FINAL REPORT

Modality 1 (live saving) & Modality 2 (live saving and stabilisation)

The total report may not exceed 8 pages (excluding this)

Aim of this report is to provide the organisation(s) that partnered in implementing an intervention with the opportunity to document, reflect on and learn from achievements made and challenges experienced in seeking to assist crisis-affected communities. The final report is also an element in the Danish organisation's "track record" and can be taken into account in future assessments of applications to the DERF or other CISU administered Funds from the Danish organisation with the same or other partners.

Danish applicant organisation	Dansk Folkehjælp (DPA)		
Contact person name and email	Lars Bru Jørgensen, LBJ@folkehjaelp.dk		
Implementing Organisation	Community Integrated Development Initiatives (CIDI)		
DERF Journal number	18-367-M2	Modality	*(1 or 2) 1*

Title of Intervention	WASH improvement Project in Kyangwali Refugee Settlement		
Name of Call	Congolese Refugee Crisis, Uganda		
Country of Intervention	Uganda		
Location(s) of Intervention	Kyangwali (Hoima District)	What sectors did the intervention most relate to (please tick ALL that apply)	×*WASH* ☐ *Health* ☐ *Shelter* ☐ *Nutrition* ☐ *Camp Management* ☐ *Education* ☐ *Protection* ☐ *Emergency FSL* ☐ *Other (specify)*
Period of Intervention	10.04.2018-10.10.2018		
Total Budget of Intervention	DKK 1.499.240		
Method of Implementation (tick one)	×*Through local partner organisation* ☐ *Through own organisation* ☐ *Through other DK or international organisation*		

Nykøbing, 20-12-2018

Place and Date

Person responsible (Signature)

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Secretary General, Klaus Nørlem

Person responsible (Name in Block letters)

1. Objectives and results achieved

1.1 Describe the results achieved compared to planned objectives and outputs. How have you succeeded to contribute to live saving and protection, and (for modality 2) stabilization of the crisis affected communities / population.

The WASH Improvement project in Kyangwali Refugee Settlement aimed at reducing the prevalence of Cholera by improving Water, Sanitation and Hygiene Conditions in the Kyangwali Refugee Settlement in Hoima District by August 2018. The project contributed significantly to the reduction of the prevalence of Cholera in the settlement particularly in Kavule Village of the settlement with no new cases reported by the end of the project period.

Specifically, the project aimed at improving timely access to safe water supply, promote sanitation and hygiene behaviours and reduce hygiene related diseases. The provision of household latrines and bath shelters to 450 households and sensitisation of the communities on good hygiene practices contributed to good sanitation practices which reduced the occurrence of diarrheal diseases which had been exacerbated by open defecation due to lack of toilets. The provision of water to 13,882 individuals met their safe water needs further reducing the occurrence of water related diseases during the period time. The communities understanding of water safety aspects along the continuum from the water sources, collection and storage were key in improving hygiene practices. This was augmented by the provision of 4 water harvesting tanks that improved storage in the community.

There has been improved community led total approach to sanitation with communities complimenting the provided toilet materials with locally available materials to construct latrines on their own which was not the case before the start of the project. There has been pressure within the community members for improved sanitation practices.

The provision of Hygiene Kits that included Pangas. Spades, Hoes, Knives, Basins Jerricans, Soap to 1500 households availing them the critical tools for use complimented the hygiene promotion messages. 3000 school going girls were able to access Menstrual Hygiene management kits and were trained in menstrual hygiene management and there was reported improved attendance as echoed by one of the Head Teachers in Kavule," *The Provision of the Sanitary pads is timely because we are nearing our Mid-Term exams and we always struggle to keep all the girls coming due their monthly periods. However, this time round our girls have been able to stay since they have what to use*."

