

Improved Prospects for Sustained Mental and Physical Help among Refugees and Host Community Project in Adjumani

Baseline Survey Report
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We would like to express our gratitude to LWF Uganda for entrusting and giving us the opportunity to conduct this baseline study. We thank the Office of the Prime Minister, government of Uganda, for the permission to conduct the field data collection in the refugee settlements of Adjumani District.

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Bronkar (Baseline Survey Consultant)

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ACRONYMS AND ABBREVIATIONS

BftW	Brot für die Welt
CL	Confidence Level
DEO	District Environment Officer
FFS	Farm Field Schools
GAM	Global Acute Malnutrition
FGDs	Focus Group Discussions
HH	Household
HRO	Human Resource Officer
IEC	Information, Education & Communication
KIIs	Key Informants Interviews
LWF	The Lutheran World Federation
M&E	Monitoring and Evaluation
Ms	Microsoft
MTI	Medical Teams International
NGO	Non-Governmental Organisation
OPM	Office of the Prime Minister
PCO	Psychiatric Clinical Officer
PEP	Post Exposure Prophylaxis
PFA	Primary Focus Areas
PPS	Probability Proportionate to Size
PSN	Person with Special Needs
PSS	Psychosocial Short Stature
PWD	Persons With Disabilities
SGBV	Sexual and Gender Based Violence
SPSS	Statistical Package for Social Sciences
SSD	South Sudan
UBOS	Uganda Bureau of Statistics
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VSLA	Village Saving and Loan Association
WFP	World Food Programme
WHO	World Health Organisation

EXECUTIVE SUMMARY

Violence in South Sudan escalated since the dismissal of the cabinet, along with the former Vice President Riek Machar in July 2013. The conflict displaced more than 1.6 million people, endangering lives and putting them on the verge of famine.

The overall goal of this project is, "Improved livelihoods for South Sudanese refugees and host communities in Adjumani (Eradicate extreme poverty and hunger among 53,600 individuals (32,160 South Sudanese Refugees and 21,440 Host Communities) in Adjumani District by 2018." And specifically, the project is working toward the following specific objectives: **Objective 1:** (Food and Nutrition security) Improved food and nutrition security among 3,600 South Sudanese and host community households in Adjumani by 2018. **Objective 2:** (Environment protection) Increased environmental protection among 3,600 target refugees and host community households. **Objective 3:** (Psychosocial needs) psychosocial needs of refugees and host community are adequately met.

A baseline study was commissioned to generate data needed to provide baseline indicator information against which to measure the degree and quality of change that would accrue from the project in the period of implementation. The baseline survey was approached in four (4) phases, i.e. (i) Planning and inception, (ii) Data collection, (iii) Data analysis and Synthesis of information, and (iv) Report Writing. Both qualitative and quantitative methods were employed and a sample of 603 households (362 refugee community and 241 host community) was surveyed. Tools used included structured questionnaires, key informant interviews, Focus Group discussions and anthropometric assessment. The key baseline findings under each of the main project areas are highlighted below:

Food and Nutrition Security

The target population face major challenges when it comes to food and nutrition as noted from the results with one quarter (25%) of the respondents reported as having one meal in a day and 27% go for two or more days in a week without food. 17% of the respondents do not vary their meals at all with the most common reason for not varying the meals being the fact that the respondents didn't have the resources to do so, as well as unavailability of the other foods.

The food was noted as being expensive with the average amount spent on buying food in a normal day at Ugx 8,019 hence majority of the target population (81%) don't find the food as being affordable. This has been part of the cause of stunting in children under 2 years (29%) and malnutrition (36%). With cases of children below 5 years with severe malnutrition (1.9%)

Income to support the high cost of food also faces challenges with 71% earning less than Ushs 50,000 per month and the situation only seems to get worse as (55%) reported a decrease in their household income in the past 12 months in comparison with the previous year.

Sources of income reported for respondent households clearly indicated that crop production/sales (18%) and NGO support (18%) were the major sources of income over the entire sample. Most of the income is utilized on purchase of food with 63% and 37% for the host and refugee communities respectively, the other major items of expenditure were medical bills and school fees.

Maize (64%) and groundnuts (25%) are the most commonly grown crops in the area, with 35% of the households owned land used for agriculture while 41% indicated that the land was allocated to them by the OPM. The major constraints or problems limiting their crop production were lack of land (44%) as well as the lack of money for inputs (33%) and equipment (26%)

Environmental Protection

It was noted that majority of the households (58%) are not engaged in tree planting, with only 11% of those engaged in tree planting having planted more than 15 seedlings in the past twelve months. Survey responses indicated that majority of the households (74%) do not use climate change adaptation practices with the main climate change adaptation practices used by the target

population being tree planting/afforestation at 15% and use of energy saving stoves at 10%. Only 32% of the women in the target population were using energy savings stoves.

Among the reasons given for not using energy saving stoves, the most prominent was the fact that the respondents could not afford them (79%) followed by lack of availability at 15%. A small percentage (4%) of the population didn't know the energy saving stoves while an even smaller percentage (1%) didn't like them.

Psychosocial Needs

A considerable proportion of the target population (75%) revealed that either they or members of their family have experienced stress or sadness. A higher percentage (80%) from refugee settlements and 68% from the host community. 69% of the respondents reported as having access to psychosocial services among the target population, with the refugee community at 75% and the host community at 59% for those with psychosocial needs that have access to psychosocial services

Qualitative data indicates that the rate of SGBV is very high especially among the Dinka and is directly mostly towards women and girls. Beating wives and sexual harassment of minors as well as within marriage are part of their normal daily life.

Most SGBV incidents' victims are married women that are 18 – 40 years old. The most unreported or underreported SGBV incidents are in children below 18 years old because of; Cultural practices where bride price (Kasorobe) is valued more than health, education or statutory legal rights of the young girls; Lack of information on the significance of the SGBV crime; and SGBV is accelerated by poverty.

It is encouraging that 87% of the SGBV female survivors among the refugee community are able to access psychosocial support. A less percentage (59%) of female SGBV survivors are able to access psychosocial support among the host community. The results further revealed that 75% and 41% of the refugee community and host community respectively utilise the referral pathway.

Some survivors of SGBV look for help when they experience violence by reporting to police, seeking for elders to resolve the issues, counselling, referrals for health, legal, arbitration and other basic needs like education and economic support. Some of the challenges involved in responding to SGBV include: The police are far and overwhelmed with a back log of cases; Poor ability of parents or care givers to report cases in time and to the right authority among others.

Key recommendations under the project areas include;

Food and Nutrition Security

- Increasing of household incomes through promotion of income generating activities.
- Improving crop production and agriculture in general through capacity building
- Sensitisation of the target population on nutrition, its benefits, dangers and how it can be accomplished through affordable ways.
- Mobile clinics, targeted supplementary and therapeutic feeding interventions to reduce prevalence of chronic and acute malnutrition.

Environmental Protection

- Sensitize the communities about environmental protection and conservation
- Intensify agro forestry practices especially home tree nurseries and tree planting in collaboration with other stakeholders and lobbying for more land to plant trees
- Sensitize the community about climate change adaptation practices such as use of improved energy saving cook stoves, clearly stating the benefits and creating avenues of access.

Psychosocial Needs

- A sustainable behavior change program across the district is needed.
- The culture of colluding to conceal information after crimes especially sexual harassment and domestic violence must be stopped in both the host community and among the refugees.
- More community policing and regular dialogue between authorities and the people. Plenty of facilitation for education support is required.

1 INTRODUCTION

1.1 Context

While living in their home country, refugees often experience traumatic events and adverse situations such as sexual violence, genocide, torture, political persecution, the loss of loved ones, and forced child soldiering, which frequently prompt them to escape from their country of origin. A study done in 2003 on Somali refugees in a Ugandan refugee settlement found that 73.5% of those surveyed reported witnessing dead or mutilated bodies, while 69.3% reported witnessing or experiencing a shelling or bomb attack. Unfortunately, these difficult circumstances do not let up once the refugees escape from their home country. Refugees often have to travel arduous lengths without food or water to get to the refugee settlements. Moreover, once the refugees arrive at the camps, they are also confronted with adverse situations and ongoing stressors, which substantially impact their mental health. However, it is not only traumatic events or experiences that affect the mental health of refugees. Recent work has shown that the daily hassles of living in refugee camps, such as waiting in line at the water tap, also negatively impact mental health¹.

Additionally, chronic malnutrition makes refugees fragile and more susceptible to a variety of diseases and illnesses. Most refugee camps do not have sufficient food to provide to their populations, and refugees are frequently dependent entirely on humanitarian aid. The United Nations High Commissioner for Refugees (UNHCR) recommends that each refugee receive more than 2,100 calories per day, but often refugee settlements fall short of this standard. Even if a refugee receives the recommended amount of calories per day, caloric intake is further reduced as refugees tend to sell food rations for other non-food goods. Moreover, it is not only the quantity of food that is insufficient.

Sometimes refugees bring positive changes to host communities, such as economic growth or the funding of various development projects by international aid organizations that have come to the area in response to the refugee emergency. However, the influx and presence of refugees has also been shown at times to have negative impacts on individuals within a hosting community, or even on the community as a whole. One of the negative impacts caused by presence of refugees is environmental degradation both within and around the refugee settlements². Environmental degradation in refugee-hosting areas is inevitable and contributes to changing rainfall patterns, drought, reduced agricultural outputs and increased vulnerability to natural disasters. Cutting trees for firewood and charcoal, the main fuel sources of the host community and refugees, is a lead cause of deforestation.

It is important to address the mental health of refugees because mental illness severely impacts the functioning of a person in many different ways and can also contribute to poor physical health. Physical help extended to refugees in order to improve their nutrition, health, education and sanitation contributes greatly to the prevention of communicable diseases and epidemics while ensuring good health and dignity. Therefore, the Improved Prospects for Sustained Mental and Physical Help among Refugees and Host Community Project in Adjumani will go a long way towards improving the livelihoods of the south Sudanese Refugees and communities in Adjumani District.

1.2 Project Background

Violence in South Sudan escalated since the dismissal of the cabinet, along with the former Vice President Riek Machar in July 2013. The conflict displaced more than 1.6 million people, endangering lives and putting them on the verge of famine. There is hope that following President Salva Kiir's

¹ <http://www.uniteforsight.org/refugee-health/>

² The impact of environmental degradation on refugee-host relations: a case study from Tanzania – by Leah Berry; Research Paper No. 151

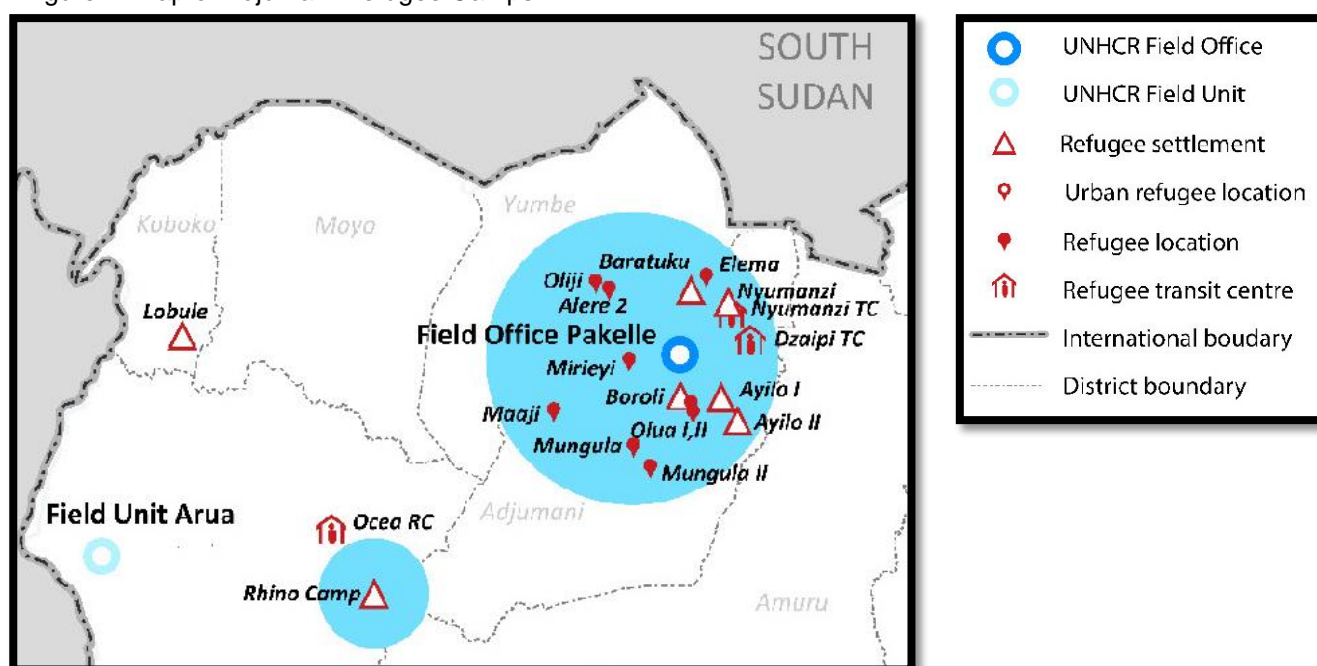
signing of the peace deal with the rebels in August 2015, the violence and conflict with ethnically divisive undertones will soon come to an end.

The mandate for ensuring that refugees' rights are met rests of the Government of Uganda and is enacted through the Office of the Prime Minister (OPM). The international community supports the OPM in this effort. LWF-Uganda is UNHCR's main implementing partner responsible for livelihoods support in Adjumani settlements.

This project addresses the pressing problems of livelihoods, environment and psychosocial support among the host and refugee communities of Adjumani, and will support South Sudanese in Northern Uganda to meet their nutritional needs, engage in environmental protection and access psychosocial support as they seek refuge from a long history of violence³. Although overall food security in Adjumani District has been good, the increasing refugee population has put pressure on the situation and food prices have increased drastically. The refugee population struggles to secure their livelihoods. This is reflected not only in high malnutrition rates, but also in high infant mortality and morbidity, increased conflict and a dependency on international aid.

Adjumani has the biggest refugee settlements' operation in Uganda and it's the 2nd largest in the great lakes region following Dadaab in Kenya which is reported to have over 350,000 people. Adjumani has 15 refugee settlements largely comprising of the Dinkas and Madis from Southern Sudan. The local host community is dominantly made up Ugandan Madi people.

Figure 1: Map of Adjumani Refugee Camps



Source: UNHCR Operational Update for the South Sudanese Emergency¹² - 25 February 2015

As of the 18 August 2015, the total refugee population was 81,103 in the project focus settlement areas of Baratuku, Ayilo 1, Ayilo 2, Nyumanzi, Boroli and Olua.

³ Project Design Document - Improved prospects for sustained mental and physical help among refugees and host community in Adjumani district.

Table 1 – SSD refugee population per settlement and per age group in Adjumani

Location		0 - 4	05 - 11	12 - 17	18 - 59	60+	Total	Active Population	
								F	M
Alere	Alere 2	454	566	405	695	61	2,181	1,016	828
Elema	Baratuku	950	1,512	907	1,838	199	5,406	2,499	1,977
	Nyumanzi	5,216	7,948	4,536	9,608	980	28,288	13,572	11,126
Olua	Ayilo 1	3,993	6,599	3,926	7,652	737	22,907	10,134	8,488
	Ayilo 2	2,279	3,833	2,456	3,789	400	12,757	6,641	5,882
	Boroli	1,099	2,456	1,844	2,738	83	8,220	3,215	2,522
	Olua 1	176	255	165	296	38	930	438	359
	Olua 2	105	96	68	127	18	414	202	185
Total		14,272	23,265	14,307	26,743	2,516	81,103	37,717	31,367

Source: UNHCR Field Office Pakele

1.3 Project Goal and Objectives

The overall goal is, "Improved livelihoods for South Sudanese refugees and host communities in Adjumani (Eradicate extreme poverty and hunger among 53,600 individuals (32,160 South Sudanese Refugees and 21,440 Host Communities) in Adjumani District by 2018." And specifically, the project is working toward the following specific objectives:

- Objective 1:** (Food and Nutrition security) Improved food and nutrition security among 3,600 South Sudanese and host community households in Adjumani by 2018.
- Objective 2:** (Environment protection) Increased environmental protection among 3,600 target refugees and host community households.
- Objective 3:** (Psychosocial needs) psychosocial needs of refugees and host community are adequately met.

