



Response to increased demand on Government Service and creation of economic opportunities in Uganda (RISE)

Baseline Report

CARE International – Kikuube District

March 2020

List of acronyms and abbreviation

EUTF	Euro Trust Fund
ACF	Action Against Hunger
ARC	American Refugee Council
CBFS	Community Based Facilitators
CI	CARE International
CPCs	Child Protection Committees
CSOs	Civil Society Organisation
FGDs	Focus Group Discussions
IPS	Implementing Partners
KIIs	Key Informant Interviews
LC1	Local Council
LECs	Local Environment Committee
MEAL	Monitoring, Evaluations, Accountability and Learning
OPM	Office of the Prime Minister
PWDS	Persons with Disabilities
RISE Project	Response to increased demand on Government Service and creation of economic opportunities in Uganda (RISE)
UNHCR	United Nations High Commissioner for Refugees
UWESO	Uganda Women Support the Orphans Organisation

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Executive summary

TBC – after the final review

1.0 Introduction

CARE International was established in Uganda since 1969 and is implementing a diverse portfolio of projects across three thematic programs Areas; Women Empowerment in Natural Resources Governance (WENG), Women and Youth Financial Inclusion Program (WAYFIP), and Emergency Preparedness and Response. All programs aim to strengthen the resilience of the most vulnerable women, girls, men and youth in the face of growing risks of man-made and natural hazards by addressing the key drivers of poverty and social injustice in Uganda, namely prevailing gender inequality, widespread corruption and poor governance, the growing threat of climate change, disaster risks and the large refugee influx

CARE International in Uganda is currently implementing Humanitarian and Development Projects in the newly established district of Kikuube; with a population of 341,300 nationals and host to one of the fastest growing refugee settlement known as Kyangwali found in Mid-Western Uganda. Established in the 1960's to accommodate Rwandese refugees, Kyangwali Refugee Settlement hosts a population of 160,000 refugees from seven nationalities.

The heightened refugee influx from the Democratic Republic of Congo in the recent past has continued to cause additional stress on existing Social facilities, services and natural resources among the Refugees and host communities in Kikuube District. The huge refugee inflows/ arrivals have necessitated support by development partners towards host districts and communities to be able to deal with the challenges posed by refugees, climate change impacts and natural hazard occurrences through enhancing Emergency Preparedness and Response capacities/ mechanisms. With Funding from the European Union (**EU-Trust Fund**) CARE International in Uganda is implementing a 24 Months Project in Kikuube District code-named "**Enhanced Emergency Preparedness for Kikuube District.**"

The project inception activities started in August 2019 and it's expected to end in June 2021; with programmatic activities in the sectors of: Life-saving Health and Education service delivery, Humanitarian Preparedness and Response strengthening, Capacity building to district personnel/stakeholders and Communities, Advocacy on Sexual Gender Based Violence, Protection, Resilience building, Sustainable food systems and Nutrition, Infrastructural development, Equipment installation/ supplies, Environment and Natural Resources Management. The intended action shall be implemented in the two Sub-Counties of Kabwoya and Kyangwali Refugee Settlement.

The overall objective of this Project is "Enhanced Emergency Preparedness of selected Local Governments and prepare for possible future forced displacement." The specific objective is "To improve gender responsive and conflict sensitive emergency preparedness capacity of Kikuube District Local Government, including Kyangwali Sub- Counties, in the provision of Health and Education life-saving basic services for the Host and Refugee Communities.

To achieve the above specific objectives, the action will be achieved through three (3) interdependent results areas as below:

Result 1: Kikuube District Local Government Contingency Plan developed and disseminated.

Result2: Critical Elements of the District Contingency Plan implemented.

Result 3: Increased capacity of local actors to coordinate and respond to refugee influx in a gender responsive, Persons with disability inclusive and conflict sensitive manner.

All the capacity building related activities in Result 1 & 2 above are aligned to result 1 and shall be grounded on the Nine (9) principles of the Core Humanitarian Standards (**CHS**) while taking cognizance

of the SPHERE Standards, principles and values on: gender responsiveness, inclusion of persons with disabilities and special needs, the elderly, conflict sensitivity- “DO No Harm Principles.”

1.1 Objectives of the baseline

The overall objective of the baseline survey was conducted to provide reliable and relevant baseline information for the target areas to be used as benchmarks against which progress of achievements, as well as impact, effectiveness and efficiency of the project will be measured and evaluated using verifiable indicators presented in the logical framework during the project implementation phase. In other words, the baseline looked at what information must be considered and analysed to establish a baseline or starting point, the benchmark against which future progress can be assessed or comparisons made.

The baseline study will focus on Result Areas: 1, 2 & 3.

The baseline exercise took place in two Sub-counties of Kyangwali and Kabwoya; in Nine Parishes (5 Parishes of Kabwoya and 4 Parishes of Kyangwali) Kikuube District.

The **objectives** of the baseline survey were as follows:

- 1) To determine the baseline/ benchmark in terms of statistics that can be used as performance indicators on the selected outputs/ result areas; Education, Health, Disaster Preparedness, Environment and natural resources Management.);
- 2) Determine the knowledge, attitudes and practices on usage and access to Health, Education, environment, natural resources Management and quality service delivery in the project sites; and
- 3) To provide specific and achievable recommendations on possible improvements to the design, implementation and scale up of EUTF Project intervention Sectors in Uganda.

