

# End of Year One Project Evaluation Report



## Inclusive Disability WASH, Livelihood and Protection Project in Omugo

March 2020 – March 2021

Published May, 2021  
© World Vision International

## ACKNOWLEDGEMENT

World Vision Uganda and the consulting team led by Mr. Adibaku William are grateful to the refugee and host communities in Omugo for providing relevant information in the conducting of the end of year one project evaluation for the Inclusive Disability WASH, Livelihood and Protection Project in Omugo SC. The evaluation was aimed at assessing the relevance, effectiveness, efficiency, sustainability, impact and coherence of the project interventions.

The consulting team greatly appreciates the Management and Staff of WVU who provided all the needed support in carrying out the evaluation. Special thanks goes to Igga Charles the Monitoring, Evaluation, Accountability and Learning (MEAL) Manager for World Vision Uganda, Dithan Mukiibi the Project Manager, Dinah Kyakunzire MEAL Assistant for the project and Godfrey Twesigye the MEAL Coordinator for the technical leadership and support in seeing this evaluation successful. Additionally, due recognition goes to the project team under the leadership of the Project Manager for the support in ensuring that the field engagements and necessary logistical requirements to facilitate the evaluation process were provided in time. We are indebted to the refugee and host communities who spared time to voluntarily provide information necessary for the survey. We also extend our sincere appreciation to Omugo Sub County and Refugee settlement leadership who made it possible for the evaluation to be successful.

The report is anticipated to inform development of similar interventions for improving the wellbeing of the most vulnerable communities especially children within the refugee and host communities.



Yours

Adibaku William

Lead Consultant

[adibakubaru4will@gmail.com](mailto:adibakubaru4will@gmail.com)

0702336861, 0783036762

## **AFFIRMATION**

The Inclusive Disability WASH, Livelihood and Protection Project has implemented its interventions in Omugo refugee settlements and surrounding host communities from March 2020 to March 2021. An end of year project evaluation was commissioned in May 2021 to provide learning from the project interventions, but also assess the relevance, effectiveness, efficiency, sustainability, impact and coherence of the project interventions. As such, except as acknowledged by the references in this report to other authors and publications, the primary quantitative and qualitative data collected throughout the evaluation exercise remains the property of the communities and families described in this document. Information and data must be used only with their consent.

## TABLE OF CONTENTS

1.0	INTRODUCTION.....	10
1.1	Introduction.....	13
1.2	Background .....	13
1.3	Objectives of the Evaluation .....	13
1.4	Key Evaluation Questions .....	14
1.5	Other Evaluation Aspects.....	15
1.6	Structure of the report.....	15
2.0	METHODOLOGY.....	16
2.1	Introduction.....	16
2.2	Evaluation design .....	16
2.3	Study Area and Focus of the Study .....	16
2.4	Study Population and scope .....	17
2.5	Sampling Method and Sample Size Determination .....	17
3	FINDINGS .....	23
3.1	Introduction.....	23
3.2	Demographic Characteristics .....	23
3.3	Relevance of the project.....	26
3.4	Effectiveness of the project.....	29
3.5	Efficiency of the project .....	48
3.6	Sustainability of the project.....	50
3.7	Coherence of the project.....	52
3.8	Impact.....	53
4	CONCLUSIONS, RECOMMENDATIONS & LESSONS LEARNED .....	55
4.1	Conclusions .....	55
4.2	Challenges and Good Practises.....	56
4.3	Recommendations.....	57
4.4	Lessons Learned .....	59
	Bibliography.....	60
	APPENDIX.....	61

## LIST OF TABLES

Table 2-1: Distribution of qualitative sample.....	19
Table 3-1: Demographic Characteristics of Respondents.....	23
Table 3-2: Demographic characteristics of household head .....	24
Table 3-3: Demographic characteristics of household head .....	25
Table 3-4: Improved access to WASH services and livelihood opportunities.....	29
Table 3-5: Performance of outcome level indicators .....	30
Table 3-6: Main source of drinking water at institutional level .....	34
Table 3-7: Sanitation practices at household level .....	35
Table 3-8: Hygiene practices at household level .....	37
Table 3-9: Hygiene and sanitation practices at institutional level.....	40
Table 3-10: Hygiene and sanitation practices at household level.....	41
Table 3-11: How people with disability should be treated in society .....	43
Table 3-12: Opinions of PWD/CWDs on their support, involvement and access to services .....	44
Table 3-13: Household Incomes .....	46
Table 3-14: Household food security .....	47