1.4 Objective of the Baseline Survey

The overall objective of the baseline study was to generate data needed to provide baseline indicator information against which to measure the degree and quality of change that would accrue from the project in the period of implementation.

In line with the above core objective, the baseline survey was planned to achieve the following specific objectives.

- Establish Benchmarks for monitoring and evaluation of progress towards achievement of project objectives (outcomes) and goal (impact) of the project.
- Help, if necessary, in refining set indicators, so as to have suitable and relevant indicators at the objectives, (outcome) and goal (impact) levels of the project.
- Identify Risks which are likely to be faced by the project and mitigation strategies for the risks identified to be suggested.

1.5 Scope and Focus of the Baseline Survey

The study focused particularly on the settlement areas of Baratuku, Ayilo 1, Ayilo 2, Nyumanzi, Boroli and Olua and in the surrounding sub-counties of Pakele and Dzaipi, where LWF-Uganda is operational and where the project is to be implemented.

2 APPROACH AND METHODOLOGY

This chapter presents information on data sources, methods of data collections and challenges faced during the collection of information.

2.0 Approach to the assignment

In order to address the study objectives, the baseline survey was approached in four (4) phases, i.e. (i) Planning and inception, (ii) Data collection, (iii) Data analysis and Synthesis of information, and (iv) Report Writing.

In line with the terms of reference for the baseline, the study methodology was participatory whereby the work engaged all key stakeholders including beneficiaries, community members, local government staff, UNHCR, OPM and LWF staff. A combination of qualitative and quantitative techniques such as review of documents, key informant interviews (KII), survey questionnaires, and FGDs were employed under the different beneficiary groups and/or target beneficiaries.

2.1 Study design and sample selection

The study population was 53,600 individuals, that is; 32,160 South Sudanese Refugees and 21,440 host community members. The design was a descriptive cross-sectional survey, using mixed methods. We used cluster sampling together with simple random sampling for this baseline survey.

The population sampled was divided into 6 clusters for the refugees in line with the settlement areas (Baratuku, Ayilo 1, Ayilo 2, Nyumanzi, Boroli, Olua) and 2 clusters for the host communities to take into account the surrounding sub counties (Pakele and Dzaipi); these formed the primary focus areas (PFAs). A simple random sample of population units from each PFA was selected using probability proportionate to size (PPS). Random selection gave each respondent the same chance of inclusion into the sample (Cochran, 1977; Wandiembe, 2009). The respondents were identified in the field work and care was taken to ensure proper distribution across the population.

Based on a target refugee population (N=32,160) in the six PFAs, the formula below was used to calculate the corresponding sample size.

$$n = \frac{z^2 p(1-p)N}{z^2 P(1-P) + N(e)^2}$$

Whereby; N is the total population size 32,160. e is the level of precision which we assumed at 0.05. z = the value of the standard normal variable given the chosen confidence level ($z = 1.96$ with a CL =95 %). P is the proportion or degree of variability/success estimated at 0.5

We assumed a proportion (p) = 0.5, on the assumption that data is normally distributed and internally homogeneous in the 6 PFAs. Given that respondents were randomly sampled, a 95% confidence level at 5% level of precision/degree of error was assumed. Using the above formula, the total sample size derived was 362 refugee respondents as shown below.

$$n = \frac{0.5^2(z^2)N}{z^2(0.5^2) + N(e)^2} = \frac{0.25 \times (1.96^2) \times 32,160}{0.25 \times (1.96^2) + 32,160 (0.05)^2} \approx 362 \text{ Refugees}$$

Using the same formula on the total target beneficiaries of 21,440 individuals in the host community, the sample size derived was 241 respondents as shown below.

$$n = \frac{0.5^2(z^2)N}{z^2(0.5^2) + N(e)^2} = \frac{0.25 \times (1.96^2) \times 21,440}{0.25 \times (1.96^2) + 21,440 (0.06)^2} \approx 241 \text{ refugees}$$

We assumed a proportion (p) = 0.5, on the assumption that HHs are normally distributed and internally homogeneous in the target areas. Given that HHs were randomly sampled, a 95% confidence level and at 6% level of precision/degree of error was assumed.

Table 2: Allocation of samples to refugee and host community respondents

Settlement/ Sub-county	Population*	Number of Households**	Sampled Households	Overall Percentage
Refugee Settlements				
Baratuku	5,406	1,081	63	10%
Ayilo 1	22,907	4,581	108	18%
Ayilo 2	12,757	2,551	31	5%
Nyumanzi	28,288	5,658	122	20%
Boroli	8,220	1,644	29	5%
Olua	1,344	269	9	1%
Sub-total	78,922	15,784	362	60%
Host Community				
Pakele	49,491	9,385	120	20%
Dzaipi	42,790	8,143	121	20%
Sub-total	92,281	17,528	241	40%
TOTAL	171,203	33,312	603	100%

* UNHCR data, August, 2015 (Refugee settlement population statistics); National population and Housing Census 2014, provisional results report – November 2014 (Host community population statistics)

**Adjumani Average Refugee Household size of 5 was adopted from "Uganda Food Security & Nutrition assessment January 2015, by Dr Henry Wamani & WFP AME Unit."

2.2 Data collection methods

In order to collect the baseline status of all indicators specified in the terms of reference and the project log frame, we designed data collection tools and employed a number of data collection methods, based on the categories of indicators and sources. The data collection tools were developed following a review of wider literature on the project impact areas and the project indicators. These data collection methods are described as follows:

2.2.1 Structured Questionnaires:

Multistage sampling techniques were used to realize the sample sizes of 362 and 241 respondents for refugee settlements and the host community respectively using a well-structured questionnaire. From the selected program locations, a list of parishes and corresponding villages was drawn from which random selection of villages was done. Respondents in the villages were randomly selected and interviewed at household level.

2.2.2 Key Informant Interviews

Key informant interviews were conducted with individuals in relevant institutions, knowledgeable about the situation of South Sudanese refugees in Uganda. The participants were drawn from; Refugee leaders, District Community Officers, Health Workers, local council leaders, officials from the Office of the Prime Minister overseeing the activities of NGOs supporting the refugees, UNHCR amongst others.

2.2.3 Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) were conducted to generate in-depth understanding of the current situation and to supplement findings arising from quantitative data sources. Categories of participants that were purposely selected composed of 8 to 10 participants and 3 to 5 from the refugee settlements and the host community respectively. Our team held discussions with

community or refugee leaders and members in the target settlements areas. Some of the topics discussed were; issues affecting their livelihoods, climate change adaptation practices, psychosocial need of the refugees, and availability of food.

2.2.4 Anthropometric Assessment

In order to assess the percentage of children that are underweight (weight-for-age / malnutrition) and stunting (height-for-age/ chronic malnutrition - a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness), we measured the height and weight of a sample of over 100 children along with their age in months. The actual measurements were compared to international standards available, that is, the WHO Child Growth Standards available on link; (<http://www.who.int/childgrowth/standards/en/>).

2.2.5 Observations

In order to capture a clear picture of the situation in the communities as it related to the project thematic areas, namely; livelihoods, environmental conservation, and mental health; our team took a few pictures of the initial situation before the project implementation. The photographs were used to enrich the baseline findings and will eventually be used for comparison with the situation at the end of the project.

2.3 Data management and analysis

2.3.1 Data Entry

A data entry team was formed and trained in order to ensure quality data entry. A database file was created in Epi-Info 7 with customized checks to minimize the chance of error in data entry while daily back-ups were made to minimise risk of data loss.

All questionnaires were sequentially numbered and then checked for any missing entries, double entries or anything that was not understandable so that it would be immediately checked with the data collectors. Data was then entered in the databases created in Epi-Info 7.

All completed KIIs and FGDs questionnaires were captured and triangulated to enable the identification of community needs, ranking of problems and understanding existing solutions to constraints or problems identified.

2.3.2 Data Analysis

Once entered, data was analyzed using SPSS and Ms Excel and results were generated and presented in the form of tables, graphs, pie-charts, trend lines, and bar charts as appropriate.

2.3.3 Recommendations and Conclusions

Our team documented findings, recommendations and conclusions from the baseline survey. The recommendations and conclusions should inform LWF's leadership and other concerned stakeholders on intervention strategies required to meet the project objectives.

2.4 Ethical Considerations

All members of the research team were given guidance in research ethics to meet the highest ethical standards of data collection and analysis throughout the study. Given its sensitive nature, efforts were made to ensure that respondents were fully aware of the risks and benefits involved in participating and that confidentiality and anonymity were maintained.

3 FINDINGS

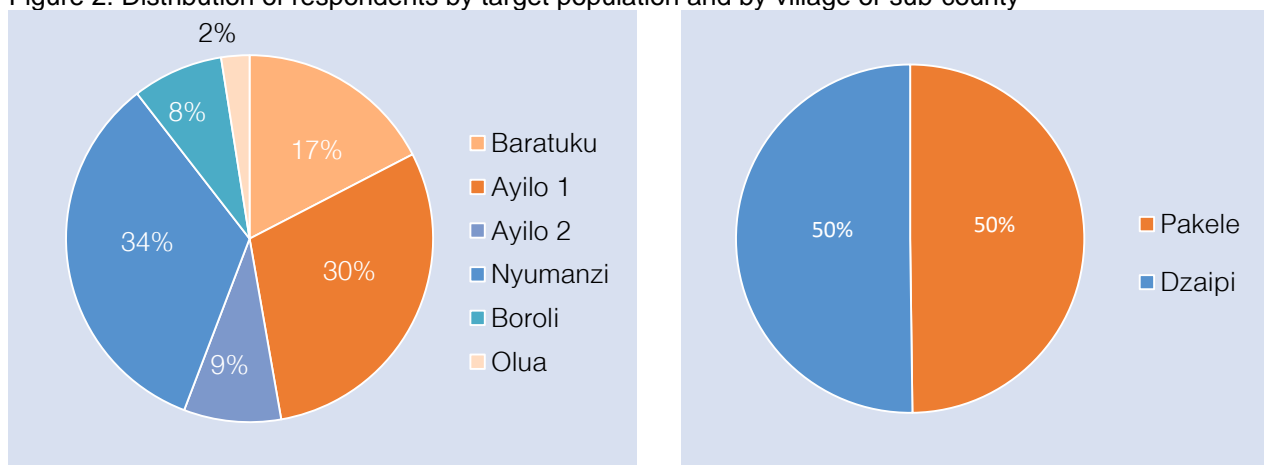
The findings of the baseline study are presented according to four content categories: (1) Socio-Demographic Characteristics, (2) Food and Nutrition Security, (3) Environmental Protection and (4) Psychosocial Needs. Each section includes baseline results of the project specific indicators along with relevant information from the qualitative study.

3.1 Socio-Demographic Characteristics

Survey Coverage

A total of 603 respondents were interviewed across the refugee settlements in the focus area and the host community. Out of this total, 362 respondents were from refugee settlements while 241 respondents were from the host community. Figure 2 below illustrates the distribution of respondents by target population and by village or sub-county for the host community.

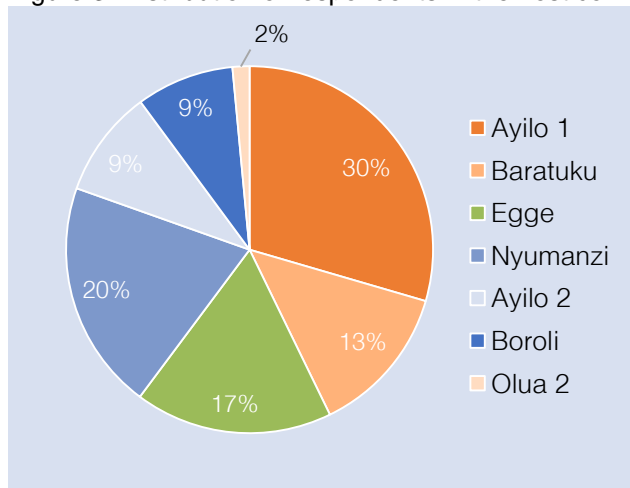
Figure 2: Distribution of respondents by target population and by village or sub-county



Distribution of respondents in Refugee Settlements

Distribution in Host Community – sub-counties

Figure 3: Distribution of respondents in the host community by village



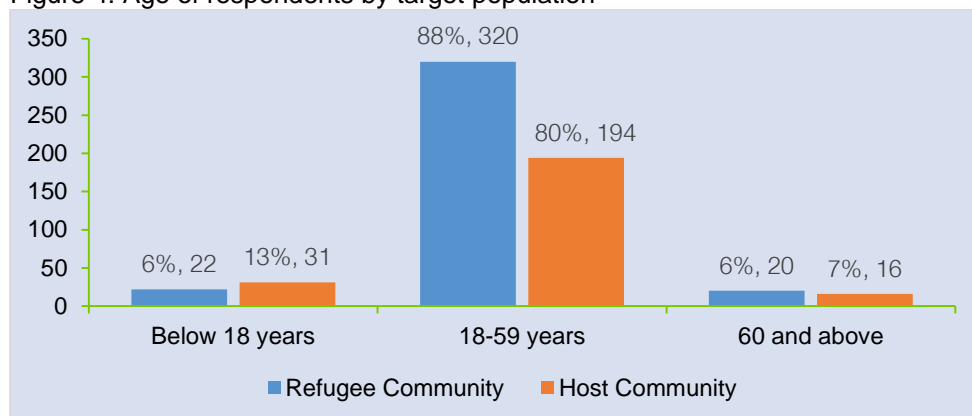
A total of 7 villages were surveyed in the host community, which included; Ayilo 1, Ayilo2, Baratuku, Egge, Nyumanzi, Boroli and Olua 2.

Majority of the respondents interviewed in the host community were from Ayilo 1 with 178 (30%), followed by 122 (20%) in Nyumanzi and the least number of respondents, 9 (2%) came from Olua 2.

Age Distribution

514 out of 603 (85%) respondents surveyed were between 18 - 59 years. Only 53 (9%) and 36 (6%) were below 18 years and over 60 years respectively. Further breakdowns by target population is illustrated in figure 4 below.

Figure 4: Age of respondents by target population



Relationship to Head of Household

Table 3 below shows that 483 (80%) out of the 603 respondents were head of household, while spouses responded in only 50 (8%) of the cases. The daughter/son was the respondent in 7% of cases, while the de facto head of house responded to the questions in 3% of the cases.

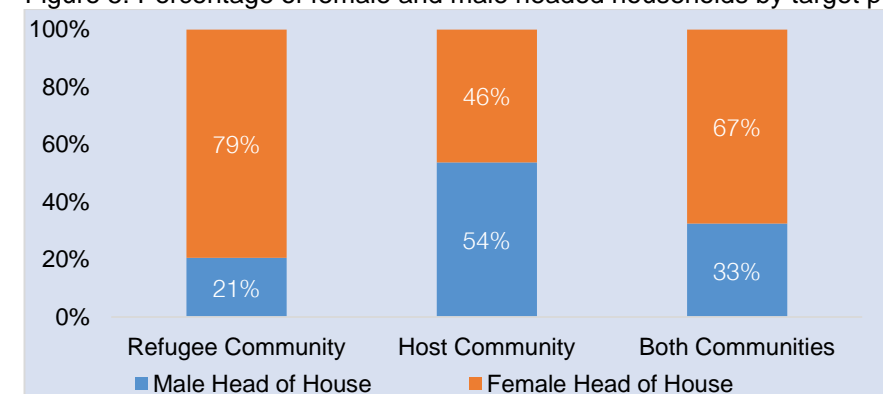
Table 3: Respondents' relationship to head of house by target population

Relationship to Head of House	Refugee Community		Host Community		Both Communities	
	%	No.	%	No.	%	No.
Head of Household	86%	310	72%	173	80%	483
Spouse	2%	7	18%	43	8%	50
De facto Head of Household	3%	12	2%	4	3%	16
Son/daughter	6%	23	7%	18	7%	41
Brother/sister	3%	10	1%	3	2%	13
Total	100%	362	100%	241	100%	603

Gender of Household Heads

The survey found a preponderance of female headed households (67%) compared to male headed households (33%) giving a female to male ratio of 2:1.