The evaluation findings and processes will be used and shared by relevant stakeholders, including; CARE International, OPM, Sector working Group Heads, Donors, UN Agencies, the Government, the Private sector players, IPS and other CSOs with related sector interventions in Kyangwali and Kabwoya Sub- Counties towards Refugees and Host communities to understand the current status of Health, Education, Environment and natural resources and Emergency Preparedness and Response capacities and mechanisms to human induced and natural hazard occurrences as well as plan for future interventions

2. Methodology

This section In particular, the section presents a detailed explanation of the study design, study population and sampling, data collection methods and tools

2.1 Baseline Evaluation design

The baseline survey employed a mixed design considering the need for both quantitative and qualitative data. The data sources were both primary and secondary data,

Primary Data.

The primary data collected through three methodologies; Household survey questionnaires supported quantitative data collect that targeted a representative number of individuals from the two sub counties of Kabwoya and Kyangwali with a greed number of households, the sampled numbers were determined through a two-stage sampling of enumeration areas and individuals/HH numbers. The HH questionnaire were administered at HH level with both the host community and refugee households targeted

Qualitative primary data collected through Focus group discussions and Key informant interviews. The service provision satisfaction, quality and key in depth information on the different sectors, humanitarian preparedness gathered through the two methods

Secondary Data:

The process of retrieving existing documents and data included a desk review of existing literature including the project/ proposal, CI Markers, district statistics and other relevant quantitative and qualitative secondary data supports the evaluation implementation strategies

2.2 Study Population

The study population comprised of all households in Kabwoya and Kyangwali parishes in Kikuube District; In total, 9 parishes was targeted in the two targeted areas; Kabwoya has 5 parishes and Kyangwali has 4 parishes

Sub- County Name	Parish Name	Individuals	Total HH Target
Kabwoya	Bubogo	19,520	18,656
	Igwanjura	12,046	2,742
	Kaseeta	22,280	9,562
	Kimbungu	14,746	2,824
	Nkondo	12,791	3,527
			81,383
Kyangwali	Buhuka	12,889	17,316
	Butoole	44,941	4,153
	Kasonga	13,275	2,563
	Kyangwali	16,577	4,740
Totals		169,065	71,943

2.3 Sample size and Design

Two stage cluster samples (quantitative HH surveys): A simple random sample of clusters (parishes) is selected from a larger list of clusters (sub counties), and then a simple random sample of **respondents** is selected from the units in each sampled cluster.

The sampling process involved sampling the enumeration areas in the two sub counties of Kabwoya and Kyangwali then the baseline Household respondents selected. The enumeration areas sampled are the parishes in the two locations

- i) The Enumeration areas, the two sub counties has nine parishes in total where the RISE project will target and five parishes were randomly selected for the for the baseline survey.

Sub country	Parish	Parishes selected
Kyangwali sub county	Buhuka	Kasonga, Butoole
	Butoole	
	Kasonga	
	Kyangwali	
Kabwoya Sub County	Bubogo	Nkonda, Kaseeta, Igwanjura
	Igwanjura	
	Kaseeta	
	Kimbugu	
	Nkondo	

ii) **Household sampling procedure:**

Sample size calculation: From the selected - list of parishes in the two sub counties, to a representative sample, the Yamane, 1967 formula to calculate the sample size for Household Survey. The formula is shown below,

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

Where n = the sample size
 N = the population size
 e- The acceptable sampling error
 *95% confidence level and p= .5 assumed

The selected five enumeration parishes with Household population of 102604, a sample size drawn using the above formula is 2150 across the areas

Sub county	Parish	Individuals	HH
Kabwoya	Nkondo	12400	2480
Kyangwali	Kasonga	13079	2616
Kyangwali	Butoole	43626	8725
Kabwoya	Kaseeta	21788	4358
Kabwoya	Igwanjura	11711	2342
Total		102604	20521

(Source – Kikuube 2018 planning numbers)

iii) The sampling procedure for households: This will involve moving to the centre of each parish to be enumerated, then writing four compass directions on pieces of paper and selected randomly. The first compass direction selected will form the movement pattern where the first

HH met will be interviewed, and then thereafter at an interval of 5 HH the next one is selected and so on. The number of HH to be sampled for each parish are indicated below

<i>Sub county</i>	<i>Parish</i>	<i>HH</i>	<i>HH to be interviewed</i>
<i>Kabwoya</i>	Nkondo	2480	260
<i>Kyangwali</i>	Kasonga	2616	274
<i>Kyangwali</i>	Butoole	8725	914
<i>Kabwoya</i>	Kaseeta	4358	457
<i>Kabwoya</i>	Igwanjura	2342	245
Total		20521	2150

IV. **Qualitative sample:** The qualitative samples will be purposively selected and engaged in the baseline data collection, a sample of 165 individuals will participate in the 13 FGDs and 29 KIIs; The samples are highlighted below;

Sub county	Parish	FGDs	Est. participants	KII with LCs/RWCs
Kabwoya	Nkondo	2	20	3
Kyangwali	Kasonga	2	20	3
Kyangwali	Butoole	4	40	3
Kabwoya	Kaseeta	3	30	3
Kabwoya	Igwanjura	2	20	3
Total		13	130	12