The project also focused specifically on reducing vulnerabilities and strengthening coping mechanisms and peaceful co-existence among refugee and host populations. The project worked with the leadership of both host communities and the Refugee welfare councils from project design, beneficiary identification and throughout the social mobilisation actions during the project period which enabled mapping out and utilisation of the local capacities There was specific focus on sensitisations and trainings on Sexual Gender based Violence, Peaceful Co-existence that catered for both the refugees and host communities.

The trainings on rights, entitlements and responsibilities contributed to the empowerment of the communities and natural rise up of peace champions within both communities reducing tensions

among both communities. The varied tribal differences and the tensions there in made the peaceful co –existence trainings very relevant.

The host communities were also provided with 2 latrines at the community hall and near the reception centre. The provision of timely information and availability of complaints and feedback mechanism improved the coping mechanisms of the communities. This was further strengthened by coordination and working with partners to address the protection issues affecting the communities resulting in up to 70% of the population indicating that the project has strengthened their capacities and given them bigger capabilities to cope positively.

Overall there has been a significant improvement in access to water by up to 71% by the targeted community in Kavule having access to improved access accessing drinking water in accordance with the sphere standards. There has been a general improvement in knowledge and practices with many households practising hand washing at the critical times, safe excreta disposal, back yard cleaning, safe water storage and general good hygiene and sanitation practices.

1.2 Describe the target groups reached in the table below

The project targeted extremely vulnerable individuals including female headed, child headed and elderly headed households, foster families and Persons Living with HIV/AIDs and Persons with Disabilities. Despite the fact that all refugees are vulnerable first priority was with the Extremely Vulnerable.

How many people directly benefitted from this intervention? (actual (a) compared to planned (p))							
Type of Activity	Female (by age)						Total
	Under 18 (p)	Under 18 (a)	Over 50 (p)	Over 50 (a)	Between 18-50 (p)	Between 18-50 (a)	
Provision of General Hygiene and Menstrual Hygiene Kits	3000	3544	483	554	2780	3634	7732
Psychosocial Support			0	28	25	6	34
SGBV		3544	483	554	2780	3634	7732
Water Supply Provision	3000	3544	483	554	2780	4888	8986
Improved Sanitation Practices	3000	3544	483	554	2780	4888	8986
Total:	3000	3544					
Total adjusted for double counting:		3000	483	554	2780		8966
Type of Activity	Male (by age)						Total
	Under 18 (p)	Under 18 (a)	Over 50 (p)	Over 50 (a)	Between 18-50 (p)	Between 18-50 (a)	
Provision of General Hygiene and Menstrual Hygiene Kits	0	660	437	245	2300	1363	2268
Psychosocial Support			0	12	15	11	23
SGBV		660	437	245	2300	1363	2268

Water Supply Provision		660	437	245	2300	3991	4896
Improved Sanitation Practices		660	437	245	2300	3991	4896
Total:		660	437	257	2315		
Total adjusted for double counting:		660	437	245	2300	3991	4896

1.3 a Describe shortly your calculations above, and reflect on reasons for changes in actual compared to planned targets:

There were variations between the planned and actual numbers because after the Vulnerability assessment in the specific targeted area the numbers varied. Further still due to the coordination with other organisations the numbers reached changed due to additional Non Food Items that were distributed. For instance instead of constructing 200 latrines ,450 latrines were constructed after receiving additional logs for 200 latrines from UNHCR and the quick adoption of the CLTS approach of using local materials. International Organisation of Migration(IOM) supported the project with 50 5lt jerricans which supported the project to reach 1500 household beyond the targeted 1000. The community leaders also agreed on a mode of distribution that helped more household get items like jerricans. There was also a leverage on lower pricing for instance for water tracking which enabled the provisional of additional water up to 1,040,000. The approach of open air campaigns, door to door sensitisations and inclusion of aspects of Peaceful Co-existence and SGBV in other sensitisations including the one for MHM for the schools helped reach more numbers in that aspect.

1.2.b How have you managed to reach the particular vulnerable groups / people you identified in your application of the intervention? If you have conducted a vulnerability assessment as part of the intervention, please do also describe the results of this assessment and how you applied the knowledge in your humanitarian action.

