers to any act that is perpetrated against a person's will and is based on attitudes about women and men, girls and boys. It is related to power relationships. It can be physical, emotional, psychological or sexual in nature, and take the form of a denial of resources or access to services. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys. Different persons have experienced difficult and bad experiences, but also accessed or benefited from other situations. Some of these may be personal but we encourage you to share so that the APEAL project can better respond to some of the issues to be discussed.

What are the main forms of violence and abuse to women and girls as a result to their gender?

a) Sexual exploitation by people in authority
b) Forced marriage
c) Early marriage
d) Economic violence- denial of income, resources, support, etc
e) Violent attacks (beating, fighting, battering) by someone unknown/not related
f) Physical Violence (beating, fighting, battering) by someone known (domestic)
g) Sexual Violence (rape and defilement) by someone unknown/not related
h) Sexual Violence (rape and defilement) by someone known (domestic)
i) Threat of Violence
j) Emotional and psychological abuse
k) Men abandoning their responsibility including children
l) Coercion
m) Others (please specify)

4.3 Over the last 12 months, have you ever been subjected to physical, sexual or psychological violence by a current or former intimate partner (spouse)? 1=yes 2=No 3=never married/child

4.4 If yes to 4.3 above, what were the forms of violence experienced? Multiple responses
a) Physical Violence (beating, battering)
b) Sexual Violence (marital rape, sexual harassment)
c) Psychological violence
d) Economic violence- denial of income, resources, support, etc

4.5 Over the last 12 months, have you ever been subjected to sexual violence by persons other than an intimate partner (spouse)? 1=yes 2=No

4.6 If yes to 4.5 above, what were the forms of sexual violence experienced? Multiple responses
e) Rape
f) Defilement

g) Sexual harassment

4.7 What things do girls/women or boys/men who are vulnerable in this community do to cope with the demands/needs of themselves, children and those under their care?

a) Seek out and engage in small business in the market (petty trade) or work
b) Access savings or borrow from VSLA (economic capital)
c) Depend on Social Capital - network of individuals to whom a participant has access for moral, emotional, material and/or financial support
d) Borrowing on credit from shops
e) Sale of food and NFI provided through humanitarian assistance
f) Beg for assistance from other people in the community
g) Engage in exploitative casual labour/domestic work
h) Engage in transactional and commercial sex (prostitution, etc)
i) Early marriage
j) Theft/Stealing
k) Alcohol/Drug abuse
l) Seek out for intimate/love relationship (boyfriends)
m) Drop out of school
n) Child labour (sending children to sell in the market or do work to earn money)
o) Playing cards, pool and other gambling practices
p) Others, Specify ……..

4.8 What additional things should be done or what should be done differently by the SCI/CARE/ APEAL project in their effort to improve protection, safety and dignity of community members in this settlement?

a) ……
b) ……
c) ……
d) ……

SECTION 5: MENSTRUAL HEALTH MANAGEMENT (only for adolescent girls and adult women)
I want to ask you a few questions about menstruation

5.1 Category of Respondent. Enumerator to observe/probe and categorize respondent before administering this section)

a) Adolescent girls and adult women (12-49 years) not pregnant/breastfeeding
b) Pregnant and breastfeeding women
c) Women above 50 years (skip to end of questionnaire)
d) Men (skip to end of questionnaire)

5.2 Do you ever talk about menstruation with friends and family members? 1-Yes 2=No

5.3 Do you feel you have enough information about menstrual health? 1-Yes 2=No

5.4 Who would you prefer to get information on menstruation from

a) Mother
b) Sister
c) Female elders and other family relatives/family members
d) Father
e) Brother and other male relatives
f) Friend
g) Husband/boyfriend
h) Community health worker/clinic (like VHTs)
i) NGO
j) Media
k) Schools
l) Religious leaders
m) Mentors
n) Don't know
o) Others (specify)

I would now read out some statements about menstruation. Please tell me if you agree with the statements. You can answer strongly agree, agree, neither agree nor disagree, disagree or strongly disagree

5.5 Women are unclean when they are menstruation
a)strongly agree b)agree c)neither agree nor disagree d)disagree e)strongly disagree

5.6 Menstruation in women and girls is normal
a)strongly agree b)agree c)neither agree nor disagree d)disagree e)strongly disagree

5.7 When a girl gets her first period, her body is ready to have children
a) strongly agree b)agree c)neither agree nor disagree d)disagree e)strongly disagree

5.8 It is healthy for a woman to run, dance, or ride a bicycle during her menstrual periods
a) strongly agree b)agree c)neither agree nor disagree d)disagree e)strongly disagree

5.9 Menstrual pads can cause sickness or infections
a) strongly agree b)agree c)neither agree nor disagree d)disagree e)strongly disagree
f) don't know

5.10 Men are not allowed to be near women when they are menstruating
a) strongly agree b)agree c)neither agree nor disagree d)disagree e)strongly disagree

5.11 What are the main challenges you experience during menstruation?
a) I don't have any challenges
b) menstrual management materials are not available on the shops
c) menstrual management materials are too expensive to buy
d) menstrual management materials given at general distribution or by NGOs are not enough
e) Don't have enough pieces of underwear

f) Don't have enough water to clean myself or menstrual management materials
g) Don't have enough soap to clean myself or menstrual management materials
h) Don't have privacy to change my menstrual management materials
i) Activities restricted for cultural/ religious reasons
j) Worried people will find out am on my periods
k) I feel embarrassed
l) I feel embarrassed to buy or ask for menstrual management materials
m) I feel menstrual pain
n) I give/share the menstrual management materials I receive with my daughter/other family relatives
o) Others (please specify)…….

5.12 When you were having your last menstrual periods, how often were you bathing?

a) Less than once a day b)Once a day c)Twice a day d)Three times a day
e) More than three times a day f)I did not bath/clean myself g)Don't know
h) Not yet menstruating i)Stopped menstruating

5.13 During your last menstruation period, on average, how many times during the day did you change your menstrual management material?

a) Half a day b)One day c)Two days d)Three days e)More than three days
e) Have Not missed any days g)Don't know

5.14 Are you able to carry out daily activities as usual when you are menstruating

a) Always b)Often c)Some times d)Never

5.15 What activities can you not do during your menstrual period?

a) Household chores (laundry, cleaning, etc)
b) Fetching water
c) Physical activities (running, netball, etc)
d) Carrying out income generating activities
e) Religious activities
f) Social activities like meeting friends
g) Attending school
h) Don't know
i) Others specify…….

5.16 During the last three months, have you or has a school going girl child under your care ever missed school or returned home early because of menstruation?

a) Yes b)No c)Not in school/No school going girl under my care

5.17 If yes, on average how many days per menstruation period did you/or she miss school or return home early?

a) Half a day b)One day c)Two days d)Three days e)More than three days
f) Have Not missed any days g)Don't know

5.18 If you missed school or returned home early during your menstrual period in the last three month, why was this?

a) Don't have menstrual management materials to manage my menstruation
b) Am afraid of leaking/sporting/soiling
c) Am afraid someone will tease me
d) Feel unwell or uncomfortable
e) Menstrual pain
f) Nowhere to change menstrual management materials at school
g) Told to stay at home/told allowed
h) Others…….
i) Don't know
j)

5.19 During your last menstrual period, which materials did you use to manage your menstruation?

a) Disposable pads (always)
b) Reusable factory made pads (AFRIpads, sosure, etc)
c) Self-made reusable pads
d) Clothes/rags/fabric
e) Extra pair of knickers
f) Natural materials (grass, leaves, etc)
g) Toilet paper
h) Cotton wool and gauze
i) Menstrual cup
j) Tampons
k) Nothing
l) Others (please specify)

5.20 During your last menstrual period, which material did you use most to manage your menstruation?

a) Disposable pads (always)
b) Reusable factory made pads (AFRIpads, sosure, etc)
c) Self-made reusable pads
d) Clothes/rags/fabric
e) Extra pair of knickers
f) Natural materials (grass, leaves, etc)
g) Toilet paper
h) Cotton wool and gauze
i) Menstrual cup
j) Tampons
k) Nothing
l) Others (please specify)

5.21 How satisfied are you with your current menstrual management materials?

a) Very satisfied
b) Satisfied
c) Neutral
d) Unsatisfied
e) Very unsatisfied

5.22 Thinking about the main materials you use, why do you use the menstruation management materials you are currently using

a) It is confortable
b) My friends/relatives use it
c) It is cheap
d) It does not leak
e) I can't afford other methods
f) I don't know other methods
g) There are no other methods on the market
h) It is the only method I have access to
i) It is the product that was given to me
j) Don't know
k) Others (please specify)…….