Key informant with District stakeholders

Key Participants	No. Direct Participants
District Environment and Natural Resources Officer/ Focal persons	1
District Engineer	1
District Education Officer	1
District Health Officer	1
Chief Administrative Officer/ In charge of Refugees/Disaster Management	1
District Chairperson	1
Camp Commandant- Kyangwali	1
Senior Assistant Secretary- Kyangwali S/C	1
District Community Development Officer	1
Senior Assistant Secretary- Kabwoya S/C	1
UNHCR- Kyangwali- Field Office	1
IPS/ CSO. Wit interventions in Health, Education, Environment, Livelihood and DRR	5

Sub county chiefs	2
Parish Chiefs- where the survey id to be conducted	5
Total	23

2.4 Baseline Data collection process;

The EUTF RISE team developed data collection tools with the Humanitarian Preparedness Advisor providing the technical backstopping and overall guidance to the team. The data collection team employed mobile data collection instruments using Kobo Collect application. The MEAL team with support from the program technical team trained the data collection team.

This applied for house survey questionnaires only. For KII and FGD, the guides and data capture tools were developed and administered as paper based. The instruments were tested and fine-tuned for final data collection.

3.0: Results

The report section presents results on respondent's characteristics as well their households, key results from the CHS, Gender Marker, environment and natural resources, gender perspective, Education and Health

3.1 Category of Respondents: The baseline survey comprised 1787 respondents from Kyangwali (69.6%) and Kabwoya (30.4%) Sub-counties in Kikuube District. Respondents were both from both the host and refugee communities from Kyangwali settlement. Refugees constituted 48.3% of the total sample size while the host community had 51.7% of the total respondents. In terms of gender, female respondents were 56.2% while their male counterparts were 43.8%.

Characteristics of Respondents: Of the 1787 respondents, 1398 (78.2%) were household heads, of which 47.2% were female headed households while 52.8% were male headed households. Those who were not household heads were spouse (16.8%) to the household heads and daughters or sons (2.8%). In terms of age, adolescents (12-17 years) were 0.8%, while Adults (18-59) years and elderly (60+) years were 92.6% and 6.6% respectively. The average household size of sampled respondents was 6 people, with a minimum of 1(One) person in a household and a maximum of 32 persons. The 1787 sampled respondents had a total population of 10,004 members in their households.

In terms of marital status, never married respondents were 7.8%, marrieds/living together were 68.2%, widows/ widowers were 10.6%, separated/divorced were 14.4%. With regard to education attainment, most respondents never attended formal school and they were 43.4%, while those reporting primary were 30.1%, those who reported to have dropped out of school without completing that level (primary or secondary) were 11.4%. Those who reported O-Level and A-Level as their highest education level were 10.3% and 1.8% respectively. Respondents who reported tertiary as their highest education level were only 1.9% while those with University level education were only 1.0%.

Regarding the longevity of respondents in their present location, 63% of the host community and 37% of refugees had spent more than Two years. Respondents who reported to have spent only 1 – 2 years were high among refugees at 81.7% as presented in the table below.

NATIONALITY	TIME SPENT IN THE CURRENT LOCATION		
	1-2 years	Less than 1 year	More than 2 years
Host community	18.3%	47.3%	63%
Refugee	81.7%	52.7%	37%
TOTAL	100%	100%	100%

Source: *Baseline data*

What is done for a living?: In terms of income earning, majority of the respondents were farmers constituting 42% of the total sample size, followed by those of depended on aid (26.4%), business person (13.2%), casual laborers (7.8%), civil servants (1.6%), and others who included boda-boda riders, fisher men, mechanics, technicians. Others were not working including the house wives, and the student who were still at school. By nationality majority depending on aid were refugees representing 96.8% of the refugee sample as seen in the table below.

NATIONALITY STATUS	WHAT IS DONE FOR A LIVING						TOTAL
	Business Person	Casual Laborer	Civil Servant	Depend on aid	Farmer	Others	
Host community	90.7%	55.0%	75.9%	3.2%	64.2%	71.3%	51.7%
Refugees	9.3%	45.0%	24.1%	96.8%	35.8%	28.8%	48.3%
TOTAL	13.2%	7.8%	1.6%	26.4%	42.0%	9.0%	100%

Source: *Baseline data*

The baseline survey enquired about respondents who were holding leadership position in the community and only 212 respondents representing 11.9% acknowledge of being leaders in their respective communities, of which majority were local council leaders (4.1%), women leaders (1.3%), and block leaders (1%). Other leadership positions were Sub-county leaders, refugee welfare committee member, and others.

3.2 Gender Markers

Two projects assessed in Kyangwali Refugee settlement against the CARE Gender Marker, the findings indicated the projects were **Gender Responsive**; The projects analyzed demonstrated how women have been incorporated into project activities with some key decision making spaces being dominated by women, for example UWESO structures are being run by women since 1986. ACF projects assessed indicated women held more positions than men, the beneficiary list and the youth groups showed more women targeted;

The activities from this projects prioritizes women, UWESO cash distribution prioritizes pregnant and lactating mothers, leadership positions especially treasury in groups are slotted for women and ACF ensures that women participates in most activities like where men dig and build the latrine, women smear the wall:

The M&E systems of the two projects developed and maintain a sex disaggregated data tools and databases; the tools ensures data from beneficiaries data are disaggregated by sex which further

break it down by age group though attention is also paid when it comes to targeting the different age groups – children are left out of the targeting