A Vulnerability assessment was conducted to identify the targeted extremely vulnerable individuals and the results informed the beneficiary selection. The results of the assessments indicated that majority of the Refugees in this village were Extremely vulnerable with many of them Elderly and female headed. Despite the fact that foster households had not been identified as a possible vulnerability category, it was realised at the assessment that a certain number of households had taken on the fostering of children that had travelled alone and could not stay alone so despite the average household being estimated at 6 individuals there were households that had an average of 10 individuals. The Vulnerability assessment was critical in the designing of the referral pathways for individuals in need psychosocial support and other health and protection needs as well as varied Persons with Special Needs. The assessment also helped in targeting the particular blocks that had been hit by the cholera outbreak and the hygiene messages and intensity of door to door was increased in these particular blocks.

1.3a Describe shortly how your interventions were appropriate and relevant (CHS1) for the identified target group, including the particular vulnerable groups, as well as the effectiveness and timeliness of your response (CHS2). If you have received any feedback on this from your beneficiaries, please share.

The project was appropriate and relevant in that the communities targeted had episodes of Cholera outbreak and lacked basic water and sanitation facilities. The influx had put a lot of pressure on existing humanitarian actors and so the intervention was timely to combat the cholera out-break that

was getting to epidemic levels. The project met the WASH needs of the community as they lacked toilet facilities and there was rampant open defecation as people rejected even the few community latrines that were put in place because of their poor hygiene conditions. This was echoed by one of the beneficiaries as follows: "*We received materials in time because other humanitarian agencies were planning to construct communal toilets but CIDI gave us a chance to construct household toilets. Before we were defecating in the bushes around us."*

The local capacities in terms of the local community leadership including the refugee welfare councils, community health volunteers were used in the project which made it possible to communicate Hygiene promotional messages very effectively but also influence some of the project actions. The end line project evaluation indicates that 77% of the households reported that the project was appropriate, relevant and timely. 64.6% of the targeted household reported to have received the latrine construction materials in time. On the other hand, the Office of the Prime Minister had this to say," *The response was timely as this is the period when there was a Cholera outbreak in the settlement and CIDI activities helped in combating the outbreak by promoting sanitation and Hygiene."* The timeliness was best captured by the Health promoters, *"The members of the community were inspired by the speed that CIDI used to respond to their needs and the quality of materials, and others wanted to migrate from other areas to Kavule."*

Timeframe of the Intervention:
How soon after your submission of a funds disbursement request was funding made available to your organisation (in days)? ??DPA?
How soon after receipt of funds were you able to start implementation (in days)? 5
How soon after receipt of funds were beneficiaries in receipt of assistance (in days)? 15
What internal or external factors negatively affected the speed of implementation? Our Partner CIDI was affected by some of the standardisation processes for instance the delay in the provision of the Hygiene kits was due to the fact the UNHCR was trying create two sets one that would focus on Excavation which would be shared by atleast 20 households and the othey for household items. The partner also had to be requested to conduct activities in Kavule yet they had been allocated Mombasa so they had to start all over again. Additional comments:

1.4 Describe how your intervention has contributed to strengthen local capacities and to make communities and people more prepared, resilient and less at-risk as a result of your humanitarian action (CHS 3). Include in your description also how you have involved the communities in a participatory way, and ensured communication, participation and feedback (CHS 4).

The project contributed to strengthened local capacities by using knowledge and information from the communities affected from the design and implementation. The project utilised the refugee welfare councils during the initial rapid needs assessment and they participated in the project kick off meetings to influence the implementation strategies.

The refugee welfare councils and Hygiene Promoters were involved in the social mobilisation and sensitisation as well as distribution of the WASH items to the communities The Community health workers who are from the specific communities formed part of the Hygiene promoters and they worked in the specific communities where they could easily communicate with the beneficiaries in their local dialect.