## LIST OF FIGURES

Figure 1- 1: Proposed Data collection architecture .....	20
Figure 3- 2: Forms of disabilities among household members .....	26
Figure 3- 3: Main source of drinking water .....	31
Figure 3- 4: How water is treated and made safe for drinking .....	34
Figure 3- 5: Adoption of sanitation facilities among households.....	37
Figure 3- 6: Handwashing practices at household level .....	38
Figure 3- 7: Non-defecation sanitation at household level.....	39
Figure 3- 8: Sources of information for awareness creation on disability inclusion .....	42
Figure 3- 9: Community based rehabilitation for CWD/PWDs.....	44
Figure 3- 10: Main source of income .....	46

## ACRONYMS

COVID	Corona Virus Disease
CRRF	Comprehensive Refugee Response Framework
CRS	Catholic Relief Service
CSO	Civil Society Organization
CWD	Child with Disability
DAC	Development Assistance Committee
DRC	Danish Refugee Council
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
IGA	Income Generating Activity
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
KII	Key Informant Interview
LC	Local Council
LWF	Lutheran World Federation
M&E	Monitoring and Evaluation
MEAL	Monitoring Evaluation Accountability and Learning
MSC	Most Significant change story
NDP	National Development Plan
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
ODK	Open Data Kit
OECD	Organization for Economic Cooperation Development
OPM	Office of Prime Minister
PPS	Probability Proportionate to Size
PWD	People with Disability
ReHOPE	Refugee and Host Population Empowerment
SAS	Senior Assistant Secretary
SC	Sub County
SDG	Sustainable Development Goal
SO	Support Office
SPSS	Statistical Package for Social Scientists
UNDP	United Nations Development Plan
UNHCR	United Nation High Commission for Refugee
VSLA	Village Saving and Loan Association
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WVU	World Vision Uganda

## **EXECUTIVE SUMMARY**

World Vision is responding to the South Sudanese refugee crisis in West Nile by implementing both food programs and emergency grants geared towards alleviation of suffering and poverty among the refugees and host communities. World Vision Uganda secured support from the Ministry Foreign Affairs Finland by the support of World Vision Finland as a Support Office (SO) to implement Inclusive disability WASH and protection project plus the Omugo Inclusive Sustainable Livelihoods project in Omugo sub-county. The project aims to improve access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disability and their caretakers in Omugo sub-county by March 2022. The project uses disability inclusion (social model targeting both refugees and host communities to deliberately seek to put at the forefront practices, attitudes, exclusions, and neglect experienced by PWD within the communities).

The project focused most of its implementations in Village 4, 3, 2 in the refugee community and Bura parish in the host community. In these locations, the project focused on households of persons with disabilities with a total of 1,121 registered households as project beneficiaries out of which, 560 household have at least one person with disability. The refugee community comprises 70% of the beneficiaries while the host-community makes up 30%. The project implemented interventions of its first year and sought for an evaluation to assess the relevance, effectiveness, efficiency, sustainability, impact and coherence of its interventions over time.

### **Methodology**

The evaluation employed both qualitative and quantitative techniques using a cross sectional survey design. The study was participatory and involved key informant interviews, focus group discussions and structured questionnaires. Data was mainly collected from 383 households from both the refugee and host communities with a 70% to 30% proportionate distribution of sample. The study team interacted with key stakeholders that included World Vision staff, District and Sub county officials, Office of the Prime Minister (OPM), UNHCR and other community structures such as LCs and community beneficiary groups and households including Persons with Disability (PWDs) and Children with Disability (CWDs). An observation checklist was also used to collect additional information and reinforce the above methods.

### **Key Findings**

#### **a) Relevance**

Through different beneficiaries' testimonies and review of national policies, priorities and declarations, the Omugo Inclusive disability WASH, livelihood and protection project was timely and a relevant project in Omugo refugee and host communities specifically in addressing challenges in access to sustainable safe and clean water, access to inclusive sanitation and hygiene practices and facilities and the root causes of poverty that lead to limited levels of income at household level and food insecurity. The project was aligned to the NDPII, Vision 2040 of Government of Uganda, Sustainable Development Goals (SDGs), World Vision Uganda National Office Strategy, World Vision Refugee Response Strategy, Terego District Development Plans (2021-2025), Omugo Sub County Development Plans. The project as such responded to the specific needs of the communities in Omugo refugee and host communities with focus on increasing income levels and the adoption of appropriate sanitation and hygiene practices but also the reduction in stigmatization and discrimination of PWDs/CWDs in Omugo Sub County.