Figure 5: Percentage of female and male headed households by target population

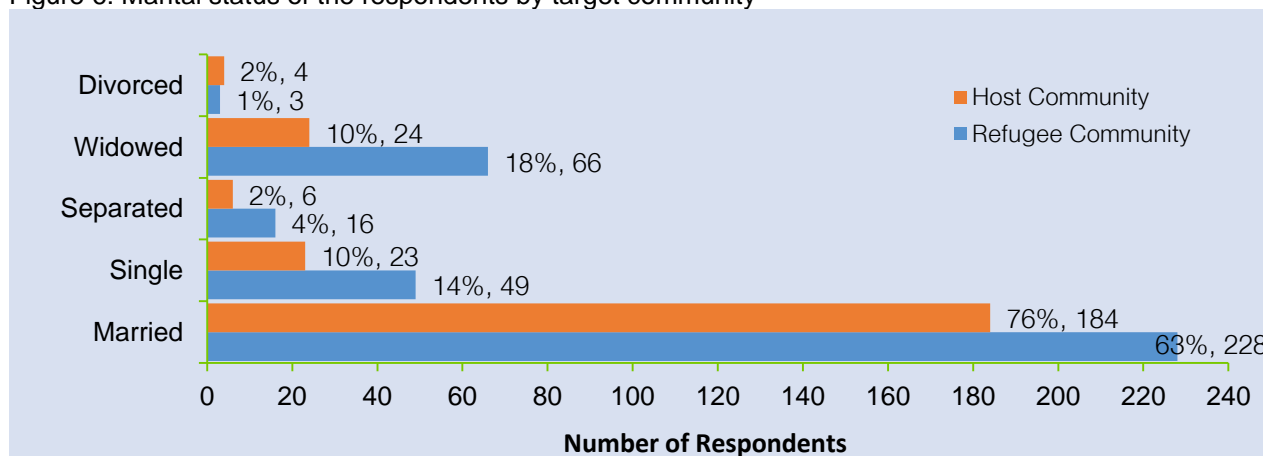


This preponderance of female headed households (FHHs) is rather high with potential implications on food security and nutrition status of households.

Marital Status of Household Heads

The survey found that 412 (68%) out of 603 respondents were married, while the single and widowed represented 12% and 15% respectively. Figure 6 below shows the marital status of respondents by target population, with the host community having the highest percentage of those married (76%) (184 out of 241 respondents).

Figure 6: Marital status of the respondents by target community

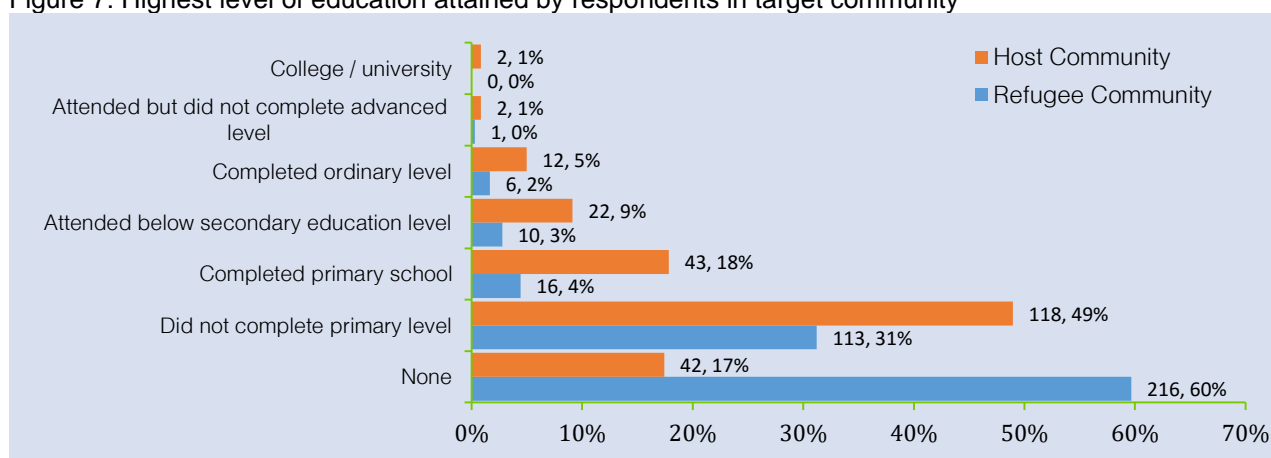


Highest Level of Education

258 out of 603 (43%) respondents have not had any formal education, with the majority of this percentage coming from the refugee community (216 respondents) as illustrated in figure 7 below, while more than a third (38%) of the respondents did not complete primary level. Only 10% had completed primary school, 5% attended lower secondary level, 3% completed ordinary level and only 1% attended advanced level, college or university.

The low education level among household heads increases their vulnerability to Food Insecurity due to reduced ability to earn income and improve food and nutrition security outcomes. Tailored adult literacy Programmes might help equip such household heads with essential skills in areas such as; Nutrition, childcare, sanitation and farming that would contribute to improved food Security. Such programmes, if initiated, must as a priority be introduced in the refugee communities since they have a higher percentages of household Heads never schooled (60%).

Figure 7: Highest level of education attained by respondents in target community

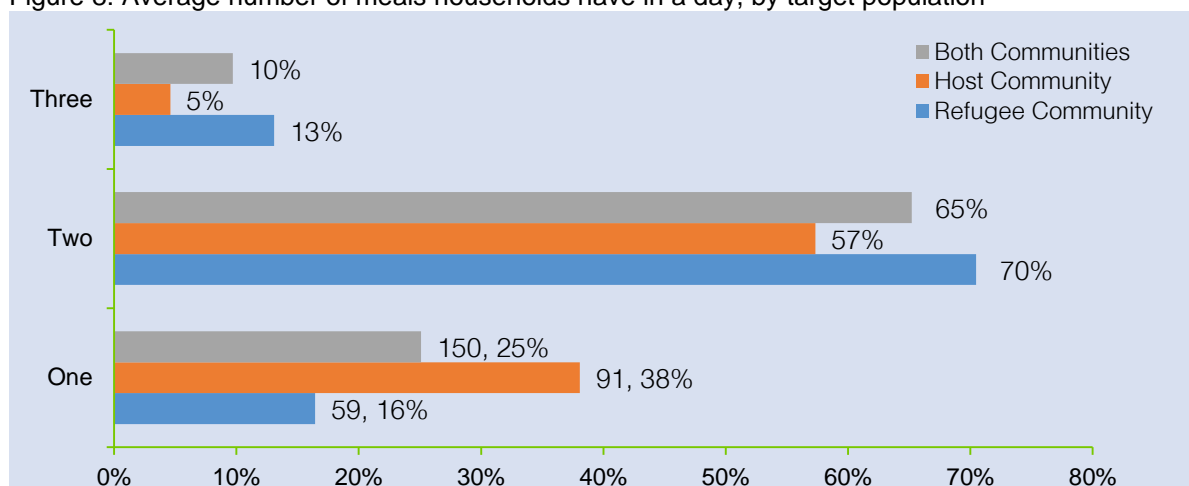


3.2 Food and Nutrition Security

Dietary Diversity

Figure 8 summarizes the results in terms of the average number of meals had in a day as reported by respondents in the target population. One quarter (25%) of the respondents have one meal in a day, with the majority of respondents reported as having at least 2 meals in a day (65%), and only 10% having 3 meals in a day. It appears that the refugee community on average have more meals in a day than the host community with 83% of the refugee community having 2 or 3 meals per day compared to 62% for the host community.

Figure 8: Average number of meals households have in a day, by target population



The proportion of households being able to afford at least three meals in day and those that consume a variety of foods is so miniscule that it is insignificant. When they are able to get some cash especially from the NGO handouts, they buy meat, chicken or milk. The challenges faced in this area include: Varied foods availability cannot be sustained with the prolonged dry season and seasonal produce.

Scarcity of food in households

Almost half (49%) of the respondents do not encounter any days in a week without food, while 24% go at least one day in a week without food and 27% go for two or more days in a week without food. The host community had a higher percentage (30%) of respondents reporting as having two or more days in a week without food compared to the refugee community at 24%.

Table 4: Average number of days Households go without food in a week, by target population

No of Meals	Refugee Community		Host Community		Both Communities	
	%	No.	%	No.	%	No.
None	45%	162	57%	137	49%	299
One	31%	113	13%	31	24%	144
Two(2) or More	24%	87	30%	73	27%	160
Total	100%	362	100%	241	100%	603

Figure 9 below highlights the fact that 17% of the respondents do not vary their meals at all and thus have the same foods every day, an almost equal percentage (19%) reported as having their foods varied for every meal. The highest percentage of respondents (37%) reported as varying their meals once a week with the higher percentage within this category coming from the refugee community (42%) compared to 29% from the host community.

Figure 9: HHs that vary the type of food consumed everyday

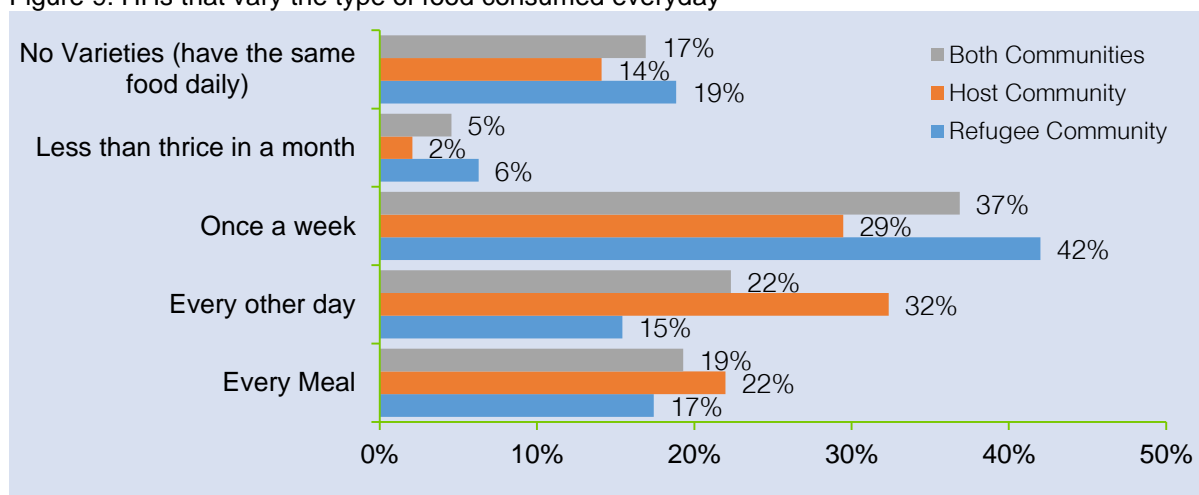


Figure 10 goes on to show that the most common reason for not varying the meals was due to the fact that the respondents didn't have the resources to do so, this was reported by 82% of the refugee community and 59% of the host community. A sizeable percentage of the host community (37%) also reported the unavailability of the other foods as a major reason for not varying their meals. Qualitative data further revealed that distribution of food to the refugee community was done once in a month and that the NGOs take long to distribute food and when they do it is usually in small quantities. No variety distribution is done, i.e the UN distributes only one type of food (Beans and Sorghum) which doesn't give many of the refugees the liberty to vary the foods they consume.

Figure 10: Reasons for not varying meals by the HHs

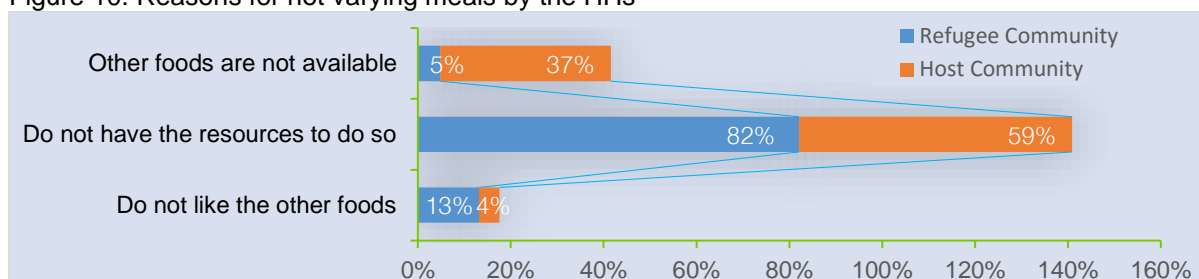
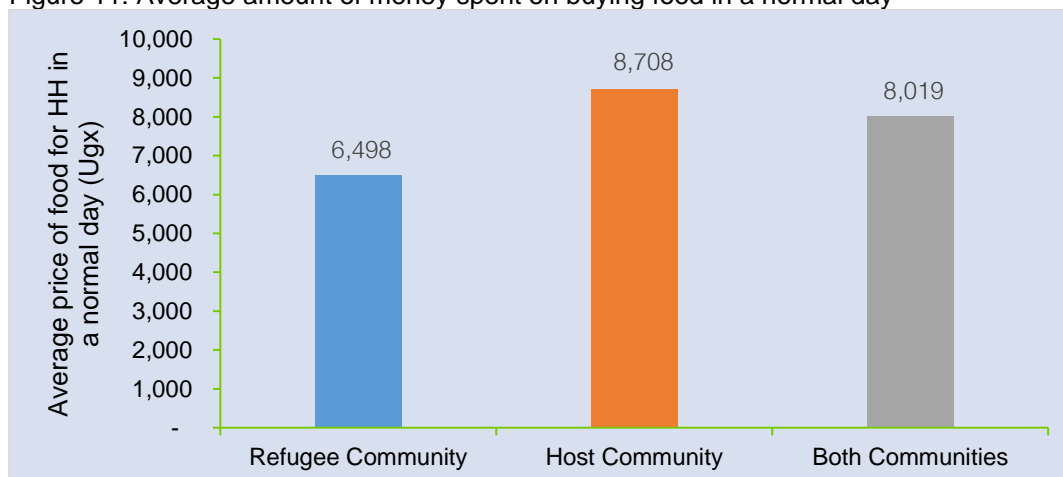


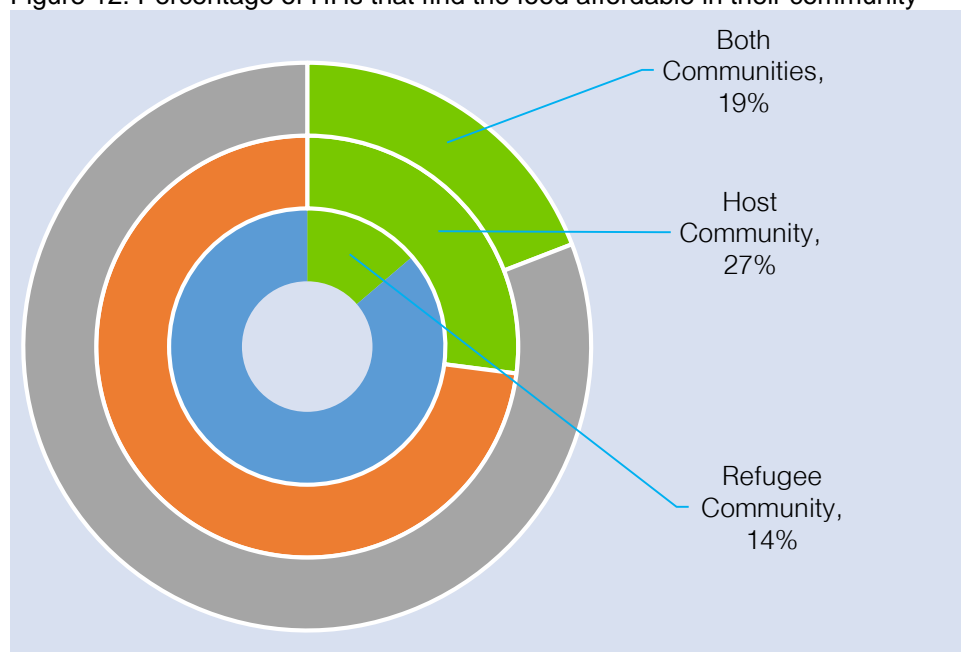
Figure 11 shows that the average amount spent on buying food in a normal day is Ugx 8,019 with the host community reporting as spending a little more (Ugx 8,708) than the refugee community (Ugx 6,498)

Figure 11: Average amount of money spent on buying food in a normal day



Only 19% of the respondents reported that the food in their community was affordable, the host community reported a higher percentage in this category of respondents (27%) compared to the refugee community (14%) as indicated in figure 12 below. This is an indication that majority of the target population (81%) don't find the food as being affordable.