5.23 During your last menstrual period, where did you change your menstrual management material?

a) Latrine/toilet
b) Bathing shelter/wash room
c) Inside the house at home/Dormitory at school
d) Outside the house at home/behind school facilities
e) School changing rooms
f) Community facilities
g) Others (specify)……
h) Don't know

5.24 During your last menstrual period, did you experience any leaks while wearing your main menstrual management material?

a) Always b)Often c)Sometimes d)Never

5.25 During your last menstrual period, did you experience any inching or burning feelings while wearing your main menstrual management material?

b) Always b)Often c)Sometimes d)Never

5.26 During your last menstrual period, where did you dispose of your used menstrual management material?

a) Pit latrine
b) Toilet
c) Bin
d) I bury it
e) Burn it
f) I wash and reuse
g) Others

5.27 How do you access menstrual management materials

a) I buy them
b) Someone buys them for me

c) I get them for free/donated to me
d) I don't have any access
e) Others
f) Don't know

5.28 If you are to receive a donated menstrual management material, what would be your preferred way to receive?
a) Receive cash or voucher to buy
b) Receive a donation of the product
c) Buy them myself
d) For my husband/boyfriend/partner/parent/guardian to buy for me
e) Others
f) Don't know

5.29 Do you feel you have enough menstrual management material to manage your menstrual period?
a) Always b)Often c)Sometimes d)Never

5.30 What are the most important things to you about the menstrual management materials? Multiple responses
a) Having enough products
b) Products that are affordable
c) Products that are confortable
d) Products that are easy to use
e) Products that are re-usable
f) It does not leak
g) It does not irritate my skin
h) It does not smell
i) It is disposable
j) Having enough water and soap
k) Don't know

SECTION 6: NUTRITION MANAGEMENT (ONLY FOR PREGNANT AND LECTATING WOMEN IN KYAKA II)

4.1 Respondent identifier
a) Pregnant and breastfeeding women in Kyaka II Settlement with a baby 0-23 months
b) Others (if b, skip to end of questionnaire)

4.2 Have you ever been trained on proper feeding of children or balanced diet? 1=Yes 2=No
(If No, skip to 6.7)

4.3 What was the source of training/sensitization on proper feeding of children or balanced diet?

a) MBA/SCI/transition centres/APEAL Project staff
b) Health centre
c) Community leaders;
d) Village Health Team
e) CFS facilitators
f) Peer-peer groups

g) Other (specify)_____

4.4 How did you receive information about proper feeding of children or balanced diet?
   a) Through a mass sensitization in the settlement
   b) Health and Nutrition outreach by SCI/APEAL project
   c) Community trainings by VHTs, Volunteers, Peer-peer educators, etc
   d) Counseling/training sessions at MBA
   e) Food cooking/preparation demonstrations
   f) Others (please specify)……

4.5 What good nutrition (proper feeding of children or balanced diet) information did you receive over the last six months?
   a) Eating food in right amounts,
   b) Eating a balance diet: Proteins (Body building), vitamins (health foods) and carbohydrates (energy giving);
   c) Eating at least two meals per day
   d) Cooking and preparing good nutritious food for children from locally available foods
   e) Others (please specify)

INFANT & YOUNG CHILD FEEDING (0-23 months)

4.6 Do you have a baby 0-23 months? 1=Yes 2=No (If No, skip to question 6.17)
4.7 Child's Name ……..(optional)

4.8 Child's Gender? 1=Male 2=Female

4.9 What is the child's date of birth? take from health card or ask caregiver ….. … … dd/mm/yy)

4.10 Has (child's name) ever been breastfed? 1 = Yes 0 = No

4.11 Are you still breastfeeding (child's name) 1 = Yes 0 = No

4.12 How long did you take to breastfeed this child after birth?
   a) less than an hour
   b) more than an hour
   c) Don't know/remember

4.13 Has this child been introduced to solid, semi-solid or soft foods, other liquids or supplementary foods other than breast milk? 1=Yes 2=No

4.14 If yes, at what age did you first introduce solid, semi-solid or soft foods or other liquids other than breast milk?..... (state in months)

4.15 How many times did (child's name) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night? [.....] times. (If zero, skip to 3.17)

4.16 Now I would like to ask you about (other) liquids or food that (child's name) may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. (Yes=1; No=0; Don't know=99)

infant & young child feeding				
	Did (child's name) eat:	*Yes*	*No*	*Don't Know*
A	Dairy products (milk other than breast milk, cheese or yogurt)			
B	foods made from grains, roots, and tubers, including porridge, fortified baby food from grains			
C	legumes and nuts			
D	vitamin A-rich fruits and vegetables like Ripe mangoes, papayas			
E	Any other fruits or vegetables?			
F	Flesh meats and offals: Any meat, such as beef, pork, lamb, goat, chicken, duck &fish?			
G	Eggs?			
H	foods made with oil, fat, butter			

6.17 What additional things should be done or what should be done differently by the SCI/CARE/ APEAL project in their effort to improve nutrition of children like yours?

g) ……
h) ……
i) ……
j) ……

End
Thank you
End Time……
GPS Coordinates…….

Appendix 1.2: Non-Protection and Non GBV Specific Actors Protection Mainstreaming Assessment tool

1. Name of Organization/Actor ……
2. Name of Respondent……
3. Title of Respondent……
4. Gender of Respondent……
5. Refugee Settlement were Actor is implementing Programmes: 1=Kyangwali 2=Kyaka II [ ]
6. Which of the following sectors are you active in? (tick all that apply)

Sector	Response
Food and NFI	
WASH	
Health and Nutrition	
Livelihood and resilience	
Education	
Shelter and Infrastructure	
Environment and energy	
Cash	

General Protection Training

7. Have any of your staff received training on protection mainstreaming? 1=Yes 2=No
8. If yes, how many staff have been trained in protection mainstreaming? Staff trained..... Total Technical staff……
9. If yes, in which of the following areas have the staff been trained?