#### **b) Effectiveness**

The project was largely effective in its activities and how they were phased towards improving access to safe and clean water, adoption of appropriate hygiene and sanitation practices, reduction in the stigmatization and discrimination of PWDs/CWDs and the improved incomes and food security among refugee and host communities in Omugo. The matrix below shows a summarized achievement of goal

and outcome level indicators. The findings demonstrate significant improvement from baseline as determined by the chi square P-values ( $P < 0.05$ );

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
Goal: Improved access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disabilities and their caretakers in Omugo Sub County by March 2022							
1	% of people (including PWDs and CWDs) with improved access to WASH services and livelihood opportunities	Refugee	53.8%	57.8%	4.0%	0.4169	53.8%
		Host	35.5%	54.6%	19.1%	< 0.0001	35.5%
		Overall	40.0%	55.7%	15.7%	< 0.0001	40.0%
Outcome 1: Increased inclusive access to sustainable drinking water supply for refugees & host community children & adults with a special focus on CWD/PWD & their families							
1	% of households with access to safe water sources	Refugee	-	96.9	98.8	1.9	0.2326
		Host	-	76.5	82.7	6.2	0.0164
		Overall	86.0	86.7	93.5	7.5	0.0041
2	% of HHs - CWDs & PWDs & their families with inclusive access to sustainable drinking water	Refugee	-	66.3	68.8	2.5	0.6796
		Host	-	57.4	54.3	-3.1	0.6294
		Overall	53.0	61.9	64.0	11	< 0.0001
3	% of households with persons with disability accessing clean water on a year-round basis	Refugee	-	66.3	71.5	5.2	0.3844
		Host	-	57.4	59.8	2.4	0.7063
		Overall	53.0	61.9	67.6	14.6	< 0.0001
4	Average water used per person per day (in liters)	Refugee	20.9	21.3	22.0	1.1	0.8361
		Host	15.2	19.0	20.5	5.3	0.2958
		Overall	19.3	20.3	21.5	2.2	0.6733
5	Average distance (meters) from the household to the main water source	Refugee	560.0	285.0	283.9	-49.3%	< 0.0001
		Host	646.0	325.0	321.9	-50.2%	< 0.0001
		Overall	603.0	305.0	296.4	-50.8%	< 0.0001
6	Average time (minutes) spent to and from the nearest water source	Refugee	64.0	52.6	15.2	-76.3%	< 0.0001
		Host	60.0	45.5	30.0	-50.0%	< 0.0001
		Overall	62.0	49.1	20.1	-67.6%	< 0.0001
7	Average waiting time at the water source	Refugee	59.0	34.2	26.2	-55.6%	< 0.0001
		Host	67.0	48.2	45.1	-32.7%	< 0.0001
		Overall	63.0	41.2	32.4	-48.6%	< 0.0001
8	% of institutions especially those with PWDs and CWDs with a safe drinking water source	Refugee	-	67.4	77.8	10.4	0.2326
		Host	-	70.0	75.0	5.0	0.0104
		Overall	-	68.9	76.9	8.0	0.0041
9	Average distance from the institution to the nearest water source	Refugee	-	-	382.0	-	-
		Host	-	-	512.0	-	-
		Overall	-	-	422.0	-	-
10	Proportion of community-	Refugee	-	-	94.9	-	-

\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 ( $P < 0.05$ )



	based water management structures whose capacity is strengthened	Host	-	-	85.7	-	-
		Overall	20.0	-	92.2	72.2	< 0.0001
Outcome 2: Increased access to inclusive sustainable sanitation facilities for refugee and host community children and adults with a special focus on CWD/PWD and their families							
11	% of households that have access to pit latrines	Refugee	-	95.5	94.5	-1.0	0.7236
		Host	-	95.0	95.3	0.3	0.8744
		Overall	37.1	93.4	94.8	57.7	0.4148
12	% of HHs especially those with CWDs/PWDs with increased access to inclusive sustainable sanitation facilities	Refugee	45.7	-	57.0	11.3	0.0804
		Host	54.1	-	50.4	-3.7	0.4012
		Overall	49.9	53.0	54.8	4.9	0.1787
13	% of persons with disability accessing sanitation facilities	Refugee	44.3	-	64.8	20.5	0.0014
		Host	53.1	-	56.7	3.6	0.4122
		Overall	48.7	50.8	62.1	13.4	0.0002
14	% of households that wash hands using soap, ash or sand	Refugee	48.3	-	69.5	21.2	< 0.0001
		Host	55.9	-	62.2	6.3	0.3215
		Overall	52.1	53.0	67.0	14.9	< 0.0001
15	% of CWDs and PWD households exhibiting good WASH practices-and utilizing appropriate WASH facilities	Refugee	45.7	-	57.0	11.3	0.0104
		Host	54.1	-	50.4	-3.7	0.5668
		Overall	49.9	53.0	54.8	4.9	0.1787
16	Proportion of institutions with access to inclusive sanitation facilities	Refugee	56.6	-	88.9		< 0.0001
		Host	66.6	-	75.0		0.0305
		Overall	62.0	63.0	76.9		0.0011
17	Pupil Latrine stance ratio (Total)	Refugee	-	-	1:30	-	-
		Host	-	-	1:102	-	-
		Overall	-	-	1:69	-	-
18	Pupil Latrine stance ratio (Boys)	Refugee	-	-	1:27	-	-
		Host	-	-	1:107	-	-
		Overall	-	-	1:69	-	-
19	Pupil Latrine stance ratio (Girls)	Refugee	-	-	1:33	-	-
		Host	-	-	1:101	-	-
		Overall	-	-	1:69	-	-
Outcome 3: Reduced discrimination and stigmatization of CWD/PWD's in schools and within the community							
20	% of households that have experienced discrimination and stigmatization of CWDs/PWDs in schools and within the community	Refugee	32.0	-	31.8	-0.2	0.9617
		Host	46.3	-	43.5	-2.8	0.6633
		Overall	39.2	-	35.4	-3.8	0.2814
21	% of households that report a reduction in discrimination and stigmatization of CWDs/PWDs in schools	Refugee	-	-	78.1	-	-
		Host	-	-	74.8	-	-
		Overall	-	-	77.0	-	-