Figure 12: Percentage of HHs that find the food affordable in their community

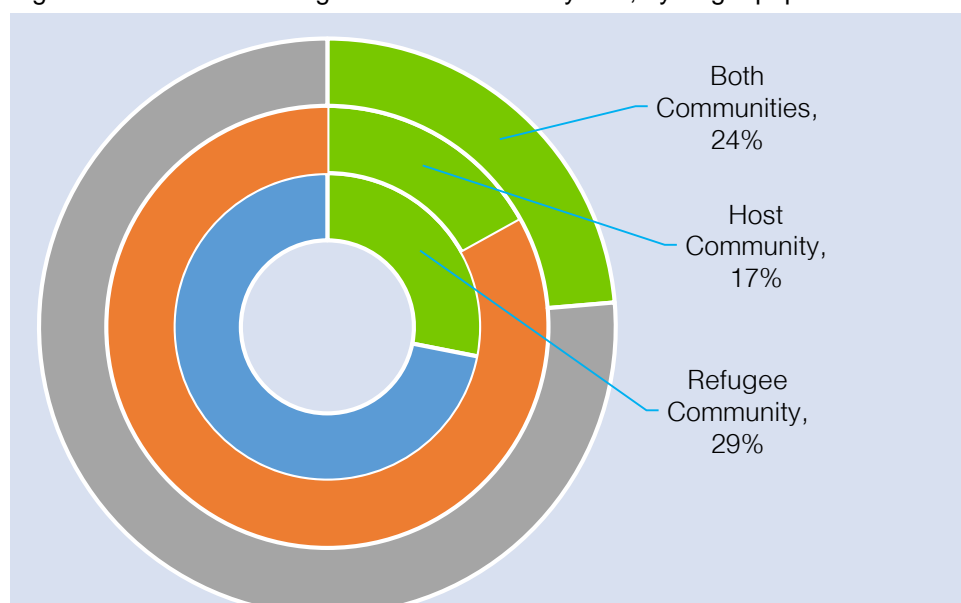


Child health and malnutrition

Almost a third (29%) of the children under 2 years in the refugee community were reported to be stunted, a lower percentage (17%) was reported for the host community as shown in figure 13 below. This could be as a result of inadequate dietary diversity in the area.

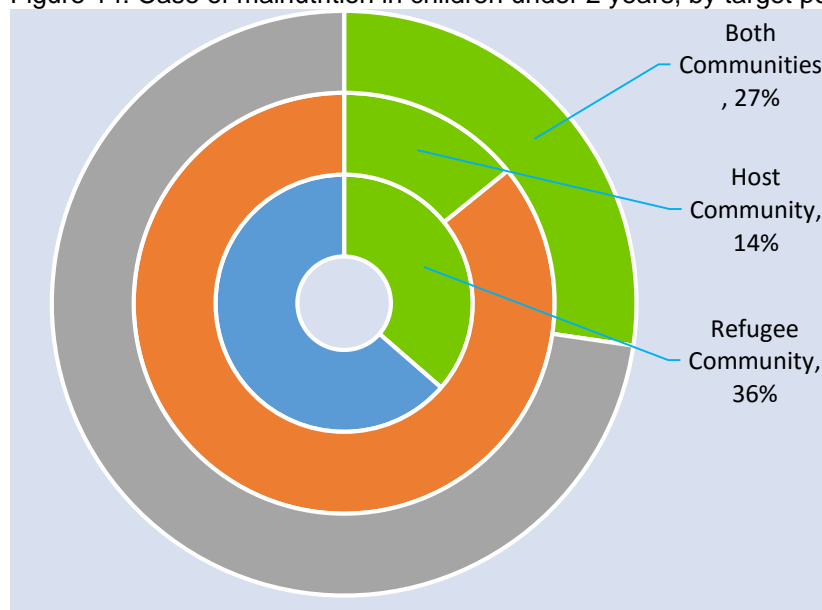
Stunting is an indicator of linear growth retardation, most often due to a prolonged inadequate diet and poor health. Reducing the prevalence of stunting among children, particularly age 0 to 23 months, is important because linear growth deficits accrued early in life are associated with cognitive impairments, poor educational performance, and decreased work productivity as adults. Stunting is a height-for-age measurement that reflects chronic under nutrition.

Figure 13: Case of stunting in children under 2 years, by target population



The malnutrition situation in the refugee community was even worse with 36% of the children under 2 years reported as facing malnutrition. The situation in the host community showed better results with 14% cases of malnutrition in children under 2 years as shown in figure 14.

Figure 14: Case of malnutrition in children under 2 years, by target population



Nutritional Status of Children

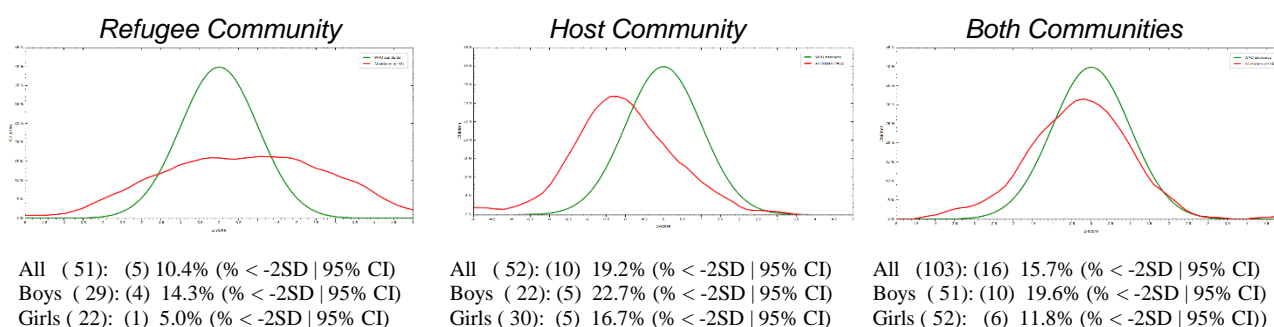
The table below highlights the sample distribution of the children sampled for the anthropometry assessment by age in months and sex.

Table 5: Distribution of age and sex of sample

AGE (mo)	Boys		Girls		Total		Ratio Boys: Girls
	no.	%	no.	%	no.	%	
6-17	26	49.1	27	50.9	53	51.5	1.0
18-29	20	51.3	19	48.7	39	37.9	1.1
30-41	5	45.5	6	54.5	11	10.7	0.8
42-53	0	0	0	0	0	0.0	
54-59	0	0	0	0	0	0.0	
Total	51	49.5	52	50.5	103	100.0	1.0

Height and weight based anthropometric indicators are used worldwide to characterize the nutritional status of populations. Figure 15 below shows the variability of nutrition scores in comparison to WHO nutrition standards 2006.

Figure 15: Height for Age Z-scores - % <-2SD (95% CI)



Stunting is an indicator of linear growth retardation, most often due to a prolonged inadequate diet and poor health. Reducing the prevalence of stunting among children, particularly age 0 to 23 months, is important because linear growth deficits accrued early in life are associated with cognitive impairments, poor educational performance, and decreased work productivity as adults. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

For a sample of 103 children drawn randomly from the target population, 15.7 % of the children are below -2 standard deviations compared to WHO 2006 standards, a sign of chronic malnutrition prevalence among children in the target community. Table 6 below summarises the information by target group, with the host community having the highest prevalence of stunting at 19.2% compared to 10.4% among the refugees.

Table 6: Prevalence of stunting based on height-for-age z-scores by target population

Length/height-for-age %: Z-score <-2SD (95% CI)												
	Refugee Community				Host Community				Both Communities			
	N	% < -2SD	Mean	SD	N	% < -2SD	Mean	SD	N	% < -2SD	Mean	SD
Total	51	10.4	0.65	2.05	52	19.2	-1.12	1.36	103	15.7	-0.25	1.98
(0-5)	7	0	0.17	1.42	9	0	0.02	0.91	16	6.3	-0.1	1.27
(6-11)	10	0	0.73	1.53	7	0	-0.28	1.25	17	0	0.51	1.69
(12-23)	24	13	0.88	2.37	14	42.9	-1.97	1.04	38	24.3	-0.19	2.41
(24-35)	10	20	0.32	2.12	18	22.2	-1.36	1.44	28	21.4	-0.76	1.87
(36-47)	0				4	0	-1.1	0.67	4	0	-1.1	0.67
(48-60)	0				0				0			

Children whose weight-for-height is more than two standard deviations below the median of the of the 2006 WHO Child Growth Standards are classified as moderately wasted, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency.

Table 7 below shows that 7.8% of the children measured fell below -3 SD which is an indication of prevalence of acute malnutrition. The prevalence of acute malnutrition among the refugee settlements is much higher at 12.2% compared to only 3.9% in the host community, this could be caused by food scarcity and infrequency of feeding among refugees.

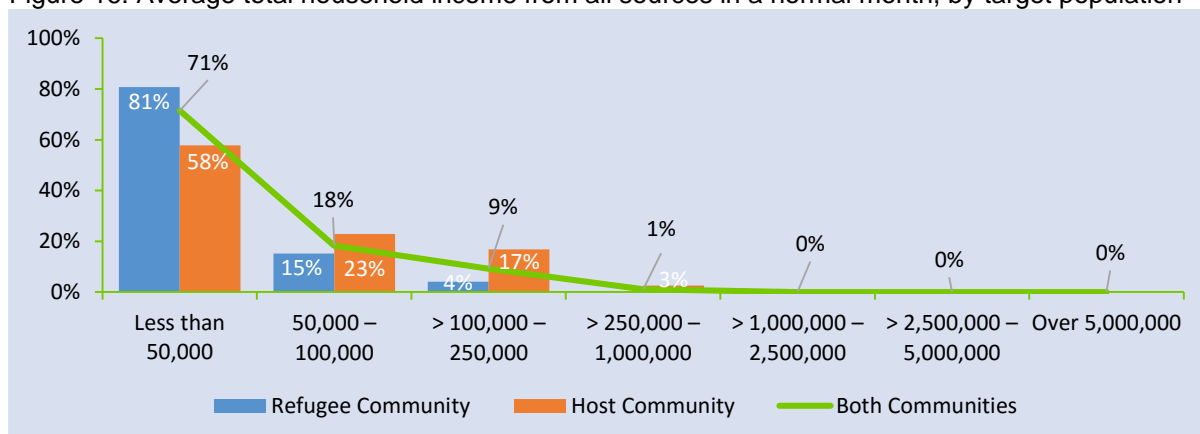
Table 7: Prevalence of acute malnutrition based on weight-for-height by target population

Weight-for-height %: Z-score <-2SD (95% CI)												
	Refugee Community				Host Community				Both Communities			
	N	% < -2SD	Mean	SD	N	% < -2SD	Mean	SD	N	% < -2SD	Mean	SD
Total	51	12.2	-0.57	1.26	52	3.9	-0.11	1.12	103	7.8	-0.29	1.3
(0-5)	7	0	0.54	1.04	9	0	-0.26	1.17	16	0	0.37	1.66
(6-11)	10	11.1	-0.48	1.28	7	14.3	-0.07	1.28	17	11.8	-0.34	1.22
(12-23)	24	20.8	-0.93	1.36	14	0	-0.28	0.89	38	13.2	-0.69	1.24
(24-35)	10	0	-0.46	0.67	18	5.9	0.16	1.23	28	3.6	-0.06	1.07
(36-47)	0				4	0	-0.46	1.31	4	0	-0.46	1.31
(48-60)	0				0				0			

Household Income

Survey responses clearly indicate that majority of the households (71%) earn less than Ushs 50,000 per month. Only 1% of the respondents earn more than Ushs 250,000 per month. The host community reported higher incomes than the refugee community as shown in figure 16 below.

Figure 16: Average total household income from all sources in a normal month, by target population



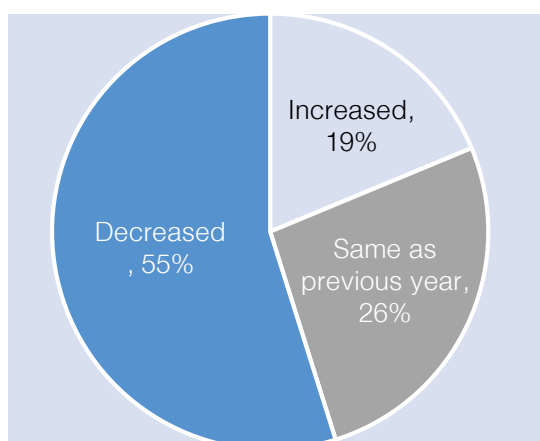
Qualitative data further revealed that the low Income were mainly due to factors such as:

- Smallholder productivity and income are low due to physical and natural factors like drought and poor attitude towards IGAs.
- Low attitude by community to promote IGAs
- Gender based violence
- Common family breakage/divorce

Household Income in comparison to previous year

More than half of the respondents (55%) reported a decrease in their household income in the past 12 months in comparison with the previous year while 26% of the respondents reported that the household income for the past 12 months was the same as in the previous year. Only 19% of the respondents reported an increase in their household income in the past 12 months compared to previous year, this percentage was mainly made of respondents from the host community as highlighted in figure 17 below.

Figure 17: How respondents compare household income in the past 12 months with previous year



Response	Refugee Community	Host Community
Increased	13%	27%
Same as previous year	32%	19%
Decreased	55%	54%
Total	100%	100%

Sources of household income

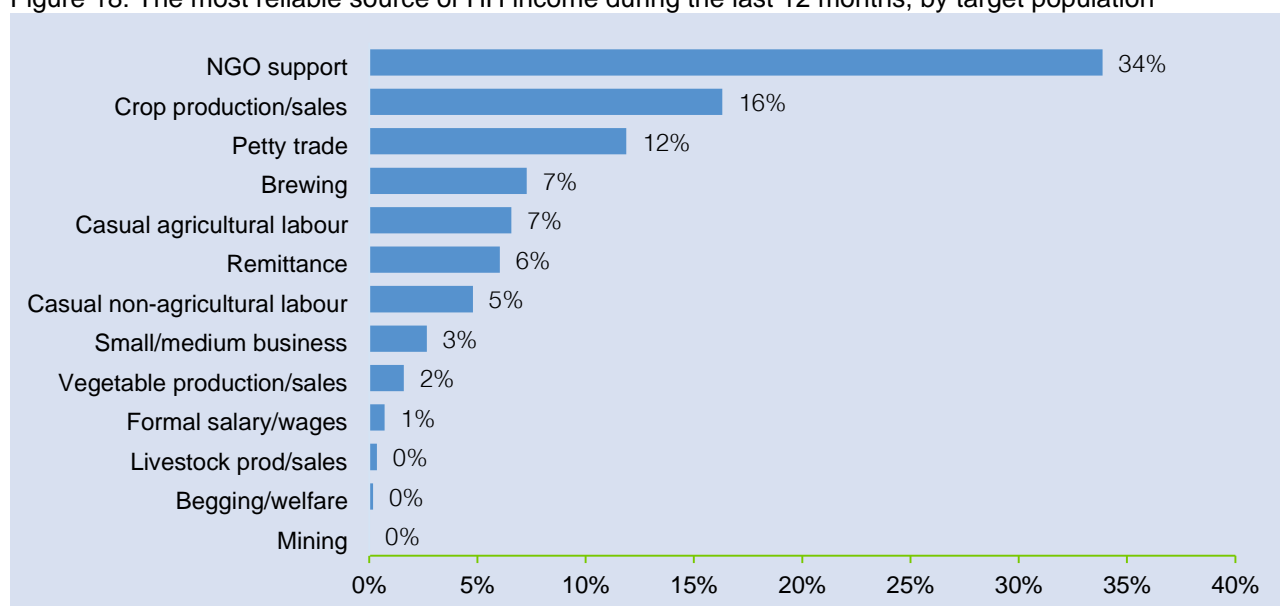
Sources of income reported for respondent households clearly indicated that crop production/sales (18%) and NGO support (18%) were the major sources of income over the entire sample. Remittances (12%), Begging/welfare (15%) and NGO support (30%) were the major sources of income among the refugee community and 14% of the respondents from the refugee community indicated as having no income at all. Crop production/sales (40%), casual agricultural labour (12%), and brewing (10%) were the major income sources among the host community with no respondents from the host community reporting income from NGO support. See table 5 below for details

Table 8: The source of household income during the previous 12 months, by target population

Source of Income/ Target Population	Refugee Community		Host Community		Both Communities	
	%	No.	%	No.	%	No.
No income	14%	51	12%	29	13%	80
Remittance	12%	42	1%	3	7%	45
Crop production/sales	3%	10	40%	97	18%	107
Casual non-agricultural labour	1%	4	9%	22	4%	26
Casual agricultural labour	1%	5	12%	30	6%	35
Begging/welfare	15%	56	0%	1	9%	57
Livestock prod/sales	0%	0	1%	2	0%	2
Small/medium business	9%	34	3%	7	7%	41
Petty trade	2%	8	9%	22	5%	30
Brewing	2%	8	10%	24	5%	32
NGO support	30%	110	0%	0	18%	110
Formal salary/wages	9%	32	0%	1	5%	33
Mining	0%	0	0%	1	0%	1
Vegetable production/sales	1%	2	1%	2	1%	4
Total	100%	362	100%	241	100%	603

Overall NGO support was the most reliable income source for 34% households followed by crop production (16%) and petty trade at 12% as indicated in figure 18 below.