		Staff trained		Rating of Organizational capacity in training area
No.	Areas of Training	Yes	No	1=High 2=Medium 3=Low
1.	Gender in Emergency (GiE)			
2.	Protection from Sexual Exploitation and Abuse (PSEA)			
3.	Women Lead in Emergency (WLiE)			
4.	Feedback, Reporting and Referral Mechanism (FRRM)			
5.	Analysis of protection risks			
6.	Child Protection mainstreaming in Refugee Response Programming			
7.	GBV mainstreaming in Refugee Response Programming			

10. Who provided the training? 1=APEAL Consortium 2=Others (please specify)……

Mainstreaming protection issues

11. To what extent are the following statements true in your organization's refugee response plan?

Statement	1.Very large	2.Large	3.Moderate	4.Low/ Limited	5.Very Low/ None

a) Our organization has adequate number of trained staff who demonstrate knowledge and understanding of protection mainstreaming in Refugee Response Programs					
b) Our organization has a functioning complaint and feedback mechanism accessible to all groups of workers in a confidential manner					
c) Our organization has a written protection policies/guidelines/ code of conduct (in areas of safety and dignity of beneficiaries, GBV, child abuse) followed by all staff					
d) Our refuge response programme decisions are based on the participation of all targeted groups					
e) Our Refugee Response Programs activities/actions includes to promote safety and dignity of the beneficiaries?					
f) Our Refugee Response Programs includes actions for Gender Based Violence protection of the beneficiaries					
g) Our Refugee Response Programs includes actions for Children abuse protection among the beneficiaries					
h) Our Refugee Response Programs include analysis of protection risks in context analysis					
i) Our Refugee Response Programs reflect the rights, needs and capacities of vulnerable groups in all stages of agency response					
j) Our Refugee Response Program provide humanitarian assistance and services equitably and impartially based on needs assessment and vulnerability					

12. If APEAL was to contribute to enhancing your organization's capacity to mainstream protection issues in your refugee response programming in Uganda, can you propose five training and capacity building support areas that should be prioritized?
    i) ……
    ii) ……
    iii) ……
    iv) ……
    v) ……

Appendix 1.3 humanitarian actors rating on protection standards

To what extent do you believe key sectorial plans and protection policies, guidelines and frameworks are relevant and suited to all refuges and host community member's needs in terms of their age, gender, and vulnerability?

1= Very larger extent 2= Larger extent 3= Smaller extent 4= Very smaller extent

1. CRRF Road map			
Beneficiary category		**To what extent (1, 2, 3, 4)**	Comments and recommendations to make the policy/guideline/plan inclusive and people centred
Beneficiary needs	Refugees		
	Host Community members		
Age	Children		
	Adult		
	Elderly		
Gender	Male		
	Female		
Vulnerability	Widow		
	Disabled		
	Unaccompanied children		
	Lactating mothers		
	Pregnant mothers		

2. UNHCR's Age, Gender and Diversity 2018 policy			
Beneficiary category		**To what extent (1, 2, 3, 4)**	**Comment on the response**
Beneficiary needs	Refugees		
	Host Community members		
Age	Children		
	Adult		
	Elderly		
Gender	Male		
	Female		
Vulnerability	Widow		
	Disabled		
	Unaccompanied children		
	Lactating mothers		
	Pregnant mothers		

3. Inter-Agency Action Plan on the Prevention of SEA and Refugee Feedback			
Beneficiary category		**To what extent (1, 2, 3, 4)**	**Comment on the response**
Beneficiary needs	Refugees		
	Host Community members		
	Children		

Age	Adult		
	Elderly		
Gender	Male		
	Female		
Vulnerability	Widow		
	Disabled		
	Unaccompanied children		
	Lactating mothers		
	Pregnant mothers		

4. Resolution and Referral Mechanism			
Beneficiary category		**To what extent (1, 2, 3, 4)**	**Comment on the response**
Beneficiary needs	Refugees		
	Host Community members		
Age	Children		
	Adult		
	Elderly		
Gender	Male		
	Female		
Vulnerability	Widow		
	Disabled		
	Unaccompanied children		
	Lactating mothers		
	Pregnant mothers		

5. GBV Referral pathway PF3 form			
Beneficiary category		**To what extent (1, 2, 3, 4)**	**Comment on the response**
Beneficiary needs	Refugees		
	Host Community members		
Age	Children		
	Adult		
	Elderly		
Gender	Male		
	Female		
Vulnerability	Widow		
	Disabled		
	Unaccompanied children		
	Lactating mothers		
	Pregnant mothers		

Appendix 1.4 Key Informant Interview Guides

1.4.1 Key Informant Interview guide for SCI/ MBA/Transit Centres staff

Nutrition

1. Briefly describe for me the state of nutrition of children 0-23 months among arriving refugees and host community members? Probe for prevalence of malnutrition among children, knowledge and awareness about good nutrition practices, and availability of nutrition management support services
2. How is the APEAL project responding to the nutrition needs of arriving refuges and host community members? Probe for clarity on project interventions? Project nutrition support delivery mechanisms (MBAs, Transit centres, cooking demonstrations, mass sensitizations, nutrition outreaches, etc)? Role of different stakeholders supporting the nutrition agenda (volunteers, VHTs, health centres, etc)? Probe on the functionality of the referral system?
3. How is the host community and arriving refugees responding to the APEAL project nutrition interventions? Probe for evidence of increased knowledge and awareness about children nutrition? Adoption of good children feeding practices? Nutrition services seeking behaviors? Adoption of knowledge and practices for preparing nutritious food from locally available food? Prevalence of malnutrition among children of arriving refugees and host community?
4. What challenges are you facing in delivering life-saving nutrition support to arriving refuges and host community mothers of children 0-23 months? Probe for adequacy of human, financial and other resources? Coverage of nutrition support services? Interest and willingness of mothers to adopt good nutrition practices for their children? Affordability and access to adequate food for refugees to enable nutrition food provision to the children? Cultural and other practices undermining project efforts in promoting good nutrition practices? Higher than expected refugee influx? Probe for the role on men in addressing children nutrition?
5. Considering the time you have been implementing this project, are there are critical aspects that were excluded from the nutrition component of the project design? Probe for aspects that can be improved to maximize project impact? Probe for any recommendations on project design that can optimize project impact?

1.4.2 Key Informant Interview Guide For Government Representatives (Police, Settlement Commandant, Local Councils)

Introduction

How is the general situation of refugees and host community in this settlement as a whole? Talk about the relationship between the refugees and host community in this context.

GENERAL PROTECTION, CHILD PROTECTION, AND GENDER BASED VIOLENCE

1. Has this community received any humanitarian assistance yet? If yes, what kind of assistance? If yes, are there unassisted refugees here too? Are there those who receive more than others? If yes why?
2. In the context of security and safety, how safe are the refugees and the host in this settlement? ***(Probe for the safety within the settlement and outside the settlement)***
3. Have there been instances of violence or abuse, including SGBV? If yes, which kind, when, where, and which population segments were/are more vulnerable?
4. Do victims of crime, including SGBV survivors, have access to judicial recourse such Police, courts, etc.? If not what is the reason for that? Do they receive services like counseling? What established structures are in place that can help more the victims of all forms of violence?
5. Are there any particular groups that face specific risks? ***(If yes, probe: Why and what are these risks? What can be done to mitigate these risks?)***
6. In the last four weeks, has the average number of cases requiring urgent follow-up increased, stabilized, or reduced? ***(Probe for the given response)*** Are there special persons responsible

for case-follow-ups? ***(If yes, probe who they are and how they operate)*** what is the reporting mechanism in place if one has a complaint to make?

7. What community based protection mechanisms exists e.g. coping mechanisms, community watch groups, community support groups, leadership structures, etc.? Are there some negative coping mechanisms/strategies that the refugees and host community have adopted for their survival? If yes, ***(probe: what are those coping mechanisms)***
8. Are there awareness-raising activities that have been conducted within the last seven months that are designed to cater for different category of people for example the adolescents, EVIs and women)? ***(If yes, probe for such awareness activities)***
9. How is the general picture of human rights viewed in this community? What about children's rights? Are they respected?