3.3 Assessment of Projects against Core Humanitarian Standards

(TBC – data mixed up during scanning)

3.4 Do No Harm Assessment of Projects

The project capacity building in the project under Result area 2 is cognizance of the SPHERE Standards, principles and values on gender responsiveness, inclusion of persons with disabilities and special needs, the elderly, conflict sensitivity- “DO No Harm Principles.” The DNH assessments of the projects not conducted, limited support

3.5 Environment and Natural Resources

Sources of Energy for Cooking: About the environment and natural resources, the baseline survey inquired about the major sources of energy used for cooking, majority of the respondents (83.8%) were using firewood, followed by those using charcoal (28.4%), then kerosene (0.3), electrify, solar. Others included maize husks, grass, and those who were not cooking rather eating in restaurants. No respondent interviewed was using gasoline source of energy by the time of the survey. Still from the findings on environment and natural resources, 70.9% of the respondents acknowledged that they access their energy from natural/Community forests, followed by markets around the community (27.1%), then those getting from private/Personal forests 11.5%, Humanitarian agencies 0.6%, Main grid 0.1% and others.

Energy saving stoves/technologies: From the survey, only 33.3% of respondents acknowledged that there was some interventions in relation to usage, promotion and adoption of energy saving technologies in their respective communities compared to the 66.7% who disagreed with the narrative. For those who agreed with the narrative that was some interventions in relation to usage, promotion and adoption of energy saving technologies in their respective communities, majority mentioned None Government Organisations as the major providers of the interventions with 25% of respondents in affirmation, followed by District (19.4%), Local Environment committees (11.9%), Personal initiatives (11.1%), Community initiatives (10.9%) and others who were mentioned as church members.

Energy saving stoves/technologies: Regarding Energy saving stoves/technologies, only 28.9% acknowledged to have been able to adopt to their use, while majority of the respondents affirmed to the fact that they were not using those energy serving technologies. The major reasons for those who were not using the technologies during the survey was that the products are too expensive for them to afford, not accessible in their respective communities, then lack of information on the energy saving stoves/technologies.

Hazards and disasters faced in community: The survey enquired about the Hazards and disasters faced in the communities. From the findings, drought was the major reported disaster faced by respondents with 52.9% of them acknowledging to it, then followed by pest and disease outbreak reported by 43.8% of the respondents, then strong winds with 26.5% acknowledgment of respondents, epidemics (11.4%) floods (8.2%) wild fires (3.5%) as presented in the table below.

HAZARDS AND DISASTERS	FREQUENCY	PERCENTAGE
Drought	946	52.9%
Pests and disease outbreak	783	43.8%
Strong winds	473	26.5%
Epidemics	203	11.4%
Floods	146	8.2%
Wildfire	63	3.5%

Source: Baseline data

Partners involved in environmental management activities: from the findings, majority, of the respondents (72.6%) asserted that in their communities there are no partners involved in environmental management activities, while 27.4% acknowledged that in their communities exists partners who are involved in activities related to environmental management, of which they mentioned both international and national NGO, government agencies and community based organizations; These included LWF, National Environmental Management Authority, Wild Life Authority, Local Government, National Forestry Authority, Office of the Prime Minister, Red Cross, and others. From the key informant interview, the organisations involved in supporting environmental conservation and restoration in the community are;

“World vision, Chimpanzee Civil Society and Kitara Civil Society” Kikuube District Environmental officer. However, the environmental officer expressed fears that they do not have by-laws governing the use of natural resources in the community.

“Apparently there are no by-laws on governance in the use of natural resource in the community due to the fact there is no advocacy whereby it’s where the bylaws are created” Kikuube District Environmental officer

Tree type and species do preferred by respondents: From the findings, 53.6% of respondents prefer fruit trees, followed by firewood trees (45.1%), then timber trees (44.4%, and lastly was farm/fodder trees and hedges/ornamentals with 5.5% and 3.0% respectively as presented in the table below.

TREE SPECIES	FREQUENCY	PERCENTAGE
Fruit trees	958	53.6%
Firewood trees	806	45.1%
Timber trees	793	44.4%
Farm/fodder trees	98	5.5%
Hedges/ornamentals	54	3.0%

Source: Baseline data

From the FGD, The tree species are preferred and can grow in this community/ settlement are;

R1: Eucalyptus trees.....R2: Mango trees.....R3: jackfruit tress.....R6: avocado trees.....R9: coffee trees.....R10: coffee trees.....R7: Orange trees” Women FGD held in KABWOYA Sub-county, Kaseeta Parish, Kyenjonjo Village

Community dialogues: From the survey findings, it was also revealed that majority of the respondents (71.2%) participate in community dialogues, meetings, sensitizations held by LECs and LC1 secretary in charge of environment affairs to discuss Disasters, environment and energy issues in their respective communities, as compared to 28.8% of those who never participate in such community initiatives giving reasons such as; not being informed, such meetings don’t exist, limited time to attend; The baseline survey findings also revealed that there key local environment individuals

in this settlement/community who sensitize people on environmental conservation as 64% of the respondents affirmed to the narrative;

*“Yes here meetings are done quarterly in different sub counties under the parish chief with the help of the chairperson who call up people to be sensitized on how to practice good farming methods, reforestation”.***Environmental Official Kikuube District**