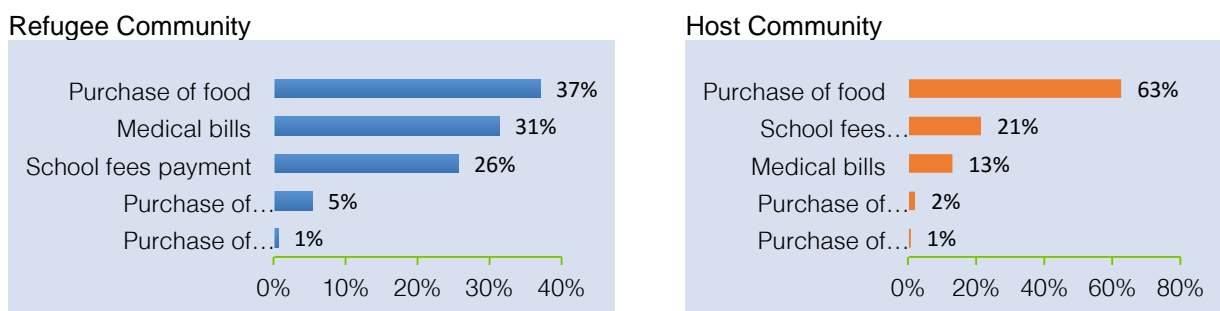
Figure 18: The most reliable source of HH income during the last 12 months, by target population



Utilization of Income

On utilization of income, the survey results indicated that three fifths (63%) of the households in the host community and 37% of the households in the refugee community spend money on purchase of food. Medical bills (31% and 13%) and school fees (26% and 21%) followed the purchase of food on the items most spent on by the refugee and host community respectively as indicated in figure 19 below.

Figure 19: Utilization of household income



Crop Production

Information collected concerning the 'crops grown' in the past 12 months shows that maize (64%) and groundnuts (25%) are the most commonly grown crops in the area. Maize was grown more by the refugee community and groundnuts by the host community as indicated in figure 20 below.

Figure 20: Most crops grown in the last 12 months and by target population

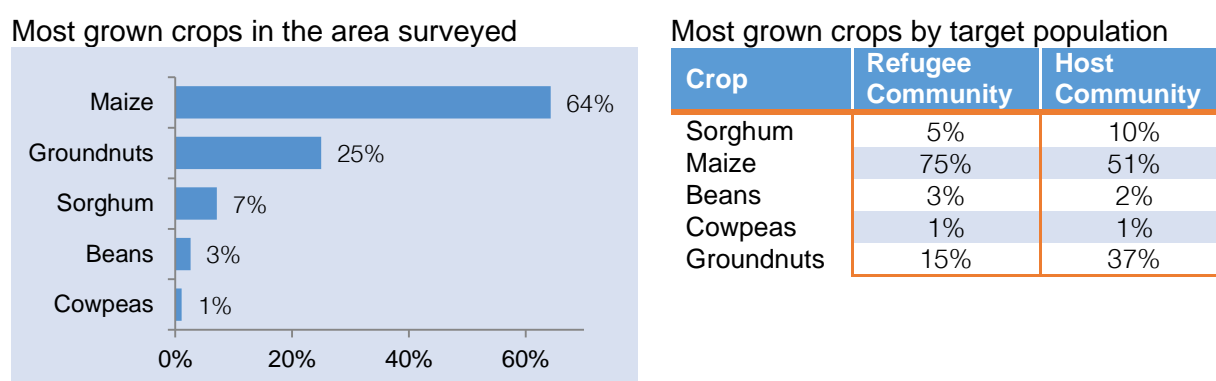


Figure 21: Crop production in Nyumanzi host community



One of the many maize gardens observed in Nyumanzi host community.

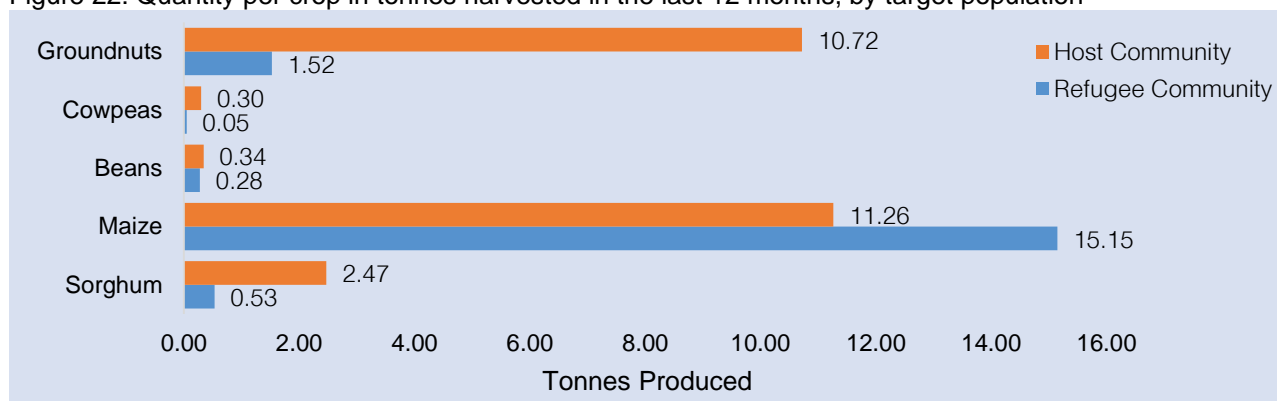
Annual Crop Yield

On average, less than one bag (100kgs) of sorghum (64kgs), Maize (68Kgs) and groundnuts (74kgs) are harvested by households in the target population. The Host community reported on average 1.5 bags of cowpeas (150kgs) harvested annually. See table 6 and figure 22 below for details.

Table 9: Average quantity per crop in kilograms harvested in the last 12 months, by target population

Crop	Refugee Community	Host Community	Both Communities
Sorghum	33	80	64
Maize	66	70	68
Beans	23	68	36
Cowpeas	9	150	50
Groundnuts	33	89	74

Figure 22: Quantity per crop in tonnes harvested in the last 12 months, by target population

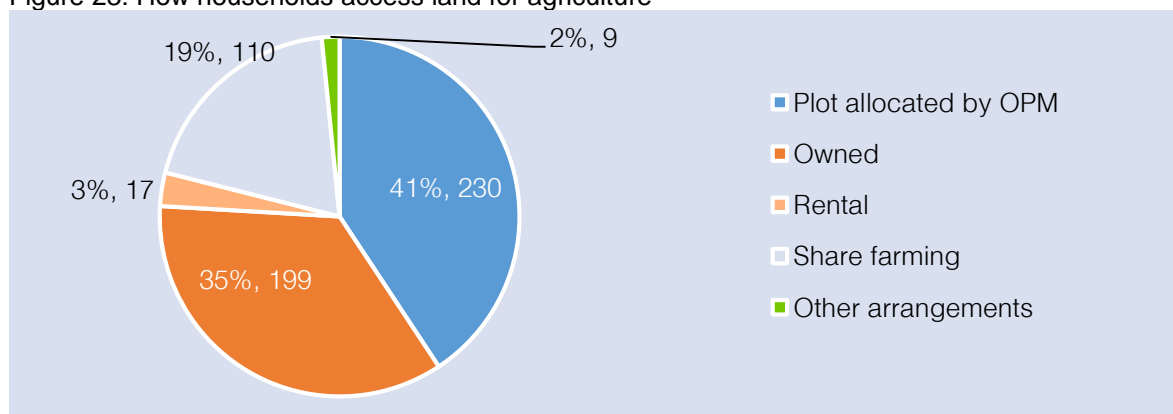


Qualitative data indicates that the most of the households only grow one type of food, rudimentary farming methods which yield very little produce are mainly used. The communities have not diversified their farming despite efforts from the district to encourage the community to get involved in commercial rearing of chicken, pigs, and goats.

Access to land for agriculture

Survey findings indicate that 35% of the households owned land used for agriculture while 41% indicated that the land was allocated to them by the OPM. A significant number (19%) indicated that they share the land for farming while only 3% indicated that they rent the land. See figure 23 below for details.

Figure 23: How households access land for agriculture



Land is the most important livelihood asset for households in the target population. Ownership of sufficient land among households can ensure income and food security in the future. However, there was considerable variation in area cultivated across the different means of land access (see table 8). The refugee community who owned land had the largest average area cultivated at 3.0 acres, followed by those who undertake share farming at 2.1 acres. The owned and rented land among the host community had the most land cultivated on average with 1.3 acres and 1.2 acres respectively. The overall average land cultivated by all households in the area was 1.0 acres.

Figure 24: Land used for Crop Production in Nyumanzi Refugee Settlement



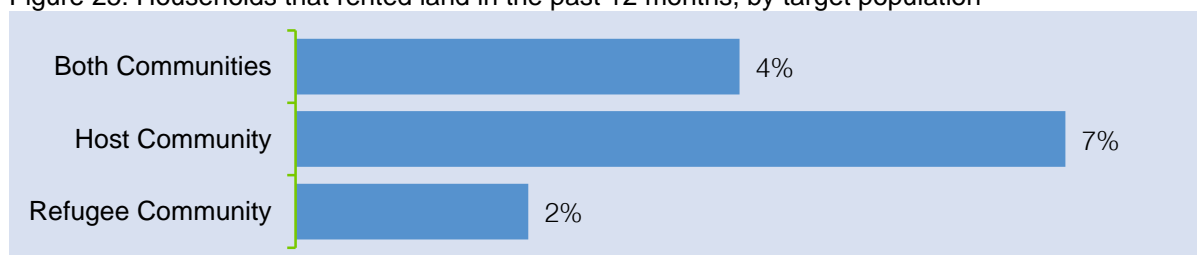
Qualitative data indicates that the refugee community needs more land to enhance their livelihoods for example for agriculture they only receive 30 x 30 square meters which can only generate enough food for household use. The pastoral communities such as the Dinka struggle to make their kraals more productive beyond subsistence.

Table 10: Average area in acres cultivated, by means of land access and target population

Means of Land Access	Area Cultivated		
	Refugee Community	Host Community	Both Communities
Plot allocated by OPM	0.2	0.0	0.2
Owned	3.0	1.3	1.3
Rental	0.7	1.2	0.9
Share farming	2.1	0.5	1.9
Other arrangements	0.0	0.5	0.5
Overall Average	0.8	1.2	1.0

The FGDs also discussed the land situation in the areas of interest and access to land for the landless. A number of participants expressed difficulty in accessing land for agriculture and as seen in figure 23, 4% of the households visited rent land for agriculture with considerable variations between the host and refugee communities. The current local land use situation revealed a number of other challenges that include; loss of soil fertility due to repeated cultivating of same crops in the same piece of land, poor farming methods that result in soil erosion as well as increase in population leading to settlement on land which is meant for farming.

Figure 25: Households that rented land in the past 12 months, by target population



Constraints to crop production

Respondents were asked about the major constraints or problems limiting their crop production (table 9). Almost half (44%) of the households lack land, with most respondents of the refugee community (62%) indicating the lack of land as the biggest constraint to crop production. The lack of money to buy the necessary agricultural inputs and the lack of agricultural equipment or tools were the other major constraints reported by 33% and 26% of the respondents respectively.

Table 11: Constraints or problems limiting household crop production by target population

Constraint or Problem	Refugee Community		Host Community		Both Communities	
	%	No.	%	No.	%	No.
Lack of money to buy the necessary inputs	25%	92	44%	105	33%	197
Lack of land	62%	224	18%	43	44%	267
Lack of other tools and equipment	17%	61	40%	97	26%	158
Lack of seeds	12%	44	25%	60	17%	104
Lack of knowledge, skills or experience	2%	7	9%	22	5%	29
Lack of water resources or irrigation Infrastructure	2%	7	5%	12	3%	19

The FGDs and key informant interviews confirmed many of these constraints to agricultural production. The respondents or participants in the discussions and interviews also enlisted the following constraints:

- Long drought, hence low level of crop production
- Alcoholism among men and prevalence of HIV/AIDS
- Lack of ready market for agricultural produce
- Stray and/or wild animals destroy the crops
- Prevalence of HIV/AIDS
- Infertile soils and inadequate rain
- Problem of pests and diseases

The proposed solutions included the following:

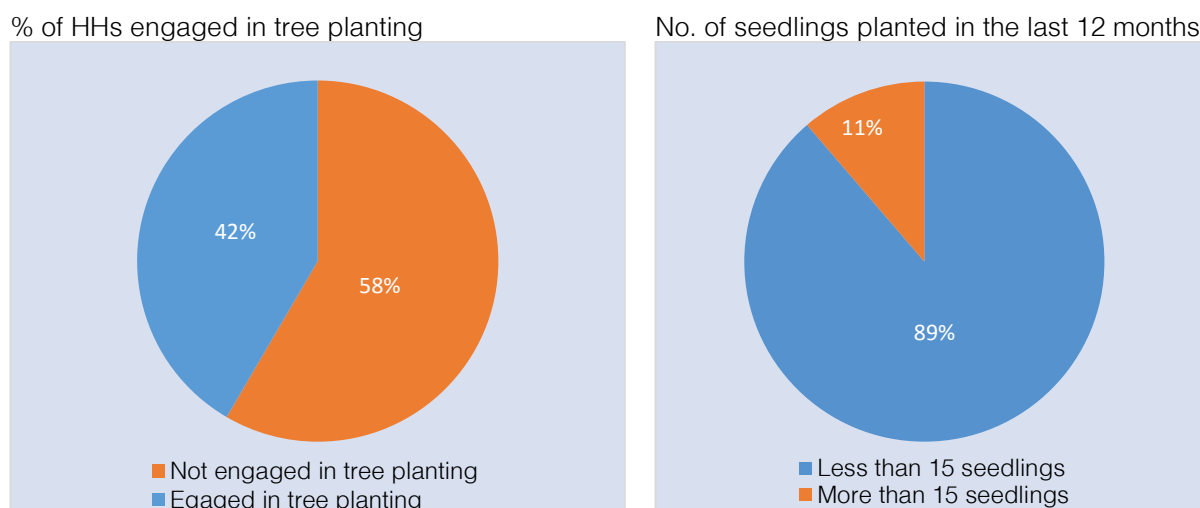
- Water harvesting and construction of valley dams, tanks and urban water
- Sensitization on crop diseases, pest control
- Construction of markets in each target population to create market for agricultural products
- Need proper storage facilities, pesticides, and quality seeds
- Equipping farmers with enough trainings and better farming methods, disaster risk reduction, environmental practices as well as training on income generating activities
- Sensitization of community members to diversify production of crops and keep various animals.