1.4.3 Key Informant Interview Guide for Child Protection Committees and Community Safety Action Groups

1. What is your role in this community/settlement?
2. How do community members view children rights in general? Do they respect the rights of the children> if no what are the most violated rights, and who are the most vulnerable in that matter? (girls or boys)
3. In your own view, do you think children in this settlement are treated in the same way regardless of their differences for example religion, tribe among others? Are they allowed to make decisions in their households?
4. Do you think children in this settlement are safe within and outside the settlement? Are there some places within the settlement which are dangerous for children to be there while unaccompanied? If yes what is the safety threat related to such places?
5. Are there mechanisms that enable children to report in case of any abuse (physically or sexually) committed to them? Have you ever received some cases regarding child abuse in the last seven month? What are the common abuses that are recorded in your office? And who are the common perpetrators *(without mentioning names, but in categories e.g. leaders, parents, relatives, teachers, etc,)*
6. What happens to the perpetrators who abuse children rights?
7. Are there some harmful practices against children in this community? If yes what are they? What can be done to address such harmful practices?
8. In this settlement is there management system and provision of psychosocial support for children in refugee and host communities, including in Child Friendly Spaces.
9. Do you experience some challenges in implementing you activities? If yes what are some of the challenges and what do you think can be done to minimize them?

1.4.4 Key Informant Interview Guide Village Savings And Loan Associations (VSLA)

a. What was/is the primary objective for initiating VSLA in this settlement? How does it operate? Who are the members and how are they enrolled into the scheme? When did the VSLA start, and how many members have been registered in the scheme?
b. Do the members of this community/settlement feel safe to access savings or borrow from VSLA (economic capital) without any difficult or a lot of engagement?
c. Do members regularly save with the Village Savings and Loan Associations (VSLA)? If No what challenges could the members be facing that hinder/limit them from saving regularly?
d. What is being done/ can be done to address the above reported challenges?
e. In which ways is the VSLA in which you are a member contributing to improvement in feeling of safety and dignity by members of the VSLA? Probe for cases of women borrowing to start

income generating activities and meet other needs ij order to avoid resorting to negative coping measures

1.4.5 Key Informant Interview Guide for Consortium Partner Staff

I am going to ask you some questions about general protection, nutrition, child protection and GBV. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

General protection

1. What is the general feeling of safety and dignity among arriving refugees in this community? Probe for things that are happening in the community which make people feel unsafe
2. In your view how was the APEAL project designed to address protection issues? How were refugee and host communities involved in the project design?
3. We would like to know the protection services/humanitarian assistance you are offering to beneficiaries under the ECHO APEAL project.
4. what are the roles of the different actors towards the protection of refugee and host community members in this community?
5. In your opinion, how will the project promote: participation, meaningful access and the safety and dignity of both refugee and host community. *Probe for what shall be done for every category*
6. In your feel the support the APEAL project is offering beneficiaries can help them be self-reliant? share more
7. To what extent do you take the opinion of both refugee and host community as you offer humanitarian aid to them?
8. what informed the protection priorities being implemented by the APEAL project? Share with us some of the challenges you are encountering in your currently and how you are going about them?
9. Regarding protection in general, what key issues do you feel are missing in the current project design that should be incorporated for the project's intended goal to be realized?

Nutrition

10. What is the state of nutrition challenges in the host community and refuge settlement?
11. How was the APEAL project designed to address the nutrition challenges in the host community and refuge settlement?
12. What challenges are you facing in the delivery of services to address nutritional challenges in the host community and refugee settlement? And how is the community reacting/responding to the services?
13. What are the roles of other key players/partners in nutrition component i.e. Save the children, IRC Community (VHTs, peer to peer groups etc.) and Government?
14. How often do you conduct nutritional training/community outreach in the host community and refugee settlement to address nutritional challenges? (probe on the frequency like on weekly basis, monthly or quarterly)
15. What key things do you think are missing in the current APEAL project design and what do you think can be done to improve on the service delivery to the host community and refugee settlement? ***For the component of nutrition should only be administered to Save the children only***

Child protection

16. Describe the child protection arrangement under the APEAL project? How was the project designed in the context of child protection? What is meant to be addressed by the project regarding child protection? *Probe for the knowledge of the different children rights (right to basic needs, education, shelter, food, healthcare, safe play, participation, etc. and how APEAL is going to promote them)*
17. We would like you to share on the general attitude towards children rights in terms of decision making (how do children express themselves), discrimination, participation and expression. How will the project ensure that children's rights are promoted and strengthened?
18. How is the safety of children in this community? Describe their safety considering their way to school, while at school and in other areas in the settlements – the market, church, mosque, etc.?
19. How often do you conduct community child protection campaigns?
20. Which structures are you working with in the area of child protection? Share with us about presence of protective services for children. Could there be a CPC? If yes, is the CPC effective at their work? Do refugees feel free to report their issues to the CPC? *Probe if not*. Comment on the feedback and facilitation of the CPC. What are some of the challenges facing the CPC and what can be done to improve CPC's relevance and functionality in the settlement?
21. What do you think is missing in the current APEAL project design with regard to child protection? What ways do you suggest be done to improve on child protection issues for both refugees and host community in this area?

Gender-Based Violence

22. How was the project designed in terms of addressing gender-based violence? In your own opinion do you feel the component of gender-based violence was embedded properly in the project design? If no what would you wish the project to extend of tackle in terms of DBV.
23. How is the situation regarding GBV in this settlement? How does the community views GBV?
24. What are the community's power relations? Is any group getting / commandeering more assistance than others?
25. Describe the general state of GBV in this community? What are some of the community structures you are working with to address GBV concerns for the project beneficiaries?
26. Describe how the APEAL project was designed to address beneficiaries' GBV concerns.
27. Share with us about Community Safety Action Groups (CSAG) and Community Policing. Their formation, mode of operation, their accessibility and functionality. Did you offer training to CSAG together with police? How was training conducted, who participated? *Probe for participation in regard to age, gender, sex; and whether the CSAG was equipped with necessary tools and whether they were linked to community leaders*.
28. Kindly share with us about the Role Model Men & Boys (RMM&B) methodology? How was it formed, its functionality (formation of male action groups been formed) and any challenges so far?
29. Considering the last 7 months, share with us GBV prevention activities/services you have offered to project beneficiaries and how?
30. What is your opinion on the current state of physical, emotional and sexual violence among project beneficiaries and what the project intends to do to reduce on GBV related concerns in the target community?
31. Take us through some of the coping strategies that both refugee and host community members employing to survive in terms of hardship. What are some of the steps you are undertaking to reduce on the negative coping strategies being employed by beneficiaries?

32. What could be some of the challenges that you are currently facing in managing GBV related cases/issues/concerns what are you doing to overcome them?

Thank you for your time

Appendix 1.5 FGD Guides

Appendix 1.5.1 FDG GUIDE FOR MOTHERS/CAREGIVERS ON *NUTRITION*

Introduction/Explanation: Now we are going to talk about food and what to feed young children, please feel free to give as many details as you can.

1. When you think about the health of babies, what do you think you need to do for them to remain healthy? *(Free listing, brainstorming. Interviewer listens and tries to see if women list nutrition. Write the answers in order they were given.)*
2. In your opinion, what do women in your community usually feed their new baby, right after birth?
    a. Probe: Listen to the answers and then ask: What about…..?
        - Breastfeeding right away after birth? How long should it take to breastfeed the baby immediately after giving birth? *(record answers in hours i.e. less than an hour or after an hour)*
3. In your community, how do women usually feed young children who are less than six months?
    a. Probe: Listen to the answers and then ask: What about….?
        - Breastfeeding only on demand
        - Breastfeeding and liquids (tea, water)
        - Breastfeeding and cereals
4. When do women in your community usually start giving other foods than breast milk?
    a. Probe: What types of foods do they give?
    b. Probe: What is the timing? *(record in month when they start to give supplementary foods)*
    c. Probe: What are the reasons for giving other foods?
    d. Number of meals given per day? *(Record porridge as a meal if mentioned)*
5. Could anyone share your personal experience with feeding your baby **right after birth** and up to six months?
    a. Probe: When did you start breastfeeding?
    b. Probe: Are you still breastfeeding?
    c. Probe: What other foods or liquids do you currently give your child?
    d. Probe: Why do you give these items?
    e. Probe: Does anyone else want to share?