“Scenario planning involves putting up strategies to mitigate disasters however it’s still a draft plan and has not been incorporated into the master plan of the district. There have also been some trainings on the process of disaster preparedness and how to sensitise the community members” **District Education Officer.**

Changes noticed in environment/weather: The survey enquired about respondents who had ever-noticed any changes in the environment/weather in their communities for last 8 months. From the findings, 67.1% of the respondents affirmed that they have so far noticed changes in environment/weather in their communities for the last eight (8) months, while the 32.9% of the respondents denied to have noticed any changes in their environment/weather in the last 8 months in their respective communities. The changes witnessed by the respondents who affirmed to notice the environment/weather included temperature changes (66.6%), reducing number of trees (47.4%), strong winds (31.0%), Reducing swamps areas (26.7%), floods (4.5%), and others including reduced water levels, too much sunshine, loss of soil fertility. From the survey, the causes of these witnessed changes were; farming affirmed by 23.4% of respondents, followed by firewood (19.2%), charcoal burning (18.4%), reclaiming swaps (8.7%) and others (13.5%) which included human race Settlement, deforestation, natural changes of environmental and high population as presented in the table below.

Changes witnessed on weather changes	Frequency	Percentage	Causes of the changes	Frequency	Percentage
Temperature changes	988	66.6%	Farming	418	23.4%
Reducing number of trees	703	47.4%	Firewood	343	19.2%
Strong winds	396	31.0%	Charcoal burning	328	18.4%
Reducing swamps areas	396	26.7%	Reclaiming swamps	156	8.7%
Floods	66	4.5%	Other	241	13.5%
Others	174	11.7%			

Source:Baseline data

*Clearing of the vegetation for construction of houses so as to settle in the places, Bad methods of farming so that they can have food to feed the family because in the same areas one must have a garden of food, Deforestation so as to compete and also get firewood foe energy of cooking, Pollution, Over population***Environmental Official Kikuube District.**

When asked if they were able to anticipate any negative effects of natural resources degradation, climate change and conflicts in their communities as a result of the shocks, 27.5% affirmed to the narrative. The negative anticipated effects included; Massive destruction of green belt, Cracks in houses, Destruction of crop by the floods, Loss of soil fertility, famine, Creation of gullies and too much of soil erosion.

Coping up with the negative effects:

Respondents were asked whether they are able to cope up with the negative effects arising from these changes, the findings revealed that 32.8% of the total sample were able to cope up with the shocks arising from environment/weather changes. Many different ways were shared by the respondents how they coped up with the shocks which included; planted more trees (62.0%), growing short time crops (48.2%), protecting the wetlands (25.6%), stocking food to cater for the times of famine (23.2%), borrowing money (14.9%) and others representing (3.2%) which included water tank construction, use of fertilizers and planting more trees; Below is a matrix table showing respondents mechanisms of coping up with the shocks;

Mechanisms applied to cope up with shocks	Frequency	Percentage
Planted more trees	361	62.0%
Growing short time crops	281	48.2%
Protecting the wetlands	149	25.6%
Stocking food to cater for the times of famine	138	23.7%
Borrowing money	87	14.9%
Others	19	3.2%

Source: Baseline data

3.6 Gender Perspectives

Sexual harassment: According to the survey, the highest percentage of respondents 82.7% representing 1478 individuals reported that they have ever heard about sexual harassment, majority being women with 56.1% representing 829 and men being 43.9% equaling to 649. While the rest of the respondents (17.3%) representing 309 had never heard about sexual harassment, From the 58.2% of the respondents reported hearing about sexual harassment from awareness sessions, 31. 8% reported hearing from friends, 27. 1% and 16.8% reported hearing about sexual harassment from family member and focal person respectively. Most of the individuals heard about sexual harassment from awareness sessions.

".....Sexual harassment....yes they do happen in our community but mainly to children under 18 especially in schools teachers take advantage of pupils in their classes here parents bring reports that their girls re taken advantage of while at school.....Early pregnancies or more common that report to high numbers of schools drop out of the girls.....In the community level that happens that usually those are chairpersons with different or even elders but our main focus is on schools and how to manage such violence" Parish Chief Kabwoya.

".....Yes, there are cases of sexual harassment, exploitation and abuse such as rape, defilement, early marriages.....They are usually common in the society hence the creation of remand homes in kyangwali" Community Development Officer.

Sexual exploitation: When requiring about sexual exploitation in the survey, the majority 1379 accepted hearing about sexual exploitation indicating 77.2% while 408 with 22.8% said they have not heard about sexual exploitation. The greatest percentage 58.5% of the individuals stated that they heard about sexual exploitation from awareness sessions organized in their respective communities, followed by 30. 4% stating family, then 23.2% stating friend and 19.8% stating that they heard from

the focal person. The ratio of women to men who heard about sexual exploitation is 55.5% to 44.5%, this indicates mostly women here about sexual exploitation.

“.....Us as the sub-county we refer to police for further investigation and also when we hear of such issues we try to follow up because most violence is done and people keep silent due to fear and what the community will treat them.....At sub-county level gender based violence cases are unheard of because there is always a system from top to bottom so other pathways are used from clan to LCI in different places” Parish Chief Kabwoya.