3.3 Environmental Protection

Adoption of tree planting practices

Survey responses indicate that majority of the households (58%) are not engaged in tree planting, with only 11% of those engaged in tree planting having planted more than 15 seedlings in the past twelve months. See figure 26 below for details.

Figure 26: Percentage of target households engaged in tree planting activities



Qualitative data revealed that the new refugees degrade the environment during land opening to set up their dwelling and grow food for their household's consumption once they are allocated land. Some are involved in tree cutting activities for additional building materials, charcoal and firewood. They get involved in tree planting to a very small scale after all they do not expect to benefit from these new trees.

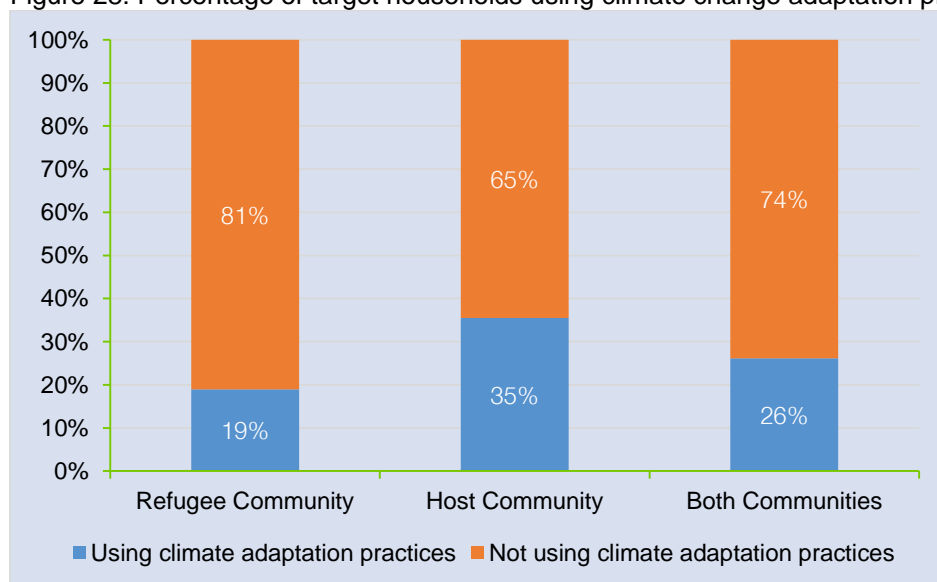
Figure 27: Farming practices in Ayilo1 host community – Clearing land for agriculture



Climate Change Adaptation Practices

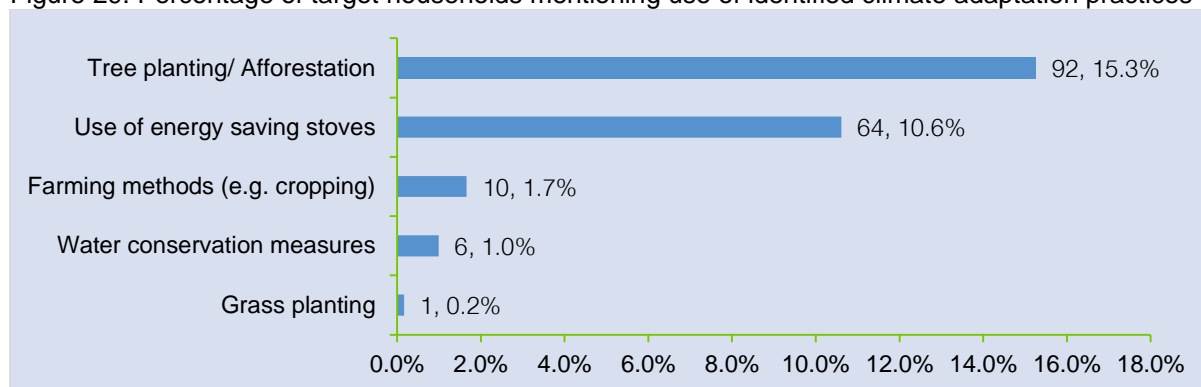
Survey responses indicate that majority of the households (74%) do not use climate change adaptation practices as indicated in figure 28 below, with the refugee community producing worse results (81%) in terms of climate change adaptation practices.

Figure 28: Percentage of target households using climate change adaptation practices



The main climate change adaptation practices used by the target population were tree planting/afforestation at 15% and use of energy saving stoves at 10% among others as shown by figure 29 below.

Figure 29: Percentage of target households mentioning use of identified climate adaptation practices



It was noted that only 32% of the women in the target population were using energy savings stoves as shown in figure 27 below.

Figure 30: Percentage of target women using energy saving stoves

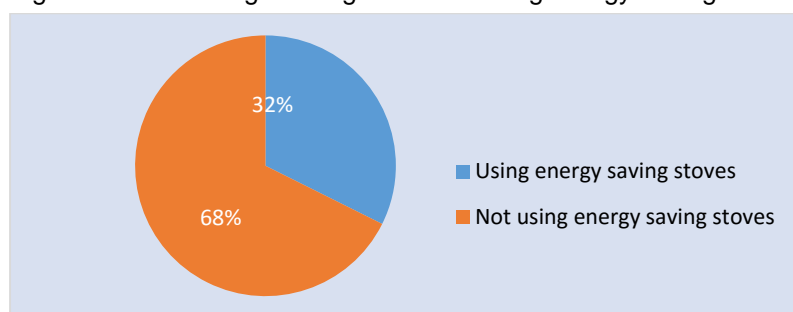
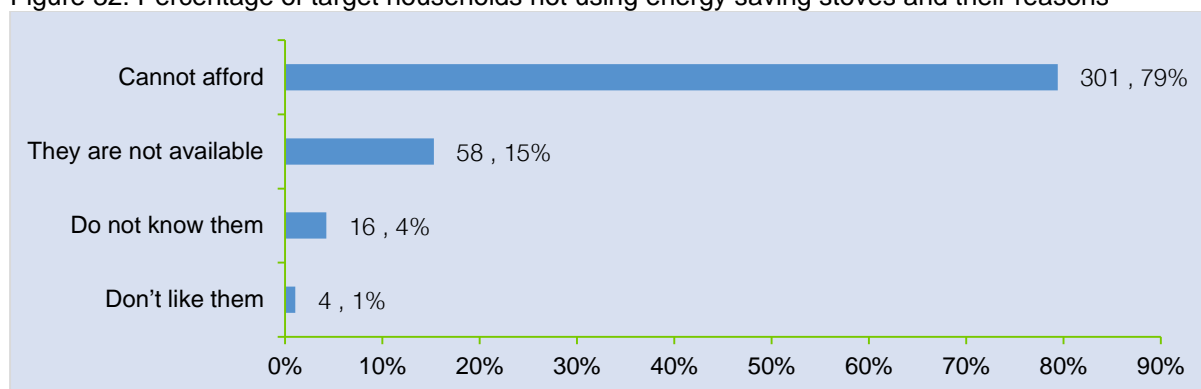


Figure 31: An Energy Saving Stove using Charcoal



Among the reasons given for not using energy saving stoves, the most prominent was the fact that the respondents could not afford them (79%) followed by lack of availability at 15%. A small percentage (4%) of the population didn't know the energy saving stoves while an even smaller percentage (1%) didn't like them. See figure 32 below for details.

Figure 32: Percentage of target households not using energy saving stoves and their reasons



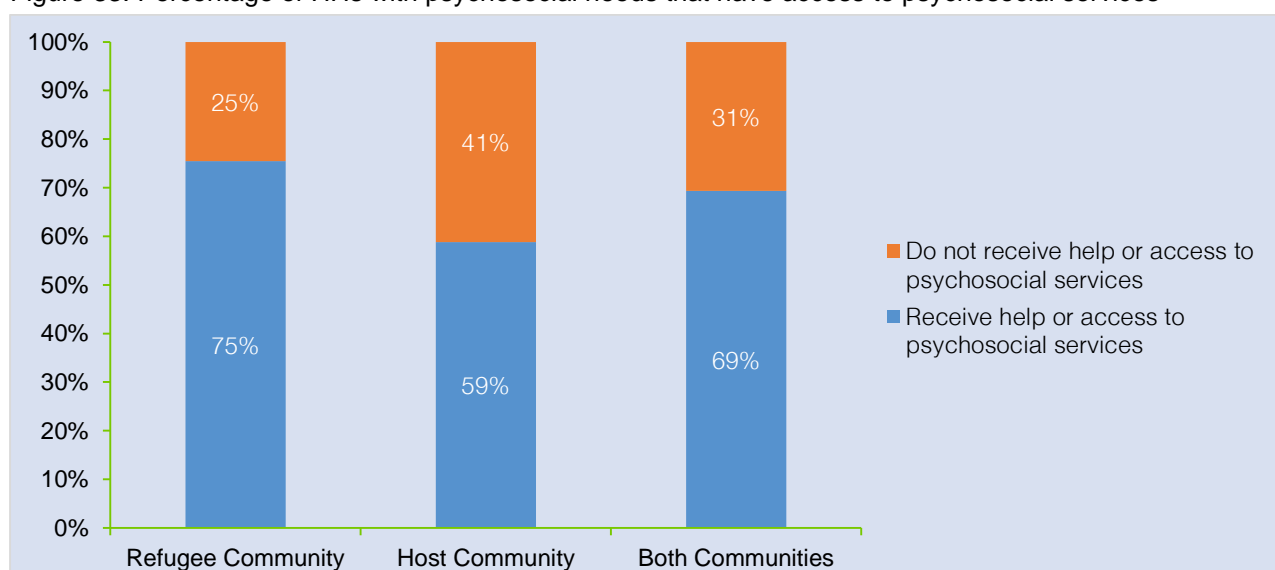
The other reasons picked up from the qualitative data for not using the Energy saving stoves include;

- Lack of access to information; where to buy them and how they are used
- Rigidity to changes as the community prefers the traditional ways; Cannot cook kisira (traditional food)
- The stoves are too heavy to carry,
- They are not time saving because they are too slow in cooking,
- The stoves and the Charcoal are expensive
- Lack of materials to make the stoves.
- This community is ignorant about most of the existing energy saving technologies for lighting and cooking
- Inadequate knowledge about its use
- Few are being distributed

3.4 Psychosocial Needs

75% of the respondents revealed that either they or members of their family have experienced stress or sadness. A higher percentage (80%) from refugee settlements and 68% from the host community. 69% of the respondents reported as having access to psychosocial services among the target population, with the refugee community at 75% and the host community at 59% for those with psychosocial needs that have access to psychosocial services as shown in figure 33 below.

Figure 33: Percentage of HHs with psychosocial needs that have access to psychosocial services



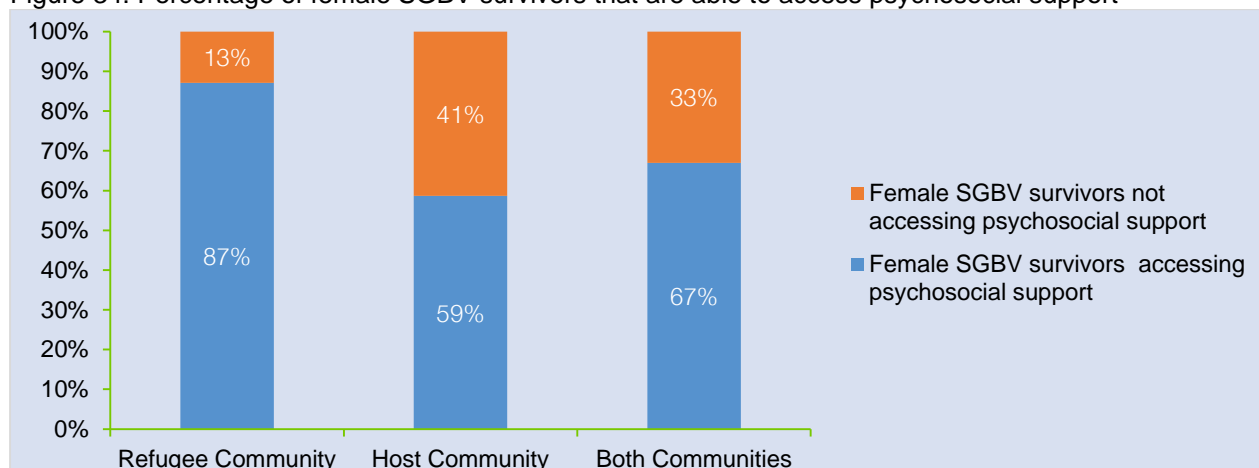
Qualitative data indicates that the rate of SGBV is very high especially among the Dinka and is directly mostly towards women and girls. Beating wives and sexual harassment of minors as well as within marriage are part of their normal daily life.

Most SGBV incidents' victims are married women that are 18 – 40 years old. The most unreported or underreported SGBV incidents are in children below 18 years old because of:

- Cultural practices where bride price (*Kasorobe*) is valued more than health, education or statutory legal rights of the young girls. The bride price is usually one to two cows.
- Lack of information on the significance of the SGBV crime. In the month of August 2015, six young boys and 2 girls have been detained for SGBV crimes among those who are underage.
- SGBV is accelerated by poverty. Some men dictate the number of children they produce without regard for how they will be looked after or even the health of the woman.

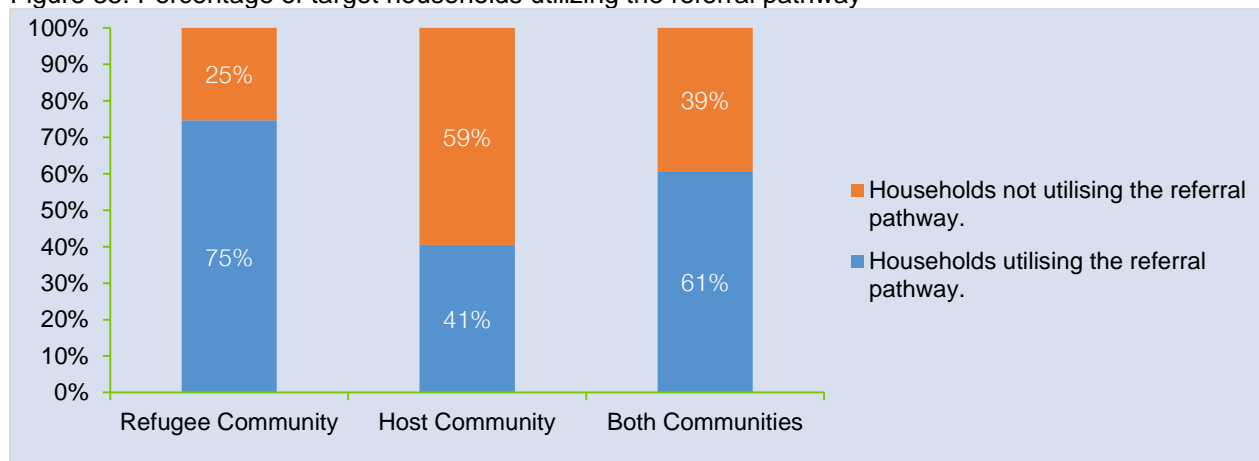
Figure 34 below highlights the fact that 87% of the SGBV female survivors among the refugee community are able to access psychosocial support. A less percentage (59%) of female SGBV survivors are able to access psychosocial support among the host community.

Figure 34: Percentage of female SGBV survivors that are able to access psychosocial support



The results further revealed that 75% and 41% of the refugee community and host community respectively utilise the referral pathway as highlighted in figure 35 below.

Figure 35: Percentage of target households utilizing the referral pathway



Some survivors of SGBV look for help when they experience violence as follows:

- Reporting to police has recently increased with increased sensitization about SGBV, awareness of rights and the law on crime in Uganda. Among the Madi, the Elders resolved these crimes but trust in them waned after the war. Most victims especially women, trust the police instead.

- They get the following types of help: - counseling, referrals for health, legal, arbitration and other basic needs like education and economic support.

These channels for reporting SGBV work but could do so much better. They have helped in offering counseling and empowerment however, the incidence of repetitive offending by the same individuals is still high.