6. In your opinion, when a woman is breast feeding, what should she do to stay healthy herself?
    a. Probe: Doe she need to eat different foods? Which foods does she need to eat?
    b. Probe: Should she eat more?
    c. Probe: Does she need to rest more and not carry heavy things? Is this possible?
7. In your opinion, what do you think are some of the major problems (barriers) women like you face when they want to **exclusively breastfeed** their children until 6 months of age? “Exclusive breastfeeding” means only giving the baby breast milk, and no water, no teas, no porridge.
    a. Below six month, *(Probe for the following list of problems*)
        - Feeling exhausted. (*Probe: Is there anyone who can help with the responsibilities)?*

- Not having enough milk *(Although this is not a true reason, there is often a misconception.)* Probe: Why do they believe this?
- Thinking they have to give other foods. Probe: Who tells them to give other foods?

b. After six month *(Probe for the following list of problems)*
   - No money to buy food
   - No land to grow my own nutritious foods

8. What do you understand by eating a balanced diet? *(Probe on the foods and list them down as they are given by the participants)*
9. When I say "eating right" or "eating healthy" what comes to mind for you? What do you think of when you think of eating right or eating healthy? (*Explore participants' definitions of eating right) Probe for knowledge including questions like:*

   a. What does eating "more fruits and vegetables" mean to you? And, how many fruits and vegetables should someone like you eat?
   b. What does eating "less fat" mean to you? How much less? If something is "fat-free," how does it fit into a healthy diet?"

10. How do you prepare and cook a balanced diet meal? *(Probe for how they mixt different foods to get a balanced diet meal)*
11. What challenges do you experience in trying to get a balance diet
12. What more help would you require MBA staff to help you towards nutrition?

1.5.2 FOCUS GROUP DISCUSSION WITH VHT, PEAR-PEAR GROUPS, AND VOLUNTEERS

1. How is the situation on nutrition in this area? *(probe for awareness and knowledge, challenges, way forward)*
2. What is the most cause of malnutrition among children in this community?
3. How have you tried to stabilize/ help the most malnourished children in this community? *(probe for referrals and the entire follow-up system)*
4. Have you sensitized and trained breastfeeding mothers about nutrition? How are they responding to the knowledge transferred to them?
5. What more should be done about nutrition component in this community?
6. What are the breastfeeding practices for most mothers in this community?

1.5.3 FOCUS GROUP DISCUSSION GUIDE FOR WOMEN AND MEN

1. INTRODUCTION

First we would like to ask you some general questions about the situation for [refugee/displaced] in this community particularly the adolescent.

What issues are of greatest concern among the women OR men within this community? What could be done to improve these particular issues? Are there NGOs/UN agencies in this community that you know who are trying to help the situation? ***(Probe for the NGOs they know around their community)***

2. GENERAL PROTECTION

We would love to ask you about the services/humanitarian assistance that you have received/benefited from under ECHO APEAL project.

i) Have you ever received any service/humanitarian assistance or participated in any activity under the ECHO APEAL Project in the last seven month? What services/assistance or activities that you were/are engaged in? (***Please probe for activities/services such as; GBV Prevention-awareness and sensitization, GBV and Child protection Case Management, Capacity Building/training on Gender and women lead in Emergencies, Mentorship/support to***

Community Based Protection Mechanisms/Protection Mainstreaming, Menstrual Health Management & SRH, Legal Assistance & Representation Services Protection awareness, sensitization, training and advocacy, PSN Support, Child Protection- CFS Activities (HEART, TeamUP, Recreational), Nutrition support, awareness and training, and Humanitarian Village Savings & Loans Associations.

ii) How do you view the assistance or services that you receive in terms of quality? Are you treated in a respectful and dignifying manner while accessing services? ***(Probe on the reasons for their response).*** What are the biggest gaps in this assistance? What are the priority needs for women OR men ***(ask regarding the group you are discussing with)?*** Who is the most vulnerable in this community? What are they vulnerable to, and why? What are the different vulnerabilities of women OR men? ***(Don't assume only women or girls are vulnerable.)***

iii) Who has been consulted about the humanitarian response and how? Are the women also participating and their views being taken into consideration? Are there any traditional practices/cultural beliefs that may prevent adolescent more so women and girls from equally participating to decision making at household and community levels? If yes, what are they?

We would like to ask you about your knowledge of human rights and your feeling of safety in this community for the last 7 months.

i) How do you understand by human rights? What are some of the human rights that you are aware of as a refugee or a community member of this settlement? ***(Listen as you list the mentioned human rights by the responded, and then probe for others if not mentioned like; Right to protection, Right to food, Right to information, Right to life, Right to ownership of property, Right to health, Right to work, Women rights, Children rights, Refugee rights, Right to education)***

ii) Are those rights respected in this community? What are the most violated ones and why? Who are the most vulnerable persons in those rights violations, and who are the perpetrators?

iii) How is the situation regarding safety in this community? Are women and children safe in both the settlement and outside the settlement? What are the dangerous sport areas that you feel you are not secure at all?

3. CHILD PROTECTION

Let's talk about children's rights specifically in this community

i) Have you ever heard about children rights? ***(Probe for the positive response: Mention some of the children rights that you are aware about)?*** Are they respected in this settlement**?** What are some of the harmful practices against children you are aware of in your community? Would you feel safe in reporting culprits of children rights to the authorities? If NOT, why?

ii) What is your opinion of children being treated the same regardless of the differences among them? What about allowing them to disagree with adults on opinions? Are they allowed to express their point of view?

iii) In this community/site, are there places where children feel unsafe or try to avoid? (Day? Night?) What issues make them feel unsafe? Are there places where children can go to voice concerns? (And do they use these places?) Are there certain people or authorities (within or outside the community) that girls OR boys trust to voice concerns to?

PROTECTION AND GENDER-BASED VIOLENCE - GBV

We would like to ask you a few questions about the security of adolescent girls and boys

i) What were the main risks of gender-based violence that girls and boys face in your community? ***If they are not mentioned, probe about all forms of GBV, including child/human trafficking, kidnapping/abduction, exploitation and abuse (including SEA), physical violence, slavery, domestic violence, sexual assault, rape, survival sex/transactional sex, early or forced marriage, denial of resources or opportunities, traditional harmful practices (eg. FGM and other). NOTE: PLEASE be specific for each group (girls and boys) and what type of violence, where (eg at home, at school.), and by whom (the group of people – eg. Intimate partner, household member, security personnel, community member- not the individual perpetrator)***

ii) How do you understand sexual violence? Can you mention some forms of sexual violence that you know? Of those mentioned, which one has ever happened in this community? Explain where or under which circumstances sexual violence happen usually? ***(Probe around the following; At home, On the way to/from market, At the toilet/latrines, On the way to/from or while collecting wood outside the camp/community, At school – on the way to/from school, At the water point/On the way to/from the water point, During the distribution of assistance (Food, Cash or NFI distribution)***

iii) How comfortable would you feel saying no to (a **partner or spouse**, a **respected adult in your family**, other than your spouse, and a **respected adult from your community**) who wanted to have sex with you? ***(Probe for more opinion of respondents towards refusal for each category of persons in the bracket above wanting to have sexual intercourse with them)***

iv) If women OR men experiences sexual violence, what happens? ***(Probe more: Do they seek help? If no, what is the reason for not seeking help? If they do seek help, where do they seek help? Are they helped to their satisfactory level? What normally happen to the perpetrator of sexual violence? Are they identified and punished? If not, why not?)***

v) What do women in this community do to protect themselves from violence? What does the community do to protect women and girls from violence? Do you have any suggestions in order to prevent GBV from happening in this community/camp? What do you think would most improve your life here? What are your hopes for the future?