	and within the community						
22	Proportion of households with knowledge of disability and inclusion	Refugee	50.0	-	84.8	34.8	< 0.0001
		Host	38.0	-	88.2	50.2	< 0.0001
		Overall	44.0	74.0	85.9	41.9	< 0.0001
23	Proportion of CWDs or PWDs supported with community based rehabilitation	Refugee	-	-	68.2	-	-
		Host	-	-	82.5	-	-
		Overall	15.0	-	72.7	57.7	< 0.0001
24	% of PWDs/CWDs with easy access to health facilities, sanitation facilities, Learning institutions, market places and churches	Refugee	-	-	84.5	-	-
		Host	-	-	82.5	-	-
		Overall	15.0	-	83.9	68.9	< 0.0001
25	% of CWDs enrolled in school	Refugee	-	-	34.8	-	-
		Host	-	-	26.1	-	-
		Overall	-	-	32.0	-	-
Outcome 4: Improved Food Security and income among ultra-poor persons especially PWDs and their families in Omugo sub-county							
26	% of households with at least one source of income	Refugee	-	71.4	70.7	-0.7	0.8611
		Host	-	87.0	97.6	10.6	0.0017
		Overall	-	79.2	79.6	0.4	0.8924
27	% of households having at least one or more adults, over the age of 18 years who is earning a regular income	Refugee	-	-	37.5	-	-
		Host	-	-	45.7	-	-
		Overall	-	4.0	40.2	36.2	< 0.0001
28	% of households with a PWD with a safety net/income generation opportunity	Refugee	-	26.0	43.8	17.8	< 0.0001
		Host	-	47.7	52.8	5.1	0.4303
		Overall	-	36.9	46.7	9.8	0.0065
29	Proportion of ultra-poor persons especially PWDs with improved Livelihoods	Refugee	28.0	-	44.5	16.5	< 0.0001
		Host	60.9	-	70.9	10.0	0.0167
		Overall	44.5	-	53.3	8.8	0.0158
30	% of households which eat at least 3 meals per day for both adults and children	Refugee	64.8	70.6	40.4	-24.4	< 0.0001
		Host	27.4	26.0	78.0	50.6	< 0.0001
		Overall	46.1	49.8	52.9	6.8	0.0623
31	% of ultra-poor persons especially CWDs and their families with improved food security and income	Refugee	20.0	-	33.2	13.2	< 0.0001
		Host	44.4	-	51.2	6.8	0.1071
		Overall	32.2	-	39.2	7	0.0454

### c) Efficiency

The project team had synergy and highly complemented each other with excellent support from the West Nile refugee response regional office in Arua district. The project as such worked very well with various partners and stakeholders such as the OPM, UNHCR, district and sub county technical and political leaders, development partners and project beneficiaries. From the different annual reports, project implementation was done on time and the project annual budgets spent within acceptable

thresholds. This ensured that the results chain takes course with the assumptions and risks closely monitored.