The challenges involved in responding to SGBV include:

- The police are far and overwhelmed with a back log of cases and they are very short staffed.
- Poor ability of parents or care givers to report cases in time and to the right authority.
- There are no separate holding cells for children and adults. All criminals are bundled together regardless of age and health condition. (However, the cells are only separated by gender)
- The LC1 court system is not trusted by the community as its leaders have overstayed in post and thus lost credibility. (over 15 years)

4 CONCLUSIONS AND RECOMMENDATIONS

4.1 Food and Nutrition Security

The target population face major challenges when it comes to food and nutrition with people having one meal a day and some going for two or more days in a week without food and therefore making varying of meals a non-priority. This has been the major cause of stunting and malnutrition among the children.

The low incomes coupled with high food costs in among the target communities has been the major cause of the food and nutrition challenges with mainly the refugee community relying almost entirely on NGO support, welfare and remittances. Crop production that would ideally help the situation faces constraints such as lack of land, money for inputs and equipment.

In light of the above, we recommend the following;

- Increasing of household incomes through promotion of income generating activities (IGAs). There is a need to change the mind-set and attitude of the target population towards income generating activities and less dependency on hand outs and NGO support. This can be done through capacity building and entrepreneurship skills development.
- Improving crop production and agriculture in general through capacity building (improved farming methods, disease control, use improved crop varieties) and setting up of some enabling infrastructure like valley dams, water harvesting tanks, markets, storage facilities.
- Initiate seed bulking schemes to reduce cost as well as encourage farmers to work in groups in order to share resources and raise funds for micro credit
- Sensitisation of the target population on nutrition, its benefits, dangers and how it can be accomplished through affordable ways. This can be done by establishing a comprehensive nutrition intervention programme, involving both curative and preventive approaches.
- The project should consider enhancing of climate change adaptation practices among the target population, such as; irrigation through water harvesting to support kitchen gardening will ensure supply of food. Mobile clinics, targeted supplementary and therapeutic feeding interventions should be instituted in the target populations.

Figure 36: Target Beneficiaries engaged in IGAs in Ayilo1 Refugee Settlement Market



4.2 Environmental Protection

There is considerable degradation of the environment mainly among the refugee community during land opening to set up their dwelling and grow food for their household's consumption once they are allocated land. Some are involved in tree cutting activities for additional building materials, charcoal and firewood.

Unfortunately it was noted that majority of the households are not engaged in tree planting, with those engaged in it doing so at a low level. Also majority of the households do not use climate change adaptation practices with the main climate change adaptation practices used by the target population being tree planting/afforestation and use of energy saving stoves.

Among the reasons given for not using energy saving stoves, the most prominent was the fact that the respondents could not afford them followed by lack of availability. A small number of among the target population didn't know the energy saving stoves while others said they didn't like them.

In light of the above we recommend the following:

- There is a need to sensitize the communities about environmental protection and conservation
- Intensify agro forestry practices especially home tree nurseries and tree planting in collaboration with other stakeholders and lobbying for more land to plant trees
- Sensitize the community about climate change adaptation practices such as use of improved energy saving cook stoves, clearly stating the benefits and creating avenues of access.

4.3 Psychosocial Needs

A considerable proportion of the target population revealed that either they or members of their family have experienced stress or sadness with majority coming from the refugee community. It was encouraging that also a considerable number of respondents reported as having access to psychosocial services among the target population and making use of the referral pathway.

It was noted that SGBV is very high especially among the Dinka and is directed mostly towards women and girls. Beating wives and sexual harassment of minors as well as within marriage are part of their normal daily life. Most SGBV incidents' victims are married women that are 18 – 40 years old. The most unreported or underreported SGBV incidents are in children below 18 years old because of; Cultural practices where bride price (Kasorobe) is valued more than health, education or statutory legal rights of the young girls; Lack of information on the significance of the SGBV crime; and SGBV is accelerated by poverty.

In light of the above, we recommend the need for:

- A sustainable behavior change program across the district. Cultural norms or practices that negatively impact the women and children must be transformed e.g. beating is commonly accepted practice among the Dinka and girls or women having no family planning as well as the high incidence of pregnancy among underage girls. So far the response to behavior change programs is very poor. This can be done through regular community sensitization and awareness campaigns.
- The culture of colluding to conceal information after crimes especially sexual harassment and domestic violence must be stopped in both the host community and among the refugees.
- More community policing and regular dialogue between authorities and the people. Plenty of facilitation for education support is required.
- There is a need to revise the standard operating procedures of all collaborating agencies and improve the understanding of the referral pathways. This includes how victims are looked after and supported.
- Increase awareness of PEP kits and their usage.
- Speed up response to SGBV incidents and improve availability of services.
- Do away with charging victims for health examinations which must be used as evidence by police.
- Strengthen systems by capacity building e.g. UNICEF supports youth led initiatives like Straight Talk, peer education, couple counseling, arbitration and resolution of domestic violence by the youth in the community.
- Improve police effectiveness; fighters should be imprisoned and addition of security men and women for patrol at night

5.0 PROJECT RISKS AND MITIGATION MEASURES

As part of the objectives of the assignment the consultant identified risks which are likely to be faced by the project and the mitigation strategies for the risks identified. The primary preconditions for the successful implementation of this project are that the security, political, social and environmental contexts permit access to targeted communities and districts, as well as work with relevant local partners and associates, throughout its duration. Table 1.1 below shows some of the anticipated risks to this project.

Table 12: Identified Risks and Mitigation strategies

Risk	Mitigation
Lack of time and financial resources to achieve sustainability of project results	<ul style="list-style-type: none"> • Develop precise annual work plans (AWPs), monitor results closely and make changes if necessary; • Implement an exit strategy based on baseline survey recommendations; Support target groups to publicize success stories and to mobilize resources
Local residents won't see the benefit of engaging in the project activities	<ul style="list-style-type: none"> • Participatory approach to risk detection, implementation and monitoring & evaluation
Limited political will and/or support from OPM and UNHCR	<ul style="list-style-type: none"> • Right from the beginning of the project and at inception level, political leaders should be actively involved in the planning and sensitization. • Political leaders should also be represented on the Project steering committee and should be involved in periodic review of project impacts
Low staffing and losing expertise from core team members	<ul style="list-style-type: none"> • Selection of the staff to work with should broaden the team, preferably with diversified skills and experiences. • All implementing counterpart staff should be acquainted with the project activities and deliverables.
Local communities with limited participation and willingness to promote project initiatives	<ul style="list-style-type: none"> • Increase sensitisation at local community level, working with local government administrative structures, • Active involvement of community leaders and community based organizations in project implementation
Implementation of some interventions likely to be affected by weather and natural calamities	<ul style="list-style-type: none"> • Running more than one pilot initiatives for similar interventions in different areas
Delayed delivery on outputs and poor monitoring and evaluation results	<ul style="list-style-type: none"> • Developing a detailed participatory M & E framework with key project stakeholders • Regular follow up and timely monitoring of project activities
Limited capacity, especially in areas of Food and nutrition, psychosocial needs, Climate Change adaptation and mitigation	<ul style="list-style-type: none"> • Field level Project Team should have key project component experience • Capacity building components of the project should have aspects of climate change, food, nutrition, and psychosocial needs.
Inadequate and inaccurate flow of information may result in misconceptions about the project and hence lead to opposition by some key project stakeholders	<ul style="list-style-type: none"> • Prepare and implement comprehensive consultation and communication plan. • Collaborate with stakeholders to ensure inclusive decision making

Using the identified risks and mitigating strategies, the project team should conduct a comprehensive risk assessment in order to validate, classify and prioritize the identified risks. All risks should be assigned risk owners and a risk log created and updated regularly following a review of the external environment that may affect the project implementation. Regular meetings to review the Project Progress and provide direction and recommendations are necessary to achievement of project deliverables and targets.

Appendix I: List of Key Informants

No.	Name	Position	Location/ Institution	Telephone	Email
1	Alice Bunia (Ms.)	Psychiatric Clinical Officer (PCO)	Adjumani Hospital	---	---
2	Paul Kato (Dr.)	Medical Officer (MTI)	Nyumanzi Refugee Settlement	0776261234	kalyebara@aol.com
3	Godfrey Byaruhanga (Mr)	Refugee Camp Commanders' Supervisor	OPM Field Office in Pakele	0774394531	---
4	Bul Garang (Mr)	RWC2 Chairperson	Refugee Welfare Council, Baratuku Refugee Settlement	0783485020	---
5	Dunstan Balaba (Mr)	Chief Administrative Officer	Adjumani District	0782905157	---
6	Fred Moini (Mr)	District Planner	Adjumani District	0772370866	akuramoyi@gmail.com
7	Anne Dunia (Ms)	District Health Officer	Adjumani District		annedunia@yahoo.com
8	Ramadhan Mawadri (Mr)	Senior Probation Social Welfare Officer	Adjumani District	0772841354	mawaran@yahoo.co.uk
9	Justine Alule (Mr)	District Agricultural Officer	Adjumani District	0774940784	alulejustine@yahoo.com
10	Michael Ojja (Mr)	HRO/ Hospital Administrator	Adjumani Hospital	0775323252/ 0794323252	michaelojja@yahoo.co.uk
11	Anthony Leku (Mr)	Agricultural Officer	Adjumani District	0772182839	lekuanthony@yahoo.com
12	Charles Giyaya (Mr)	District Environment Officer (DEO)	Adjumani District	0772543284	---
13	Francis Ojja (Mr)	District Forestry Officer	Adjumani District	0772933117	sebbfrancis@yahoo.com
15	Mudathir Doka (Mr)	Field Associate	UNHCR	0776730046	---
16	Paul Bigo (Mr)	LC1 Chairperson	Baratuku	0782541744	---

Appendix II – List of Participants in Focus Group Discussions

No.	Category	Village	Participants
1	Farmer Group	Boroli	<ol style="list-style-type: none"> 1. Gune Alice 2. Muraa Alice 3. Muhammed Kelil 4. Baba Thomas 5. Yangi Lilian 6. Bashir Umar
2	Caregivers	Boroli	<ol style="list-style-type: none"> 1. Madra William 2. Keji Joyce 3. Masudio Gloria 4. Karim Ashusah
3	Farmer Group	Olua 1	<ol style="list-style-type: none"> 1. Alier Deng Majuch 2. Kiir Alakiir Malak 3. Achol Buol Deng 4. Tit Marial Duot 5. Athon Mabil 6. Ayom Augustine Deu
4	Community Welfare Group	Baratuku	<ol style="list-style-type: none"> 1. Amur Gak 2. Amier Malier 3. Achol Ajier 4. Tabitha Achol Ayii 5. Rebecca Nyandeng 6. Jacob Yuot Achiek
5	Community Men Group	Baratuku	<ol style="list-style-type: none"> 1. Abraham Machol 2. Kuol Dut Mayol 3. Achol Deng Agot 4. Deu David Malual 5. Matiop Mathew 6. Athian John Reng
6	Community Members	Niniki	<ol style="list-style-type: none"> 1. Draga Darius (elders) 2. Madvara Antonio (elder) 3. Ofa Geoffrey (elder) 4. Ayiku martin (youth) 5. Obulejo john (youth) 6. Amadrio concy (youth) 7. Mania Gloria (woman) 8. Agondua moury (woman) 9. Paskale Joaquin (PWD)
7	Community Women Group	Nyumanzi	<ol style="list-style-type: none"> 1. Elizabeth Okuch 2. Rabeca Aqual 3. Adau Amol 4. Mary Kech 5. Angeth Jol 6. Nyandeng Atem

Appendix III – Project Log frame

Improved Prospects for Sustained Mental and Physical Help among Refugees and Host Community Project in Adjumani

Component	Objective	Indicator	Means of Verification	Baseline Figures
1. Access to sustainable livelihood alternatives.	Improved food and nutrition security among 3,600 South Sudanese refugees and host community households in Adjumani by 2015	1. 70% of targeted households have access to adequate safe and affordable, diverse nutritious food all year round.	Quarterly, Midterm and end line Evaluation reports by WFP, MTI and the district reports	1. 44% of targeted households have access to adequate safe and affordable, diverse nutritious food all year round. Average of: (75%,51%,31%,19%) a) 75% of HH having more than one meal in a day b) 51% of HH not missing food for one or more days in a week c) 31% of HH that vary type of food every other day d) 19% of HH with affordable food
		2. 20% increase in smallholder productivity and income among targeted households.	District production reports, end line evaluation reports	2. a) 68kgs of maize harvested by each HH per annum b) 74kgs of maize harvested by each HH per annum c) 89% of HH earn less than Ushs 100,000 per month
		3. 50% reduction of stunting among children under 2 years in the targeted households	Health centre routine data, UBOS reports, district reports	3. a) 15.7 % children <2 years who are stunted (height for age Z-score <-2 SD of median height WHO standard) { 19.2% for host community, 10.4% for the refugees) b) 8.7 % of the children found with global malnutrition based on weight for age {11.5% for host community, 9.8% for refugee community}
2. Access to improved environment	Increased environmental protection among 3,600 targeted refugee and host community households.	1. 70% of the targeted household adapt tree planting practices	District environment reports, end line evaluation reports	1. 42% of the HHs are engaged in tree planting
		2. 70% of the targeted women access and use energy saving stoves.	District environment reports, end line evaluation reports	2. 32% of the targeted women access and use energy savings stoves
		3. 50% of both refugee and host communities adapt at least 3 climate change adaptation practices	District environment reports, end line evaluation reports	3. a) 2% of the target population are adapting at least 3 climate change adaptation practices b) 26% of target HHs use at least one (1) climate adaptation practice

3. Access to psychosocial support	Psychosocial needs of refugee and host community are adequately met	1. 80% of the targeted population with psychosocial needs have access to psychosocial services.	Psychosocial assessment reports, UNHCR reports	1. 69% of the targeted population with psychosocial needs have access to psychosocial services.
		2. 100% of female SGBV survivors are able to access psychosocial support	Health department reports, Psychosocial assessment reports, UNHCR reports	2. 67% of female SGBV survivors are able to access psychosocial support
		3. 80% of key duty bearers utilising the referral pathway.	Health department reports, Psychosocial assessment reports, UNHCR reports	3. a) 61% of HHs utilising the referral pathway b) 0 % of key duty bearers utilising the referral pathway

Appendix IV – Household Survey Questionnaire

SURVEY QUESTIONNAIRE

Questionnaire No: _____

My name is _____ and I am working for LWF here in Adjumani. We are conducting a survey for Improved Prospects for Sustained Mental and Physical Help among Refugees and Host Community Project.

This project is one of the LWF's Livelihoods initiatives aimed at Improved livelihoods for South Sudanese refugees and host communities in Adjumani (Eradicate extreme poverty and hunger). The project focuses on improving food and nutrition security, Increase environmental protection, and ensuring that psychosocial needs of refugees and host community are adequately met.

Your participation in this study is voluntary and your decision to participate in this interview, or not, will in no way affect, either positively or negatively, your chances of receiving benefits from LWF. If you choose to participate, you are requested to tell us the TRUTH as this will enable LWF-Uganda implement good interventions or activities to address the challenges being faced by your community.

Note that if you agree to participate, the information that you provide will remain confidential, and will not be shared with anybody other than those involved in the study. Also note that it is your right to refrain from answering any question, or to stop the interview at any time.

The survey should take about **20 minutes**.