COPING STRATEGIES

We would now like to ask you about how women, men, boys and girls are coping

i) Are there difficult situations or scenarios were life becomes hard that women OR men lack basic needs in this settlement? What are those basic needs? ***(Probe for some basic needs)*****.** Given this, what different coping mechanisms are boys and girls using to cater for those? ***(Probe for both the positive and negative coping strategies)***

ii) Are women, adolescent boys, or girls leaving this community to conduct paid work? If yes, what are they doing?

1.5.4 FGD GUIDE FOR ADOLESCENTS GIRLS AND BOYS

First we would like to ask you some general questions about the situation for [refugee/displaced] in this community particularly the adolescent.

i) What issues are of greatest concern among the adolescent girls and boys differently within this community? What could be done to improve these particular issues? Are there NGOs/UN agencies in this community that you know who are trying to help the situation?

ii) In this settlement, do you feel that adolescent girls and boys are treated in a respectful and dignifying manner while accessing services such as health/medical services, judicial, psychosocial, police, education, financial (VSLAs) as it should be? ***(Probe on the reasons for their response)***

iii) Have you ever heard about children rights? ***(Probe for the positive response: Mention some of the children rights that you are aware about? Are they respected in this settlement)?*** What are some of the harmful practices against children you are aware of in your community? Would you feel safe in reporting culprits of children rights to the authorities? If NOT, why?

Now we would like to ask you about the roles and responsibilities of women, men, boys and girls in your community and about these roles in the current situation

i) Can you help me to understand the different responsibilities of girls OR boys play within this community? How do adolescent (boys OR girls) spend their time?
ii) Have you received any assistance? What assistance have you received so far? Do boys OR girls have equal access and control over each of the assistance given? **(*If not noted, please probe to understand how they are accessing (food assistance, water, nutrition, NFIs, livelihood opportunities, health services, sexual and reproductive health including family planning, specific assistance for pregnant and lactating women)***
iii) What are the biggest gaps in this assistance? What are the priority needs for boys OR girls ***(ask regarding the group you are discussing with)?***
iv) Who is the most vulnerable in this community? What are they vulnerable to, and why? What are the different vulnerabilities of boys and girls? ***(Don't assume only girls are vulnerable.)***
v) Who has been consulted about the humanitarian response and how? Are the adolescent *(girls OR boys)* also participating and their views being taken into consideration?
vi) Are there any traditional practices/cultural beliefs that may prevent adolescent more so girls from equally participating to decision making at household and community levels? *(Probe for acts such as FGM)*

PROTECTION AND GENDER-BASED VIOLENCE - GBV
We would like to ask you a few questions about the security of adolescent girls and boys

i) ***(Ask only about the group you are talking to)*** In this community/site, are there places where girls OR boys feel unsafe or try to avoid? (Day? Night?) What issues make them feel unsafe?
ii) **(Ask only about the group you are talking to*)*** Are there places where girls OR boys can go to voice concerns? (And do they use these places?) Are there certain people or authorities (within or outside the community) that girls OR boys trust to voice concerns to?
iii) What were the main risks of gender-based violence that girls and boys face in your community? ***If they are not mentioned, probe about all forms of GBV, including child/human trafficking, kidnapping/abduction, exploitation and abuse (including SEA), physical violence, slavery, domestic violence, sexual assault, rape, survival sex/transactional sex, early or forced marriage, denial of resources or opportunities, traditional harmful practices (eg. FGM and other). NOTE: PLEASE be specific for each group (girls OR boys) and what type of violence, where (eg at home, at school.), and by whom (the group of people – eg. Intimate partner, household member, security personnel, community member- not the individual perpetrator)***
iv) How do you understand by sexual violence? Can you mention some forms of sexual violence that you know? Of those mentioned, which one has ever happened in this community? Explain where or under which circumstances sexual violence happen usually? ***(Probe around the following; At home, On the way to/from market, At the toilet/latrines, On the way to/from or while collecting wood outside the camp/community, At school – on the way to/from school, At the water point/On the way to/from the water point, During the distribution of assistance (Food, Cash or NFI distribution)***

v) How comfortable would you feel saying no to (a **partner or spouse**, a **respected adult in your family**, other than your spouse, and a **respected adult from your community**) who wanted to have sex with you? ***(Probe for more opinion of respondents towards refusal for each category of persons in the bracket above wanting to have sexual intercourse with them)***

vi) *If girls/ boys experiences sexual violence, what happens?* ***(Probe more: Do they seek help? If no, what is the reason for not seeking help? If they do seek help, where do they seek help? Are they helped to their satisfactory level? What normally happen to the perpetrator of sexual violence? Are they identified and punished? If not, why not?)***

vii) What do girls OR boys do to protect themselves from violence? What does the community do to protect women and girls from violence? Do you have any suggestions in order to prevent GBV from happening in this community/camp? What do you think would most improve your life here? What are your hopes for the future?

COPING STRATEGIES

We would now like to ask you about how women, men, boys and girls are coping

i) Are there difficult situations or scenarios were life becomes hard that adolescent girls and boys lack basic needs in this settlement? What are those basic needs? ***(Probe)***

ii) Given this, what different coping mechanisms are boys and girls using to cater for those? ***(Probe for both the positive and negative coping strategies)***

iii) Are women, adolescent boys, or girls leaving this community to conduct paid work? If yes, what are they doing? ***(Probe for the kind of work that they are engaged in as adolescent and how it is paying them)***

Appendix 2: Project Outcomes Indicator Definitions

The logframe specifies performance indicators upon which project performance will be assessed. The outcome level indicators, indicator definitions and reference questions upon which the indicators were computed in the baseline survey are:

Indicator 1: % of persons/target population in a given context reporting an improved feeling of safety and dignity by the end of the intervention compared to at the beginning

Definitions

1) Safety is defined in relation to physical protection from rights violations/GBV/child abuse; while Dignity is defined in relation to individual ability to live freely with access to basic rights/ services/ support thus negating the need to revert to negative coping mechanisms or remain vulnerable to abuse or exploitation
2) % of persons reporting feeling of safety and dignity will be calculated as the aggregate of persons who rate their feeling of safety in the settlement as somewhat safe, safe enough, and very safe, in response to question 2.3.1, and rate their overall feeling of dignity in this settlement as somewhat safe, safe enough, and very safe, in response to question 2.4.1 of the questionnaire in appendix 1.1.

1. Value of Indicator= Persons rating overall feeling of safety and dignity **divided** by total number of Respondents
2. Numerator= Persons rating overall feeling of safety and dignity as somewhat safe, safe enough, and very safe in response to questions 2.2.1 and 2.4.1 of the questionnaire in appendix 1.1
3. Denominator= total number of Respondents

Indicator 2: % of non-Protection and non GBV specific actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors

Definition: An Actor will be considered to have capacity to mainstream protection in their respective sectors if: a)They have trained staff in protection mainstreaming, b)Have a functioning complaint and feedback mechanism, c)Have written protection policies/guidelines, d)Have a refuge response programme under which decisions are based on the beneficiary participation, e)Have a refuge response programme incorporating safety and dignity, Gender Based Violence and Children abuse protection issues, and f)Have a refuge response programme in which humanitarian assistance and services are equitably and impartially based on needs assessment and vulnerability, and reflect the rights, needs and capacities of vulnerable groups.