#### **d) Coherence**

The project interventions were consistent with other actors' interventions in the same context with minimal duplication of efforts with other development partners within the same areas of operation. The projects goal is indeed consistent with the Comprehensive Refugee Response Framework (CRRF) by the United Nations High Commission for Refugees (UNHCR) and the Office of the Prime Minister (OPM) that focuses on improving livelihoods and access to safe and clean water among refugee and host communities with focus to PWD/CWDs. The project was as well in line with the ReHoPE strategy that focuses on a proportionate distribution of resources to 70% refugee population and 30% host communities. As such, the project beneficiaries were distributed and aligned to the 70:30 distributions. The project as well was aligned to the Livelihood Sector Refugee Response Plan (RRP) implemented by a consortium of INGOs and NGOs in the West Nile response.

#### **e) Sustainability**

The project demonstrated reliable sustainability pillars in line with community ownership, partnering, transformed relationships, local advocacy and household resilience. For example, the project built capacity of partners and stakeholders and worked with community based structures but also leveraged on existing community groups such as savings groups for sustainability. To date, WASH committees have been established within the community structures, the piped water project is as well underway to be handed over to the District Leadership for their management, households have been empowered on the management of livestock and crop farming and households have as well been empowered on disability inclusion within their communities. Findings indicate that 87.2% of households indicate that their participation in the project led to improved household wellbeing within their communities. However, there are threats that must be mitigated and these include; low knowledge levels in regards to management of safe water at household level, dependence on one main income source, low levels of appropriate hand washing and the relatively high levels of discrimination and stigmatization of PWD/CWDs in communities despite a reduction in the same from 2020.

### **Recommendations**

Basing on the findings of the evaluation, recommendations for mitigating these challenges and improving performance in future are also discussed below.

#### **a. Project Beneficiaries**

- i. Households within the host and refugee communities need to have concerted efforts in practicing and utilizing appropriate water management practices at household level such as the boiling of water for consumption, use of clean water storage containers with a lid, use of water guard or other methods for the treatment of water so that it is safe for drinking.
- ii. Communities through their local leaders need to enforce the utilization of inclusive and sustainable sanitation facilities but also the non-defecation sanitation facilities such as rubbish pits, dish drying racks and bathing shelters.
- iii. As the project beneficiaries continue to grow in their investments and income, project beneficiaries need to organize themselves into groups for increased production and sharing experiences on livestock management, crop growing and engaging in value addition which would enhance access to markets and increase their bargaining power during the marketing of produce.
- iv. Farmers need to adopt and utilize simple irrigation technologies for their crops and other water conservation methods for increased production of nutritious foods in their communities especially during the dry season.

## **b. World Vision**

- i. Delivering on such high impact projects among refugee and host community's needs concerted efforts among different partners and stakeholders in delivering as one consortium.
- ii. The local saving groups are a powerful approach to grouping beneficiaries for enhanced social integration and cohesion especially among the refugee and host communities. World Vision should as such make use of this approach as a platform or leverage on already existing groups of a similar nature in promoting activities that enable host and refugee communities to integrate and work together; and, to facilitate continuity of joint activities started such as VSLAs.
- iii. World Vision should continuously engage refugees and host community members to embrace peaceful co-existence through peace building approaches like participation of refugees and host in joint activities, sharing common resources like grazing land and preaching the gospel of love, forgiveness and peace among these communities.
- iv. Whereas access to safe and clean water and the utilization of inclusive and sustainable sanitation practices and facilities have improved over the last year, there is still need for the project to strengthen the software component of sensitizing and building capacity of households on the adoption of appropriate practices of water management and utilization but also the adoption of appropriate hygiene and sanitation practices at household level.
- v. Latrine stance to pupil ratio in the host community schools is still worrying with very high proportions of pupils utilizing a latrine stance which is far below the expected standard. World Vision should as well redirect some resources to support schools in the host communities through the construction of more latrine stances for both girls and boys.
- vi. There's need for World Vision to provide training for teachers on handling children with special needs or even recruiting teachers with knowledge on handling children with special needs to increase on the enrolment and retention rates of CWDs in schools.

## **c. Partners and Stakeholders**

- i. Government and other partners intervening in these areas should continue to strengthen social integration and cohesion among the refugee and host communities. This can be through the promotion of activities that enable host and refugee communities to integrate and work together; and, to facilitate continuity of joint activities started such as community savings groups.
- ii. The sub county leadership needs to strengthen access to local markets to enhance the sale of chicken and goats for income among the refugee and host communities.
- iii. The local leaders and para-vets should identify key successful project beneficiaries that can be engaged as model farmers within the host and refugee communities from whom other community members can as well learn.
- iv. In order to consolidate the achievements of the project, there is need for local leadership in both the refugee and host communities continuously monitor project interventions and as well provide extension services through the already existing community structures.
- v. The piped water systems needs to be handed over to the district or sub county leadership for management. However, for the appropriate management of the water system, there is need for the leadership to procure professional institutions to manage the financial aspects of the system.