THE INFORMATION YOU PROVIDE WILL BE TREATED WITH UTMOST CONFIDENTIALITY

SECTION 1: GENERAL INFORMATION

1.1	Sub-County name	1. Pakele 2. Dzaipi	_____
1.2	Camp or Settlement Name	1. Baratuku 2. Ayilo 1 3. Ayilo 2 4. Nyumanzi 5. Boroli 6. Olua	_____
1.3	Village name		_____
	Respondent Type	1. Refugee Household 2. Hosting community Household	_____
1.4	Interview date	_____/_____/20____	_____
		Name	Code
1.5	Enumerator		_____
1.6	Supervisor		_____

SECTION 2: RESPONDENT INFORMATION / DEMOGRAPHY

2.1	Respondent's name		
2.2	Position in the Household	Head of Head of Household1 Spouse.....2 De facto Head of Household.....3 Son/daughter.....4 Brother/sister.....5	_____
2.3	Religion	Christian.....1 Pentecostal,2	_____

		Muslim3 No religious affiliation4 Traditional/African.....5	
2.4	Sex	Male1 Female2	
2.5	Age	Below 17 years.....1 18-59 years.....2 60 and above.....3	
2.6	Marital Status	Married.....1 Single (bachelor/spinster)2 Separated.....3 Widowed.....4 Divorced.....5	
2.7	Highest level of Education	None.....1 Did not complete primary level.....2 Completed primary school.....3 Attended below secondary education level.....4 Completed ordinary level.....5 Attended but did not complete advanced level 6 College / university.....7	

SECTION 3: Access to sustainable livelihood alternatives

Income

3.1	What is the average total income for your household from all sources in a normal month?	Less than Ushs 50,000.....1 Ushs 50,000 – Ushs 100,000.....2 > Ushs 100,000 – Ushs 250,000.....3 > Ushs 250,000 – Ushs 1,000,000.....4 > Ushs 1,000,000 – Ushs 2,500,000.....5 > Ushs 2,500,000 – Ushs 5,000,000.....6 Over Ushs 5,000,000.....7	
3.2	How do you compare your household's income during these past 12 months with the previous year?	Increased.....1 Same as previous year.....2 Decreased.....3	
3.3	What were the sources of income for your household during the previous 12 months?	No income.....1 Remittance.....2 Crop production/sales.....3 Casual non agric labour.....4 Casual agric labour.....5 Begging/welfare.....6 Livestock prod/sales.....7 Small/medium business.....8 Petty trade.....9 Brewing.....10 NGO support.....11 Formal salary/wages.....12	

		Illegal mining.....13 Vegetable production/sales.....14 <i>Choose from the options above</i>	<input type="text"/>
3.4	What was the most important source of income for your household during the previous 12 months?		<input type="text"/>
3.5	On what house hold item do you mainly utilize your income	Purchase of food.....1 Purchase of scholastic materials.....2 School fees payment.....3 Medical bills.....4 Purchase of household goods.....5	<input type="text"/>
DIETARY DIVERSITY			
3.6	How many meals do you have on average in a day?		<input type="text"/>
3.7	How many days in a week do you go without food?	None.....0 One.....1 2 or More.....2	<input type="text"/>
3.8	How often do you vary the type of food you consume?	Every Meal.....1 Every other day.....2 Once a week.....3 Less than thrice in a month.....4 No Varieties (have the same food daily)5	<input type="text"/>
3.9	For those that do not vary their meals (<i>answered 5 above</i>), what is the reason for this?	Do not like the other foods.....1 Do not have the resources to do so.....2 Other foods are not available.....3	<input type="text"/>
3.10	Do you buy the food consumed at home?	Yes.....1 No.....2	<input type="text"/>
3.11	If yes to above, how much money do you spend on buying food in a normal day?	Capture amount in Uganda Shillings	<input type="text"/>
3.12	Do you find the good affordable?	Yes.....1 No.....2	<input type="text"/>
CROP PRODUCTION			
3.13	What crops did your house hold grow in the past 12 months?	Sorghum.....1 Maize.....2 Beans.....3 Cowpeas.....4 Groundnuts.....5 Others- Specify.....6.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3.14	How many bags did you harvest of each crop? Indicate whether 50kgs bags or 100kgs bags or other unit as provided by the beneficiary.	Sorghum..... Maize..... Beans..... Cowpeas..... Groundnuts..... Others- Specify.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.15	How does your HH access land for agriculture?	Owned.....1 Rental.....2 Share farming.....3 Other arrangements.....4	<input type="text"/> <i>Analyze the Distribution? M/F</i>
3.16	What area of your household's own land is your HH cultivating at present?	Unit _____	<input type="text"/>
3.17	Did your household rent any land in the past 12 months for agriculture? (paying in kind)	Yes.....1 No.....2	<input type="text"/>
3.18	How was the soil tilled prior to planting?	Manpower1 Draft animal.....2 Power tiller.....3 Tractor4	<input type="text"/>
3.19	Where was the seed from?	Purchased.....1 Own.....2 Donation.....3	<input type="text"/>
3.20	What are the major constraints or problems limiting your HH's crop production?	lack of money to buy the necessary inputs.1 lack of land.....2 lack of other tools and equipment.....3 lack of seeds4 lack of knowledge, skills or experience..5 lack of water resources or irrigation infrastructure6 Others specify)_____	<input type="text"/>
Health			
3.21	Are there any cases of stunting children under 2 years in your household? If yes how many?	None.....1 Yes,2 (Specify number of children)	<input type="text"/> <input type="text"/> <i>Analyze the Distribution? M/F</i>
3.22	Are there any malnutrition cases in your household? If yes how many?	None.....1 Yes,2 (Specify number of children)	<input type="text"/> <i>Distribution? M/F</i>
SECTION 4: Access to Improved Environment			
Afforestation			
4.1	Are you engaged in tree planting?	Yes.....1 No.....2	<input type="text"/>

4.2	If yes, how many tree seedlings have you planted in the past 12 months?	Less than 15 seedling.....1 More than 15 seedlings.....2 Indicate the exact number planted.	<input type="text"/> <input type="text"/>
4.3	How many seedlings of those planted survived?	Less than 10 seedling.....1 More than 10 seedlings.....2 Indicate the exact number that survived.	<input type="text"/> <input type="text"/>
Climate Change Adaptation			
4.4	Do you use any climate adaptation practices?	Yes.....1 No.....2	<input type="text"/>
4.5	If yes, How many climate change adaptation practices have you used in the last six (6) months?		<input type="text"/>
4.6	Please list the climate change adaptation practices used in the last six (6) months, to a maximum of five practices.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Energy Saving Technologies			
4.7	Do you use energy saving stoves in your household?	Yes.....1 No.....2	<input type="text"/>
4.8	If no, above, why?	Cannot afford1 They are not available2 Do not like them.....3 Do not know them.....4	<input type="text"/>
4.9	Do you use energy saving lighting in your household?	Yes.....1 No.....2	<input type="text"/>
4.10	If no, above, why?	Cannot afford1 They are not available2 Do not like them.....3 Do not know them.....4	<input type="text"/>
SECTION 5: Access to psychosocial support			
5.1	Do you or any of your family members experience stress or sadness?	Yes.....1 No.....2	<input type="text"/> <i>Distribution? M/F</i>
5.2	If yes above, what are the causes of this stress or sadness?	Loss of friends and family members.....1 War trauma2 Struggling to meet livelihood needs.....3 Education was interrupted4 Work/business was interrupted5 Sexual and Gender Based Violence.....6 Increased competition for resources.....7 Other, Specify.....8	

5.3	If yes above, have you or affected members received help or accessed psychosocial services?	Yes.....1 No.....2	
5.4	Where did you or affected members receive help or access psychosocial services?	Hospital.....1 Clinic2 Health Worker.....3 Traditional Healer4 Religious Leader/ Pastor5 Family/ Friends.....6 NGOs.....7 Others (specify).....	
5.5	DO you feel you need additional services or help?	Yes.....1 No.....2	
5.6	If yes to above, Why?		
5.7	Have you referred any of your family members to seek psychosocial help?	Yes.....1 No.....2	
5.8	Are you able to express fears or concerns and seek care from others during stress?	Yes.....1 No.....2	
5.9	Do you make use of positive coping strategies during times of stress – as defined by cultural norms	Yes.....1 No.....2	
5.10	Do you feel safe and secure in this community	Yes.....1 No.....2	
5.11	What threats and risks to your psychosocial wellbeing existing in this community can you mention	List	
5.12	Have you observed a reduction in the number of threats and risks to your psychosocial wellbeing in neighbourhood in the last 3 months?	Yes.....1 No.....2	
5.13	Do you a female SGBV survivor in your household in the last six months?	Yes.....1 No.....2	
5.14	If yes to above, have they been able to access psychosocial support?	Yes.....1 No.....2	

Appendix V: Anthropometric Survey Questionnaire

Lutheran World Federation Uganda
Anthropometric Survey Questionnaire

Baseline Survey for Improved Prospects for Sustained Mental and Physical Help among Refugees and Host Community Project in Adjumani

Question/Item	Answers/Codes	Response
Questionnaire Unique Code		
Date of Interview	____ Day / ____ Month / 2015	
Name of Interviewer		
Sub County	7. Pakele 8. Dzaipi	____
Camp	9. Baratuku 10. Ayilo 1 11. Ayilo 2 12. Nyumanzi 13. Boroli 14. Olua	____
Village		

S/N	Question/Item	Answers/Codes	Response
1.1	Name of Mother		
1.2	Name of Child		
1.3	Child's gender	1 = Male 2 = Female	
1.4	Age of Child (in months)		
	Source Used to Verify Child's Date of Birth	1 = Birth Certificate 2 = Health Card 3 = Estimated (Not Verified with Written Document) 4 = Other (specify)	
1.5	Stature (in cm)	1. Recumbent Length (children less than 24 months)	____ cm
		2. Standing Height (children 24 months old or older)	____ cm
1.6	Weight (in kg)		____ kg

Appendix VI – Key Informant Interview Guides

Local community leaders

1. What is the proportion of households reporting being able to afford at least three meals in a day and those that consume a variety of foods? What challenges are faced in this area?
2. What is the level of smallholder productivity and income among the community and what challenges are faced?
3. What is the attitude of community members in regard to tree planting and what is being done about it?
4. What is the attitude of community members towards accessing and using energy saving technologies for lighting and cooking? What are the challenges faced in this area?
5. How are people with psychosocial needs helped or dealt at the leadership level and within the community?
6. What response mechanisms addressing protection, rights and risks issues exist in the community?

District director health services/Health and Nutrition officer

1. How many institutions who are caring for mentally ill people do exist in the Region
2. Do you think that they are enough
3. How do our communities care the mentally unstable people in the community/clinics?
4. What do you think that are the factors of mental illnesses in our community
5. How do our communities try to treat their mentally unstable people?
6. What could be done to prevent these factors?
7. How can we improve the mental health situation in our community
8. What percentage of households in the district can you estimate as having access to adequate safe and affordable, diverse nutritious food all year round?
9. What is the current estimate number of stunting children under 2 years in the district?
10. What is the current estimate number of malnutrition cases among S Sudanese refugee children in Adjumani settlements?
11. What is the current GAM (Global Acute Malnutrition) rates in host and refugee populations in the district?
12. What is the estimated percentage of the district population with psychosocial needs that have access to psychosocial services?
13. What is the estimated percentage of female SGBV survivors that are able to access psychosocial support?
14. What is the estimated percentage of key duty bearers utilising the referral pathway in the district?)
15. What are the response mechanisms addressing protection, rights and risks issues?
16. Are individuals generally able to express fears or concerns and seek care from others during stress, if so, what is the estimated proportion of those that do? (e.g 1 out of every 10)

17. Do individuals in the district make use of positive coping strategies during times of stress – as defined by cultural norms, if so, what is the estimated proportion of those that do? (e.g 1 out of every 10)

District agriculture officer/ District production coordinator/ District community development officer/ District Commercial Officer

1. What is the proportion of households that have access to adequate safe and affordable, diverse nutritious food all year round? (e.g 1 out of 10)
2. What challenges are faced in this area?
3. What is the estimated current smallholder productivity for the different types of agricultural produce?
4. What is the average size of land cultivated by the households in the district? (an estimate for refugees and host communities), is it common practice to hire land and at what average rates per acre?
5. What is the level of use of improved farming methods in the district?
6. What other income generating activities are undertaken by the households?
7. What is the average annual income of the households? (an estimate for the refugees and host communities)
8. What training are available for farmers in the district?

District environment officer

1. What is the proportion of households undertaking tree planting practices
2. What is the proportion of women with access and use energy saving stoves
3. What is the estimated number of households accessing and using energy saving technologies for lighting and cooking
4. What climate change adaptation practices are refugee and host communities adapting in the district?
5. Are there IEC materials on environment conservation practices?

District Forestry officer

1. What is the percentage of households undertaking tree planting practices?
2. What is the estimated number of tree seedlings being planted by these households?
3. What is the percentage survival rate of seedlings planted?
4. Are there tree nurseries at the district and with what capacity?

District Education officer

1. What is the percentage of students with psychosocial needs?
2. How are these needs dealt with?
3. Is there any special training for teachers to deal with students with psychosocial needs?
4. Are there situations where students are referred to health institutions to seek further help?

Health center heads

Name of Institution _____ Location _____

Name of interviewee _____ Title _____

Number of Staff

	Male	Female	Remark/Qualification
Psychiatric Doctors			
Other Doctors			
Social workers			
Psychiatric Nurses			
Other Nurses			
Support staff			
Others (Specify)			

1. What is the number of stunting children under 2 years that have visited the health centre within the past 12 months? _____
2. What is the number of malnutrition cases among S Sudanese refugee children that have reported to the health center? _____
3. What is the current GAM (Global Acute Malnutrition) rates in the district according to your records? _____
4. How many patients with psychosocial needs have been served by the health centre in the last 12 months? _____
5. How many cases of female SGBV survivors have you served at this health centre in the last 12 months? _____
6. What proportion of key duty bearers can you estimate as utilising the referral pathway? _____
7. What proportion of patients are able to express fears or concerns and seek care from others during stress? _____
8. Do you think that the facilities and resources (Human and logistical) are adequate to deal with the psychosocial needs of the community? _____
9. What challenges exist in this area and what can be done to improve? _____

NGOs and CSOs Implementing Similar Projects (Programme Officers from DRC, NRC, TPO-SCO/ TUPAPONA)

1. What is the current situation in terms of; livelihoods, environmental conservation, SGBV, and Mental Health in this community?
2. What are the current needs of the community in terms of; livelihoods, environmental conservation, SGBV, and Mental Health in this community?
3. What are the current relationship structures between this community, the local governments and the donors?
4. How does your organisation support this community in terms of; livelihoods, environmental conservation, SGBV, and Mental Health? Since when? In what ways?
5. What other projects is your organisation doing in this community?
6. What are some of the challenges this project is likely to face going forward?

District Probation officer

1. Who are the main victims of SGBV in this community? (According to age, gender, socio-economic status, tribal grouping, etc.)
2. What are the main community responses when SGBV occurs?
3. Do survivors of SGBV look for help when they experience violence? What kind of help do they look for?
4. What facilities/organizations/options exist for helping survivors of gender-based violence in this district?
5. What are the commonly used channels for reporting SGBV? How effective do you think these channels have been?
6. What legal facilities or personnel exist for victims/survivors of SGBV and for punishing perpetrators? (e.g., court, local/traditional, or civil authorities)
7. What are some of the challenges faced in responding to SGBV? How do you think these challenges could be addressed?
8. How would you improve the support given to SGBV survivors?

SGBV Survivors

1. What was the type or types of SGBV that you experienced in the past 6 months?
2. What responses/reactions did you receive from the community when this occurred?
3. Did you look for help when you experienced violence? What kind of help did you get?
4. What facilities/organizations did you go to for help? If none, what other options did you use?
5. What are some of the challenges faced when seeking support after violence? How do you think

Appendix VII: Focus Group Discussion Guides

1. Are households able to afford at least three meals in a day and able to consume a variety of foods? What challenges are faced in this area?
2. What is the level of smallholder productivity and income among the community and what challenges are faced?
3. What is the attitude of community members in regard to tree planting and what is being done about it?
4. What is the attitude of community members towards accessing and using energy saving technologies for lighting and cooking? What are the challenges faced in this area?
5. How are people with psychosocial needs helped within the community?
6. What response mechanisms addressing protection, rights and risks issues exist in the community?
7. Do you feel safe and secure in your community? If not why and what can be done to improve the situation?

FACILITATOR GUIDE**General information**

Venue.....

Sub-County_.....

Village name.....

Moderator.....

Supervisor.....

Recorder.....

Time:Date:

Participants list

No.	Full name	Gender [M/F]	Age	Education	Village of Residence	Group	Period in KLEP

Note: Each Focus Group Discussion should consist of 8-12 participants

Baseline Survey Report for "Improved Prospects for Sustained Mental and Physical Help among Refugees and Host Community Project in Adjumani" submitted by Bronkar.

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