Sexual abuse:

The survey findings shows a total of 1482 respondents represented by 82.9% who agreed to have heard about sexual abuse while 305 representing 17.1% said have not heard about sexual abuse. The majority heard about sexual abuse, women comprising the higher percent 5.3% and men being 43.7%. 46.1% of the respondents as well firm to have heard about sexual abuse from community awareness, 13.8% heard from family members, 8.5% from the focal persons and 17.1% heard about sexual abuse from friends. Therefore, most persons heard about sexual abuse from community awareness sessions, and few people hear from focal persons as shown in the table below;

Were respondents heard about sexual abuse	Frequency	Percentage
Community awareness sessions	824	46.1%
Friends	305	17.1%
Family Member	246	13.8%
Focal person	152	8.5%

Source: Baseline data

Cases or situations of sexual harassment, sexual exploitation and sexual abuse:

According to the survey, most respondents (1365) representing 76.4% reported that there are cases or situations of sexual harassment, exploitation and sexual abuse in the communities, and women being the largest group with 77.3% equivalent to 777 respondents, however 23.6% have no information about cases or situations of sexual harassment, exploitation and sexual abuse.

Remedies and protection channels available to curb the vice above: the participants pointed out several remedies and protection channels including the following; creating awareness and sensitization in the community, establishing laws and policies involving local leaders, police, CBF who report directly to Care international,. They also suggested that visiting homes and having dialogues will also help curb the vice. And setting seminars and encouraging women to take up leadership positions. Most participants pointed out awareness creation and sensitization being the remedy and protection channel to curb sexual harassment, exploitation and abuse.

“.....Sensitization by the police together with parish chiefs and LC I person to pass a message to all masses to reduce such tendencies and also people to know their rights and also to know the forms of violence.....Here people are encouraged to report all forms of violence in case they happen so as to act accordingly to the victims and perpetrators of such so as to reduce such cases” Parish Chief Kabwoya.

Gender-based violence:

From the findings, the percentage of respondents who heard of gender-based violence is 89.1% totaling to 1593 and the percentage of respondents who have never heard of gender-based violence

is 10.9% totaling to 194. On awareness of gender-based violence, the study found out 84. 4% of the respondents are aware of gender based violence while 15. 6% (279) are not aware of gender-based violence. Most of the individuals aware about gender-based violence are women with a total of 866 (57. 4%). The ratio of those aware of gender-based violence is high compared to those who said they are not aware.

“.....Yes it is done gender responsive and conflicts sensitivity here we have youth livelihood programmes and women empowerment programmes and of recent a programme of the disabled is being implemented so all those are put towards to understand support the different groups of concern in our community that are seen as the under privileged” Parish Chief Kabwoya.

Mechanism put in place to report any cases of gender-based violence: the respondents highlighted several mechanisms in place to report gender-based violence including; setting suggestion boxes for the community to report any case of violence, provision of free-toll lines for people to report the cases, use of different offices such as local leaders office, care international, police offices and others. Holding meetings and sensitization program where people are encouraged to report any cases of gender-based violence. The survey inquired about the organisations or individuals implementing GBV activities/ intervention, it's from this that the respondents listed many including; CARE International, LWF, police, parents, ARC, HIJRA, CBFs, UWEP. The majority of the respondents pointed out Care international as the organisation that implements GBV in the community.

“.....Save the Children, LWF, CARE, NRC, Police, CDFs in sub-county level. The VHTs and more are the organisations” Community Development Officer.

Women participation in key decision-making processes/spaces:

The survey found out that 71.8% of respondents agreed that women participate in key decision-making processes, while 28.2% disagreed with the narrative. The participants had different views on participation of women in key decision making processes. Some had positive views, that included; women engagement causes empowerment, women had equal rights just like men to participate, women are part of the society should as well participate, represent fellow women and their views on violence and women participation brings in equality in the society. The negative views of the respondents on participation of women in key decision making processes include; most women are lazy in attending meetings and cannot be involved in key decision making processes, most women are ever busy with house work therefore should not participate in key decision making processes, and cultural believes where women are to listen to their husbands and not participate in the key decision making processes

“The women are actively participating and in any meeting to take off or make a decision, a third of it should be comprised of women. The same procedure is used on committees where a third of them must be present for decisions to be made” District Education Officer.

“The women participation is there but not massive because believe that nothing much will be done or their attribution taken into through their representatives they try to air out their grievances and areas of lack like at schools during S.M.C, midwives in the maternity section home issues at church or to block cell leaders” Parish Chief Kabwoya.

How women have engaged and demanded leaders for quality service in sectors of health, environment, natural resources and disaster preparedness: The baseline survey inquired the different views of respondents about women demanding leader and engaging in quality service in different sectors, the following were their major views; women have participated in community

programs freely, acting dramas on international days with specific themes with lessons and messages, and formation of groups where development issues are addressed such as health act women talk views, savings groups, women have joined Village Health Teams. However, some respondents report that women have not been engaged and demanded leaders for quality service, but rather preferred to stay home to attend to their homes.

3.7 Education

Importance of studying for children: From the findings, 98.4% of respondents reported that it is very important for children to go to school, while 1.6% said that it is not very important for children to go to school. For the respondents who see less value /importance for children to go to school had the reasons such as; school fees not affordable, poverty, unemployment for the educated, un seen difference between the educated and uneducated and lastly some respondents highlighted that their children refused school.