1. Indicator value: % of non-Protection and non GBV specific actors targeted by APEAL demonstrating increased capacity to mainstream protection into their respective sectors shall be those reporting very large or large extent to all the ten statements on protection mainstreaming capacity scale in their organisations
2. Numerator: Actors reporting very large or large extent to all the ten statements on protection mainstreaming capacity scale in their organisations in question 11 of the Non-Protection and Non GBV Specific Actors Protection Mainstreaming tool in appendix 1.2.
3. Denominator: Total number of non-Protection and non GBV actors targeted by APEAL interviewed

Indicator 3: % of Extremely Vulnerable Individuals targeted by APEAL reverting to high risk behaviors and negative coping strategies

Definitions

- Extremely Vulnerable Individuals (EVIs) will be identified from the list of Persons with Specific Needs (PSNs), which includes girls and boys at risk, UASC, persons with serious health conditions, persons with special legal or physical protection needs, single women, female-headed households, older persons, and persons with disabilities, to be identified under question 14-16 in the questionnaire in appendix 1.1.
- EVI reverting to high risk behaviors and negative coping strategies will be those reporting to have resorted to at least one of the negative coping strategies in the four weeks preceding the survey and these are: dropping out of school, sales of food and NFI provided, begging, engaging in exploitative casual labour/domestic work, engaging in transactional and commercial sex (prostitution, etc.), early/child marriage, Theft/Stealing, Alcohol/Drug abuse, Seek out for intimate/love relationship (boyfriends), child labour ad begging for assistance to meet their needs in times of limited or lack of resources to meet their needs, at least once in the last four weeks, questions 4.7(e) to 4.5(n) in questionnaire in appendix 1.1.

1. Numerator: Number of EVI reverting to high risk behaviors and negative coping strategies at least once in the last four weeks
2. Denominator: Number of EVI covered by the survey

Indicator 4: % of humanitarian actors acknowledging that humanitarian protection standards are inclusive and people-centered

Definition: A sectorial plan, protection policies, guidelines and framework will be considered inclusive and people centred if it's rated to a very large extent or large extent to be relevant and suited to the needs of refugees and host community members, all age, gender and vulnerability categories. This is based on humanitarian actors' response to key informant interview guide in appendix 1.3
Numerator: Number of actors acknowledging humanitarian protection standards are inclusive and people-centered.
Denominator: Total number of humanitarian actors in areas of operation.

A count of individual actor ratings for each of the sub-categories of age, gender and vulnerability was done. Actors who rated large extent or very large extent to at least 9 of the 12 sub-categories were considered to be acknowledging to a large extent that the humanitarian policy/standard is inclusive and people centred, else, the actor is acknowledging to a small extent. The average percentage of humanitarian actors rating the seven humanitarian protection policies/guidelines as inclusive and people centred.

Appendix 3: Terms of Reference

CARE INTERNATIONAL IN UGANDA

Access Protection Empowerment Accountability and Leadership (APEAL) Project

TERMS OF REFERENCE FOR CONDUCTING A BASELINE STUDY

1. Background

A new refugee influx to Uganda from the Democratic Republic of Congo (DRC) began in mid-December 2017, following the eruption of inter-ethnic violence in the country. Since 31st December 2018, Uganda hosts over 312,699 refugees arriving from DRC of whom 92% are settlement based. This has led to almost a doubling of the population in Kyangwali, putting a heavy strain on existing services. Despite Uganda having one of the world's progressive refugee policies, many have been subjected to or witnessed gross human rights violations and arrive with immediate protection needs. Vulnerable refugees are exposed to further insecurity and protection risks upon arrival at border points and en-route to settlements and in the settlements of whom 87,906 have settled in the Kyangwali settlement in Kikuube District. Within settlements, GBV remains a significant threat and trust in response services, police and security forces is low.

Funded by EU humanitarian aid, APEAL project is designed to deliver a comprehensive, evidence-based and people-centred Protection & Gender-Based Violence (GBV) sector response for recent and newly-arrived refugees from DRC settling in Western Uganda. A consortium led by CARE (lead) as technical lead in Protection mainstreaming, GBV prevention, Women lead in emergencies and Gender in Emergencies, in partnership with International Rescue Committee (IRC)as technical lead in GBV case management, GBV referral pathways, legal assistance and Adolescents Girls Programming; Save the Children as technical lead in Child Protection and nutrition; Kabarole Resource and Research Centre (KRC) as technical lead in Village Savings and Loans Associations; Uganda Law Society as technical lead in Legal Representation and capacity building in Refugee Rights and Ugandan Law; and WoMena Uganda as technical lead in Menstrual Health Management.

The consortium will deliver a harmonized intervention package of targeted protection and GBV life-saving assistance with a particular focus on extremely vulnerable individuals, such as unaccompanied and separated children and adolescent girls from the point of entry into Uganda and across refugee settlements and host communities in Western Uganda (Kyangwali and Kyaka II), targeting a total of 80,000 direct beneficiaries. As well as enhancing access to timely, quality protection/GBV services (result 1), APEAL intends to improve protection mainstreaming across state and non-state actors (result 2), provide extra capacity in nutrition screening for young children and pregnant and lactating women during peak influxes (result 3), and support the setting of standards and harmonized approaches to refugee protection at the national level (result 4).The implementation period of APEAL spans from 1st February 2019 to 31st January 2020. More details about APEAL i.e. log frame, budget and results to date will be availed at a later stage.

CARE, as the lead partner of APEAL consortium, is therefore seeking for consultancy services to conduct a baseline line survey in Kyaka II and Kyangwali settlements focusing on more recently displaced populations. These TORs present the specific objectives, deliverables and expectations of the baseline study.

2. Objectives of the Consultancy & responsibilities of the consultant

The consultant is expected to conduct the baseline study for APEAL and collect values against all outcome and key output level indicators as per the approved Log Frame of the proposal.

- Based on the Log Frame of APEAL, the consultant will review the outcome and output indicators against objectives and activities, and ensure that:
  - S/he develops operational definitions of each indicator to be collected at baseline, clearly unpacking how each indicator is defined and will be measured to ensure all consortium partners as well as UNHCR, Office of the Prime Minister (OPM) and other contextual partners have a similar understanding of the indicators.
  - All baseline findings on indicators should be gender sensitive and disaggregated by sex, age, country of origin (refugee or national);
  - All outcome and output level indicator data to be collected at the baseline level have a clear calculation method (numerator, denominator clearly specified) and sources of information identified so that they can be calculated exactly the same way at base and end line stages.
- The consultant will be responsible for developing a baseline data collection strategy for all baseline indicators which should:
  - Include all the necessary data collection forms, tools and related guidance and protocols (who does what, when, and where) for indicators' collection, reporting and quality assurance and methods of verification, aggregation, data entry, analysis and use.
  - Combine quantitative and qualitative data collection methods to ensure data is triangulated and truly reflects the actual situation. It should be participatory and ensure the voice of participants and relevant key stakeholders (LocalAuthorities, IPs, Refugee Welfare Committees, UN agencies,etc.) are captured.
- Once the baseline data collection strategy and related tools and protocols are approved by CARE, the consultant will develop a calendar and logistics plan for the actual data collection, in collaboration with APEAL project staff; This will include identifying needs for transport, accommodation, per diems, additional temporary staff as enumerators or data entry personnel, etc.