The end line evaluation indicates that 92.2% of the people reported that the project made good use of the local skills. The support and information that were given did not affect the communities negatively and were found by at least 84% of the population to be useful in coping more effectively in case of an emergency and were better equipped and prepared. There was mechanism to provide feedback from DPA to CIDI and beneficiaries and vice versa and this helped in the strengthening of communication channels.

The trainings on rights, entitlements and responsibilities have empowered the communities but have also reminded them to work within the confines of the laws of Uganda. The sensitisations on SGBV and Peaceful Co-existence have provided resilience in the communities. The sensitisations strengthened the capacities of the communities and the fact that the Hygiene Promoters are part of the communities provides a resident resource. The WASH items provided like the Tanks and other items of Hygiene Kits can be reused and the fact that they have been linked to other service provider like health actors makes the beneficiaries less vulnerable. There was a well established complaints and feedback mechanism which was made aware to the communities and this guided the implementation of the project.

2. Coordination and risk management

2.1 Describe the coordination bodies that existed and how you participated or collaborated with these contributing to ensure crisis affected communities received coordinated and complementary assistance? Include a short description of the different stakeholders taking part in the humanitarian action. How did your intervention complement that of local and/or national authorities and other humanitarian organisations (CHS 6)?

DPA and other DERF Partners had a loose coordination mechanism in place that helped us link the local partners in a similar arrangement. Its out of such an arrangement that CARE and CIDI were able work together on SGBV sensitisation and one of CARE's SGBV survivor was supported with the WASH and Hygiene items. CIDI was also able to use some of IAS's excavation kits

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There is a coordination mechanism under the UN-Cluster system and CIDI participated in the monthly National and weekly Settlement sector coordination meetings chaired by UNHCR and the Office of the Prime Minister. These meetings provided an opportunity for all humanitarian actors to share plans, progress, challenges and lessons learnt for up take by others. The information and knowledge sharing among the partners has provided opportunities for partners to mitigate and manage risks better. Information of the security status and any incident is shared in these meetings.

There were joint needs assessments conducted periodically involving all partners that informed changes in the implementation strategies. This has enabled the beneficiaries receive complimentary support and reduce the gaps in service provision. CIDI was able to collaborate with AVSI and CARE on SGBV sensitisations and support of the SGBV survivors with WASH items. CIDI collaborated with Lutheran World Federation (LWF) on sensitisations on peaceful co-existence. IOM provided hand washing facilities and CIDI provided 50 tarplines for Persons with Special Needs in the IOM area of Maratatu. CIDI partnered with the American Refugee Council to train Village Health Teams and Hygiene promoters on composite WASH practices and behaviour change. At the national level just like other actors CIDI contributed to the Comprehensive Refugee Framework under the Office of the Prime Minister. This has created sustainable interventions by the humanitarian actors where consolidation of efforts is possible. This was echoed by one of the partners; *"There have been cases*

where water got finished in the settlement compound and when it was reported to CIDI they responded quickly. Water with in the settlement is the responsibility of all the WASH partners."

The coordination mechanism has provided leadership that manages the intra- sectoral aspects avoiding information overload but never the less providing the much needed information to guide other sectors. This provide an opportunity to meet the needs of the beneficiaries in amore holistic approach while avoiding duplication of efforts.

CIDI was able to compliment government efforts of providing resources for the host community by providing WASH facilities in line with the Comprehensive framework that aims at promoting peaceful co-existence.

2.1 Please describe the usefulness of your security and risk management strategies. If you conducted a specific security and risk assessment as part of the intervention, please describe how the results of this assessment were used to guide your activities (CHR 3).

A specific security risk assessment was conducted by and this informed the specific activity risk assessments that were conducted. The risk assessment helped the local partner to plan to mitigate risks such as possible riots during the Non Food Item distributions. A specific incident reporting procedure was developed for Special Needs during the implementation to avoid possible negative effects of the humanitarian actions. The assessments also informed the Management of the water tanks at particular times that were well communicated to avoid possible violence.