All children in the household go to school: The study found out that 64.9% of the children living in the different households go to school and 35. 1% do not go to school. For the children who do not go to school their parents reported several reasons such as; lack of school fees, children not wanting to study, some children are disable and some children are still young they cannot go to school. Respondents also highlighted on what can be done for the school aged going children not in school to enroll at school such as; provision of scholastic materials such as uniform, text books, book , pens and others, sensitizing parents on the benefits of education, offering free education for children, and constructing near-by schools.

Children with disabilities and school: The survey found out that 43.4% (777) individuals are able to encourage their children with disabilities to attend school and 56.6% (1010) individuals do not encourage children with disability to attend school. The children with disability are mostly encouraged by the following persons; the parents, NGOs such as CPC, CBF, PWDs, the local leaders, and the teachers. Most respondents indicated that the parents are the main people who encourage their disabled children to go to school. The baseline findings show that 52% of the respondents know what their children learn at school representing a total of 930, and 48% do not know what their children learn at school representing 857 respondents.

For children supported with their homework, the survey findings indicate there is an equal ratio of respondents who help their children with homework and those who do not help their children with homework. The ratio is 49.9% with a frequency of 893. The respondents who do not help their children had different reasons such as; they are illiterate, the children do not come with books at home from school, and some parents their children are still young, they do not go to school while others have no children. From the qualitative information, here is what the officer had to say; *“Gender response involves programs that are sensitive to the gender element. It goes further to include people with disabilities in order to prioritise their needs. The prioritisation of resources in the education sector is very sensitive to the point that even while providing furniture they first consider girls and also look at heights of children so that the short pupils are not seen seated on taller desks compared to their heights”***District Education Officer**

Schools having functional management school committees:

The baseline findings revealed that 60.1% of the individuals reported that schools in the community have functional management school committees while 713 (39.9%) reported not to have functional management school committees. On average, the school committees meet twice a month (school committee's minimally meeting one a month and maximally meeting three times a month). The major issues discussed in the school management committees as revealed by the respondents include; how to provide proper lunch at school, school fees payment, encouraging children to stay at school, children's performance and other minor issues. On community leaders visiting and taking part in school activities, 6.69% of the respondents with a frequency of 1196 reported that community leaders visit and take part in school activities. And 33.1% reported that community leaders do not visit and take part in school activities.

"The community leaders visit the schools on invitation from the schools however offer less input because quite a number of issues reported to them disappear in thin air due to corruption" District Education Officer.

Major challenges faced in schools that children attend: the baseline survey captured the major challenges faced in schools that children attend. The respondents highlighted challenges such as; few teachers, inadequate facilities such as classrooms, textbooks, water points and furniture, high population of children in a class and reluctance of parents to pay fees. Recommendations also were suggested which included; government to train and employ more teachers, government intervention such as providing scholastic materials, construction of more classrooms, establishing more schools near the communities. On the qualitative aspect, here is what the education officer said.

"The things that would attract more people to the school include improving the school facilities so that there is adequate space for the learners. The presence of qualified and adequate teachers to handle the big numbers in the schools would encourage big numbers to study.....Sensitising teachers and parents on the creation of safe schools free from violence would motivate more pupils due to the safe environment. Co-curricular activities that usually attract big numbers should be fixed into the daily routine since this is healthy and beneficial to many of the children in school.....Improving the feeding strategies in order to sustainably provide meals for the children in the schools.....Putting up activities to enhance the incomes of the parents so that they have the capacity to take children to school". District Education Officer.

3.8 Health

Health of the household members in the past two weeks: 72.0% of the respondents affirmed that in the past two weeks at least someone in their household fell sick and 28.0% had no cases of anyone falling sick in the past two weeks in their household. Therefore, majority had cases of a person falling sick in the past two weeks in their household. The table below shows the total of the respondents respectively. The respondents who reported a person falling sick in their household also stated where they got treated from, 67.6% reported treating their people from government health centers, 22.3% treated from private health centers, 28.8% treated from the clinics and 1.2% treated from traditional practitioners. Most respondents treated their persons at the government health centers.

Household members having diarrhea: The survey revealed that 15.6% of the respondents affirmed that in the last one month someone in their household had diarrhea, compared to 84.4% who affirmed contrary. The respondents who had individuals with diarrhea in the last one month reported to have treated it with treatment such as; tablets like fragile, zinc and Panadol, local herbs such as cyrups, oral drink.

Main source of drinking water: From the survey, majority of the respondents pointed out that their main source of drinking water is borehole, and other sources of drinking water mentioned included taps, swamps, wells and springs, and river. The survey also found out that only 29.0% treat their water to make it safe for drinking and 71.0% do not treat their water, some buy packed water from the shops. The few respondents who treat their water safe for drinking uses methods to treat their water such as use of water guard, boiling water. Majority of the respondents boil water to make it safe for drinking.

Being ill with cough from the chest: The baseline survey enquired whether in the past two weeks at the time of the survey anyone in the respondent’s households had an illness with a cough that comes from the chest. The result from the survey revealed that 35.2% had the stated illness for the last two weeks during the time of the survey while 64.8% did not have such illness. For those who were ill with cough from the chest, only 33.7% had to seek advice or treatment for the cough/fast breathing. Regarding Contact with health workers, 32.8% respondents reported to have had contact with a doctor in the last one month, 32.5% had contact with nurse/midwife, and 0.4% had contact with traditional birth attendant in the past one-month and 43. 1% of the respondents never had contact with a doctor, nurse/midwife or a traditional birth attendants as seen in the table below.