During data collection, the consultant will:

- Participate and supervise a team of data collectors / enumerators (to be recruited from the local communities with assistance from CARE and APEAL partners) and take full responsibility for data quality;
- Train and prepare data collectors to be able to conduct the baseline in the field, including pre-testing of tools; Please note that data collection will need to be administered in local languages, including different languages for refugees (several tribes are present in the targeted settlements) and for host communities;
- For any potential focus group discussions (FGDs), ensure they are disaggregated by age, sex and origin (refugee community versus host community). This is to ensure full representation of all categories of interest and enable presentation of disaggregated findings.

Data organization and storage

- Take full responsibility on following appropriate data management and procedures, in coordination with the APEAL MEAL team;
- Organize and safely store notes taken during all data collection efforts;
- Transcribe, translate, and store audio recording of focus group discussions (FGDs) and Key Informant Interviews (KIIs) ;

- Review and clean quantitative data using standard techniques of running frequencies, examining the data base, using logical relationships to check internal consistency in responses. Data labels, data values, and variable names must be included generated findings. Data labels and variable names need to be renamed properly for easy identification and use. Any corrections to the data set must be documented;
- Securely transmit all quantitative and qualitative data sets to CARE according to instructions provided;
- All consent forms must be submitted and handed over to CARE. The consultant must exercise the highest level of confidentiality and anonymity on the datasets. This is also including the Bio Data of all the respondents.

Data analysis and reporting

- Code qualitative data corresponding to the code tree developed by the consultant in agreement with CARE;
- Complete quantitative and qualitative analysis for community level surveys, FGDs, and FGDs.
- Submit preliminary draft report of baseline results
- Present the draft survey report to the project team and key stakeholders in a validation meeting (one in each district)
- Write and submit final report of findings based on feedback from APEAL partners, key stakeholders and workshop participants.

3. Roles and Responsibility of CARE & APEAL Partners

During the consultancy period, CARE in collaboration with APEAL partners will provide the Consultant with the following:

- Assistance in gaining access to the settlements including sharing information with OPM and UNHCR about the base line study and facilitating access with local authorities, community representatives, other humanitarian agencies, etc.
- Providing security briefings which relate to the context and policy adherence concerns applicable at the settlements;
- Background information, briefings and support access to relevant secondary information and data
- Review and approve the various deliverables, including the operationalized indicators, the data collection strategy / protocols and tools, the draft report and the final report;
- Mobilization of stakeholders for dissemination workshops;

4. Methodology, steps and deliverables

- Literature review of APEAL project documents and other relevant documents (standard indicators from ECHO, etc.);
- Inception meeting with APEAL members to agree on the final baseline indicators from APEAL logframe and how they should feed into APEAL overall results framework:
    - The Consultant will submit an inception report to CARE within two (2) days following the inception meeting;
- Following approval of the inception report with agreed baseline indicators, the consultant will work on their operationalization and calculations and will present these to CARE for approval, within three (3) days following the approval of the inception report;
- Following approval of the indicators' operational definitions and measures of calculation, the

consultant will prepare the data collection strategy (including data collection methods and tools, sampling strategy and size, etc.) to be submitted to CARE within four (4) days following approval of the document with indicators operational definitions and calculation methods;

- Following approval of the data collection strategy, the consultant will lead the field data collection process, recording, analysis and report writing as mentioned above; Note that the consultant will attempt to identify whether some of the baseline indicators may have been recently collected by other actors and whether they could be used for APEAL in order to minimize primary data collection efforts;
- A draft baseline report will then be submitted accompanied by a summary in PowerPoint to be presented at validation workshops (one in each settlement), within ten (10) days following completion of the data collection;
- Following obtained feedback from validation workshops as well as from CARE and APEAL partners:
    - The consultant will proceed to write the final baseline report with clear values for each collected indicator.
    - The report will also include recommendations for the project's strategy that may need to be adapted based on findings;
    - The final report should be submitted within three (3) days following receipt of the feedback from the validation workshops.

5. Proposed duration and calendar

The Consultant should be able to start working as of second week of June 2019, and complete the assignment by second week of July 2019. A maximum of thirty (30) working days is estimated to complete this assignment. The proposal should contain an elaborate work plan capturing all the activities that need to be undertaken and the lead persons.

6. Consultant profile

Individual consultants or consultancy firms meeting the following profile are invited to send a technical and financial offer specifying the following:

- Evidence of official registration in Uganda as a consultancy firm or individual consultant (submit evidence of registration);
- Demonstrated experience (at least 5 years) providing senior level technical advisory to a range of clients (INGOs, UN agencies, Government of Uganda institutions) conducting Base and end line studies; A track record of assessments conducted in the past 5 years, a summary of the scope, the date when it was conducted and the name and details of the client (including contacts of the person who can be contacted for reference checks) must be attached with the application;
- Experience in conducting baseline studies for complex humanitarian interventions and for refugee populations in Uganda is highly preferred;
- Familiarity with key indicators from relevant refugee strategies and frameworks highly preferred, including indicators from the Refugee Response Plan for 2019 & 2020 that CARE and other actors need to report on.
- Availability during mentioned period;
- Evidence of availability of appropriate qualifications, manpower and key staff that will constitute the team.
- Further, to this consultant or firm must indicate how they intend to mobilize the professional skills for the proper implementation of the assignment within a maximum of 30 working days

earmarked for the assignment as indicated in the timeframe below.

- In the case of an independent consultant, financial capacity and willingness to pre-fund the work as CARE is not able to pay advances. A payment plan will be drawn based on above deliveries.
- Include the Curriculum Vitae of the key consultants.

Appendix 4: Negative Coping Strategies by gender and age of Respondent

		Gender		Age Category			Total
		Male	Female	Adolescents (12-17) years	Adults (18-59) years	Elderly (60+) years	
Engage in exploitative casual labour/domestic work	Count	85	156	44	180	17	241
	Percentage	39.2%	36.3%	34.1%	39.6%	26.6%	37.2%
Theft/Stealing	Count	61	124	34	136	15	185
	Percentage	28.1%	28.8%	26.4%	30.0%	23.4%	28.6%
Sale of food and NFI provided through humanitarian assistance	Count	59	112	26	138	7	171
	Percentage	27.2%	26.0%	20.2%	30.4%	10.9%	26.4%
Beg for assistance from other people in the community	Count	52	119	37	117	17	171
	Percentage	24.0%	27.7%	28.7%	25.8%	26.6%	26.4%
Playing cards, pool and other gambling practices	Count	59	106	41	116	8	165
	Percentage	27.2%	24.7%	31.8%	25.6%	12.5%	25.5%
Child labour (sending children to sell in the market or do work to earn money)	Count	45	88	36	90	7	133
	Percentage	20.7%	20.5%	27.9%	19.8%	10.9%	20.6%
Alcohol/Drug abuse	Count	39	73	24	78	10	112
	Percentage	18.0%	17.0%	18.6%	17.2%	15.6%	17.3%
Early marriage	Count	34	73	24	82	1	107
	Percentage	15.7%	17.0%	18.6%	18.1%	1.6%	16.5%
Engage in transactional and commercial sex (prostitution, etc)	Count	33	68	15	81	5	101
	Percentage	15.2%	15.8%	11.6%	17.8%	7.8%	15.6%
Seek out for intimate/love relationship (boyfriends)	Count	14	49	15	44	4	63
	Percentage	6.5%	11.4%	11.6%	9.7%	6.3%	9.7%