## **Lessons Learned**

The key lessons learned during this evaluation include the following;

1. The active involvement of district, Sub County, and partner technical staff and local leaders enhances project ownership.
2. Regular field visits through joint monitoring and supervision are key in ensuring that the intended objectives are achieved with the allocated resources and in the given timeframe.

3. Engaging the existing community structures saves money other than setting up new structures and also helps the community to own the achievements of the project which enhances sustainability.
4. Knowledge dissemination to the community should be more practical/experimental as much as possible as the rate of adaption is high. This is key especially in the adoption and utilisation of appropriate practises and approaches.
5. The success of the project was majorly attributed to the good team work and social cohesion created especially in the mobilization and coordination from the leaders, knowledge/skills empowerment to the beneficiaries, the associated benefits that beneficiaries acquired from the interventions, transparency reflected in the project, and the good security and cohesion in the communities.
6. Linkage of project beneficiaries to agro-input dealers enhanced easy access to improved seed varieties for agricultural activities which improved livestock productivity and thus improving their livelihood and food security.

## **I.0 INTRODUCTION**

### **I.1 Introduction**

This report is an end of year one project evaluation for the Inclusive Disability WASH, Livelihood and Protection Project in Omugo Sub County of Terego District targeting both the refugee and host communities. The end of year one project evaluation was conducted to assess the relevance, effectiveness, efficiency, sustainability, impact and coherence of the project interventions over the projects life span from March 2020 to March 2021.

### **I.2 Background**

World Vision Uganda secured support from the Ministry Foreign Affairs Finland by the support of World Vision Finland as a Support Office (SO) to implement Inclusive disability WASH and protection project plus the Omugo Inclusive Sustainable Livelihoods project in Omugo sub-county. The project aims to improve access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disability and their caretakers in Omugo sub-county by March 2022. The project uses disability inclusion (social model targeting both refugees and host communities to deliberately seek to put at the forefront practices, attitudes, exclusions, and neglect experienced by PWD within the communities).

Omugo refugee settlement, which is the project location comprises of 6 villages. Although some components of the project were implemented in other villages in terms of institutional sanitation and water, it focused most of its implementations in Village 4, 3, 2 in the refugee community and Bura parish in the host community. In these locations, the project focused on households of persons with disabilities with a total of 1,121 registered households as project beneficiaries out of which, 560 household have at least one person with disability. The refugee community comprises 70% of the beneficiaries while the host-community makes up 30%.

### **I.3 Project Description**

**Project Goal:** Improved access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disabilities and their caretakers in Omugo Sub County by March 2022.

#### **Project Outcomes:**

The project has been implementing four outcomes as follows;

- i. Increased inclusive access to sustainable drinking water supply for refugees and host community children and adults with a special focus on CWD/PWD and their families.
- ii. Increased access to inclusive sustainable sanitation facilities for refugee and host community children and adults with a special focus on CWD/PWD and their families
- iii. Reduced discrimination and stigmatization of CWD/PWD's in schools and within the community
- iv. Improved Food Security and income among ultra-poor persons especially PWDs and their families in Omugo sub-county

### **I.4 Objectives of the Evaluation**

The purpose of this evaluation was to assess the relevance, effectiveness, efficiency, sustainability, impact and coherence of project interventions from March 2020 to March 2021 in Omugo targeting both the refugee and host communities. The end of year one project evaluation was expected to obtain significant knowledge and learning on the intended results and check how far progress has been made to realize its impact.

#### 1.4.1 Specific objectives of the evaluation

The Organization for Economic Cooperation Development's (OECD) Development Assistance Committee (DAC) criteria for conducting evaluations was adopted for undertaking this evaluation with focus on the relevance, effectiveness, efficiency, sustainability, impact and coherence of project interventions. The following objectives were thus considered as specific objectives for the evaluation as per the approved Terms of Reference;

1. To measure the extent to which the project objectives and design responded to beneficiary needs **(Relevance)**
2. To measure the extent to which other interventions (particularly policies) supported or undermined the intervention **(Coherence)**.
3. To measure the extent to which the project achieved its objectives **(Effectiveness)**
4. To assess how well (economically and timely) the resources have been used **(Efficiency)**
5. To measure the extent to which the project has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects **(Impact)**
6. To assess the extent to which the benefits of the project will last **(Sustainability)**

#### 1.5 Key Evaluation Questions

In line with the evaluation objectives, specific key evaluation questions were drafted and guided the assessment and measurement of the evaluation objectives as detailed in the table below;