Response	Being ill with cough from the chest	Got treatment for the cough/fast breathing	Contact with health workers in the last 1 month
Yes	35.2%	33.7%	32.8%
No	64.8	66.3%	67.2%
TOTAL	100%	100%	100%

Source:Baseline data

“Prevalence rate of malaria in most of the health centers is mostly high but they are trying to bring it down and the most common diseases we have are malaria, cough and diarrhea.....the main prevalence diseases include malaria, cough diarrhea for the pregnant women and children, malaria, pneumonia affect them” Facility in-charge Kaseeta HC III.

Forms of transport to the clinics: the survey findings indicates that the respondents use different forms of transport to the clinics, which include; footing, use of boda-boda, vehicle, and motorcycle. Majority of the respondent’s foot on their way to the clinics. The respondents who walk pay nothing as their transport fare, on average those who use vehicle pay Uganda shillings 5000 and on average those who use boda-boda pay Uganda shillings 3000. Regarding the distance between home and the nearest health center, the findings revealed that some individuals take five (5) minutes to reach the nearest health center. Five (5) munities is the shortest time for someone to reach the nearest health center and longest time is five (5) hours to reach the nearest health center.

Rating health facility services: Most respondents rated the services from the facilities they went to be good with the highest percent (50.3%), followed by others rating the services to best possible (27%), then other few rated worse (19.8%) and the rest were not sure (2.9%). This is presented in the table below.

Health services rating	Frequency	Percentage
Best possible	483	27.0
Good	898	50.3
Not Sure	52	2.9
Worst	354	19.8
Total	1787	100.0

Source: Baseline data

“The core humanitarian standards are meant to improve the quality of services that are delivered to the people. They have agencies that control the quality of services that are delivered to beneficiaries and some of these include the auditors. It’s a collective responsibility between the service providers and the people at the district. It has enhanced the quality of services provided however they face a challenge of service providers offering them poor quality services due to profit and corruption drives. The presence of government clerks that monitor the work in the field and the ministry of works that evaluate the civil works. They also train the managers of the institutions to supervise the projects on a daily basis” District Education Officer.

“Not all health facilities meet MCHN needs in the communities since they are not well equipped.....There are few staffs like doctors, nurses, midwives in the various health facilities making work hard for the staff hence more are to be recruited in order to solve the problem”. Facility in-charge Kaseeta HC III.

Attitude of health care providers: The respondents (71.3%) revealed that the health care providers are caring, while 16.7% revealed that the health care provider are rude, 7.0% revealed that they are worse and 5% stated that they are not sure as shown in the table below.

Health providers attitudes	Frequency	Percentage
Caring	1275	71.3
Not sure	89	5.0
Rude	298	16.7
Worst	125	7.0
Total	1787	100.0

Source: Baseline data

“.....the relationship between the patients and the doctors and nurses is always good but the only problem or issue is that no drugs always available at the facility.....R3: Though at night for emergencies those on duty are always big headed they do not want to be woken up. Personally I first gave birth that’s when the nurse came out to help.....R4: Too much congestion and there is limited infrastructure in the place yet the doctors and nurse are also few and cannot attend to all patients properly” Women FGD held in KABWOYA Sub-county, Kaseeta Parish, Kyenjonjo Village.

Pregnant household members: The survey findings revealed only 16.2% respondents from the total sample affirmed that they were/had had pregnant women in their home at the time of the survey.

The respondents who had pregnant persons in their homes acknowledged visiting health workers, 26.5% of them visited a doctor/ medical assistant, 45.8% visited a nurse, 39.6% visited midwives while no one visited a traditional bath attendant.

Washing hands after the toilet: The survey enquired whether the respondents in the last 24 hours at the time of the survey washed their hands after visiting the toilet/latrine, the findings indicated that 84.9% (1518) respondents had washed their hands after using the toilet compared to 15.1% (269) who did not. The respondents who washed their hands after visiting the toilet used water only, water and soap or water and ash. After cleaning their baby's bottom, those who washed their hands used water only, water and soap or water and ash during the last 24 hours at the time of the survey. This as well applied to those who washed their hands before preparing food. Most respondents reported not having washing points in their home with a total of 1260 (70.5%) while few (527) 29.5% of respondents revealed to have washing points. *"There have been some sensitizations in terms of training kids on how to prevent cholera outbreak. However, there is a big challenge of water shortage in schools and this has failed the many hand washing points that are offered by UNICEF and LINK NGOs. The high influx of refugees affects the level of enrolment and makes it hard to plan"* **District Education Officer.**

On the same note, the baseline survey had to observe the presence of water at the specific place for hand washing. Verification was met by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water. From the observation, water availability was observed at 40.3% places of hand washing while 59.5% places of hand washing water was not observed during the survey. From the findings, majority of hand washing places (74.5%) hand washing soap or detergent was missing. Only 25.5% of the places of hand washing soap or detergent was present at the time of the survey.

"The number of hand washing facilities is not clear though they were distributed by UNICEF but still they face a challenge of them not functioning during the dry seasons. The water sources are very unreliable and this has affected the learning of most children in schools" **District Education Officer.**

"There are usually wash facilities in most health facilities but are not enough. They need to increase more to the health centers such as wash basin, water tanks and stands to boost the hygiene in the facilities constant water supply should also be provided" **Facility in-charge Kaseeta HC III.**