3. Monitoring and learning

3.1. What is the most important learning from your humanitarian intervention which stands out for you (mention a maximum of 3 in form of pullets) (CHS 7)?

1. The need to be flexible and address the needs of the communities, much as UNHCR was encouraging community latrines to manage the big number of refugees, the communities rejected them and chose open defecation and therefore the Household latrines by CIDI were timely.
2. For an emergency as this particular one that is a mixture of influx and protracted, then time needs to be given good consideration.
3. Aspects of CLTS can be integrated to some level in WASH in emergencies.

3.2 How has this learning been gathered, systematised and shared (CHS 7)? How will the learning be used in the future by the Danish organisation and the different partners?

The learning has been shared with the other partners but also but have also provided institutional learning for our local partner CIDI. The learning is going to be integrated in the future intervention design and implementation.

Currently, the partners are discussing how to include DERF learning in the coming CISU funded programme, with specific attention to the issue of humanitarian-development nexus programming.

3.3 Which feedback and complaint mechanisms did you put in place? (CHS 5) Did you receive any complaints and how did you address them?

Our partner CIDI was able to put in place a complaints handling policy and procedures in place. They also developed a specific operating procedure in respect to the project. Though CIDI encourages beneficiaries to resolve issues that affect them by normal community structures and feedback systems, specific mechanisms are put in place to address possible complaints that could come through. Through the coordination with CARE and other DERF partners communities were encouraged to use the CARE complaints boxes. Never less CIDI also had her own complaints boxes that were located in the communities where communities could write and drop after which they would be recorded in the complaints log book. Communities could also address issues say about the hygiene promoters to CIDI staff in the settlement, or even the Settlement commandant.

Most of the complaints focused on other sectors and they included the insecurity at night and the tribal tensions among the communities. There have also been complaints about the attitude of the health workers in the government health facility and the inability by the health workers to address the issues of malnutrition. There have also been complaints about the health hazard caused by the community toilets that have been put in place by other partners and all these were referred to the respective partners and authorities responsible. There were also complaints from communities that had not been covered by the project but had need for additional latrines which were beyond the control of CIDI but were referred to UNHCR.

4. Resource management

4.1 How did your financial management systems work to control expenditure against budget? (if relevant, please include a description of any kind of corruption, fraud, or misuse of funds which you encountered and how you have addressed the issue) (CHS 9).

There were sound Financial Management systems with our local partner CIDI providing monthly reports and accountabilities of the funds used. There was monthly reporting on the technical progress and the finances utilisation. CIDI implemented in line with the agreed budgets and plans. CIDI shared the budgets and plans with the OPM and UNHCR and the beneficiaries were aware of what to expect from them. There were no misuses of funds or any acts of corruption that we found.

4.2 How did you evaluate your performance in efficient, effective and ethical management and use of your resources to achieve their intended purpose (CHS 9)?

There was effective and efficient use of resources which also contributed to reaching more beneficiaries than initially planned. This was confirmed by the external evaluation, attached to this final report.

4.3 Human resource and volunteers: Please describe shortly, how you supported staff and volunteers in order to do their job effectively (max 3 bullets) (CHS 8).

1. There were monthly and other un structured e- technical support via skype, email, and telephone to the local partner staff.
2. CIDI was available with information when required and useful resources were made available to them.
3. Monitoring was also conducted to provide more personal support and cross learning

5. Synergies

5.1. Please describe how the humanitarian action created synergies, maybe with activities supported by CISUs Civil Society Fund or with other interventions of your organisation. Has there been any opportunity to share your humanitarian experience for a Danish audience through the media or other communication channels?

The capacity built in the Citizen's Action on WASH project enabled CIDI do a thorough mapping of existing local capacities in the project. The key learning in beneficiary targeting in the DERF – Karamoja project provided learning where as aspects of CLTS was able to be utilised in an emergency project