##### Key Evaluation Questions

Evaluation objective	Evaluation questions
<b>Objective 1:</b> Determine the extent to which the project objectives and design responded to the needs (Relevance).	<ul style="list-style-type: none"><li>• To what extent have the project objectives been appropriate and consistent with the needs of the targeted beneficiaries?</li><li>• To what extent has the project aligned with World Vision Uganda Refugee Response Strategy?</li><li>• Did the planning and implementation of interventions take the local context into account?</li></ul>
<b>Objective 2:</b> Measure the extent to which other interventions (particularly policies) supported or undermined the intervention (Coherence).	<ul style="list-style-type: none"><li>• To what extent are the project interventions coherent with other interventions (especially World Vision Uganda interventions) with similar objectives?</li></ul>
<b>Objective 3:</b> Assess the extent to which the project achieved its intended objectives (Effectiveness)	<ul style="list-style-type: none"><li>• To what extent have project activities and their delivery methods been effective? Are there aspects that could have been done differently?</li><li>• To what extent were the Project's objectives achieved? Did the outputs lead to the intended outcomes?</li><li>• Were the activities and outputs of the project consistent with the intended impacts and effects?</li><li>• How well did the project work?</li><li>• Are PWD's engaged in income generating activities? What economic opportunities are they involved</li></ul>
<b>Objective 4:</b> Assess how well (economic and timely way) the project resources have been utilized (Efficiency)	<ul style="list-style-type: none"><li>• To what extent has the project intervention been cost effective?</li><li>• How timely and efficient is the intervention's process for reporting and monitoring?</li></ul>
<b>Objective 5:</b> To measure the extent to which the project has	<ul style="list-style-type: none"><li>• What unintended outcomes (positive and negative) were produced as a result of the intervention?</li></ul>

generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects (Impact)	<ul style="list-style-type: none"> <li>• How did the project affect (positively or negatively) children especially children with disability?</li> <li>• Did the project produce or contribute to the intended outcomes in the short, medium and long term?</li> </ul>
<b>Objective 6:</b> Assess the ability of the supported beneficiaries and communities to sustain the positive impacts of the intervention (Sustainability)	<ul style="list-style-type: none"> <li>• How likely the effects to last after the intervention are ends?</li> <li>• To what extent did the partners participate?</li> <li>• What measures were taken towards beneficiary accountability (<i>beneficiary consultation, participation, information sharing and complaints and feedback handling</i>)?</li> <li>• In what ways did the project take concrete measures to improve climate sustainability?</li> </ul>

## 1.6 Other Evaluation Aspects

In addition, the evaluation collected and analyzed data relating to the five **key social drivers** of sustainability which are built into the projects design. The key social drivers assessed include: community ownership; partnering; transformed relationships; social accountability and building resilience.

In addition to the evaluation questions suggested under each of the DAC criteria, the consultant integrated the following evaluation questions as part of the evaluation;

1. Has the project been able to identify and remove physical, attitudinal and institutional barriers to PWD equal participation and access to WASH services and livelihood opportunities?
2. In what concrete ways did the project support the realization of disabled people's rights?
3. Do the PWD have access to inclusive WASH facilities (Bathing shelters, Latrines, water points)? Are the pathways good enough for their movements to and from different facilities (health centers, schools?)
4. What is the Community and family members' attitude towards the PWDs? Do they believe in their (PWDs) capabilities? Do they treat them equal to the other persons with no disability? In what ways are they supporting them to achieve their dreams?
5. Has the project been able to reduce stigma and discrimination and to promote PWD equality?
6. What is the enrolment, retention and completion rates of primary school going PWD's? What are some of the factors that have encouraged them to keep in school?
7. What negative or positive impacts did the response have on the environment?
8. Capture children's voices on how the project has benefitted them especially Children with disability and school children
9. Provide recommendations for future program planning and interventions in this sector

## 1.7 Structure of the report

The report is structured in four chapters: Chapter one has the Introduction, which gives the background and purpose of the project and the review. Chapter two contains the methodology used indicating the different methods and tools applied in the review. Chapter three shows the key findings under relevance, effectiveness, efficiency, sustainability, impact and coherence, guided by the key evaluation questions and summarizes the key achievements. Chapter four shows Conclusion, Good practices and key challenges, recommendations and lessons learnt. The appendices include evaluation tools, most significant change stories and photo gallery.



## **2.0 METHODOLOGY**

### **2.1 Introduction**

This section provides a description of the approach that was used in undertaking the project evaluation for the Omugo Inclusive Disability WASH, Livelihood and Protection project. It outlines the data sources, survey design and sampling procedures, data collection, data analysis processes, quality assurance and ethical considerations.

### **2.2 Evaluation design**

In order to address the objectives of this end of year one project evaluation, the evaluation adopted a cross sectional research design that employed a mixed methods approach with both qualitative and quantitative methods for data collection: A variety of methods were used to collect quantitative and qualitative primary data such as;

- i. Household survey conducted for project beneficiaries among the refugee and host communities
- ii. Focus group discussions (FGDs) with project beneficiaries and stakeholders such as farmer groups, members of savings groups, women and men.
- iii. In-depth interviews with key informants that included representatives from UNHCR, OPM, Project Manager, Project Monitoring and Evaluation Officers, Sub County Chiefs, Local Council III Chairpersons, Settlement Commandants of the two settlements.

Secondary data was as well collected on a number of indicators relevant to the evaluation mainly for purposes of triangulation and validating the evaluation findings. This data was used to complement the evaluation findings.

In order to effectively undertake the evaluation, an inception meeting was held with World Vision under the leadership of the MEAL Manager and project team before start of the assignment. This meeting provided further clarity on the evaluation process, agree on key timelines and key documents that would be needed as detailed in the inception report. Key stakeholders in this meeting included; the MEAL Manager, MEAL Officer for the project, MEAL Coordinator for the response and Project Manager for the project to obtain consensus on the scope of the evaluation, the approach and methods, implementation schedule and key deliverables.

### **2.3 Study Area and Focus of the Study**

The evaluation was conducted in Omugo Sub County in Terego district targeting both the refugee and host communities. It covered Village 2, 3 and 4 in the refugee community and villages in Bura Parish for the host community. Only beneficiaries enrolled and benefited from the project were assessed and other stakeholders who were involved in the project. Since the project conducted a baseline survey and an evaluation of the last phase of the project, the consultant made use of a comparative analysis of the baseline and evaluation results to ascertain the change as a result of the project.

The evaluation focused on collecting information that measures the relevance, efficiency, effectiveness, sustainability, coherence and impact of the project implementation processes and activities within year one. Additionally, the evaluation focused on assessing how the internal monitoring and evaluation systems contributed to implementation of the project as well as informed decision making and management of the project.

The content of the evaluation focused on 4 major components of the project interventions that include; Increased inclusive access to sustainable drinking water supply for refugees and host community children and adults with a special focus on CWD/PWD and their families; Increased access to inclusive sustainable sanitation facilities for refugee and host community children and adults with a special focus on

CWD/PWD and their families; Reduced discrimination and stigmatization of CWD/PWD's in schools and within the community and the Improved Food Security and income among ultra-poor persons especially PWDs and their families in Omugo sub-county. The evaluation as such covered the implementation period from March 2020 to March 2021 and planned for a total of 30 working days.

## **2.4 Study Population and scope**

The section below describes the different categories of respondents involved in the evaluation process;

### **a) Refugee community**

In this case, refugee community members who had benefited from the project interventions in any of the areas as provided from the M&E databases were included in the sampling procedures for both the quantitative and qualitative tools. Key interview questionnaires designed using mobile applications (ODK Collect) were administered to these beneficiaries. This catered for both the PWDs and CWDs within the refugee community. The sampling process took into consideration that 70% beneficiaries for the project are from the refugee community.

### **b) Host community**

In this case, host community members especially PWDs and CWDs that had benefited from the project interventions in any of the areas as provided from the M&E databases were included in the sampling procedures for both the quantitative and qualitative tools. Key interview questionnaires designed using the mobile applications were administered to these beneficiaries. This catered for both the PWDs and CWDs within the host community in Bura parish. The sampling process took into consideration that 30% beneficiaries for the project are from the host community.

### **c) Institutions e.g. schools and health facilities**

In this case, institutions such as schools and health facilities within the host and refugee community were included in the sampling process. This was based on the different interventions implemented and monitored by the project. Key institutional evaluation tools were developed to collect relevant primary data to be included in the evaluation.

## **2.5 Sampling Method and Sample Size Determination**

A two stage cluster sampling design was adopted for the household surveys conducted among project beneficiaries in the host and refugee community. The first stage involved the random selection of clusters (Zones in refugee settlements or villages in host communities) where respondents were selected. The second stage involved the **systematic sampling** of beneficiaries as respondents from these communities using already available **lists of project beneficiaries** as provided by the project M&E team. This was mainly guided by the project technical staff allocated to the team.

**Purposive sampling** was used in identification of key informants, Focus Group Discussions participants and respondents for case studies depending on their level of involvement and knowledge about the project. These were selected in consultation with the project staff during inception so that the right people are selected as respondents.

### **2.5.1 Sample Size Calculation**

#### **a) Household survey for beneficiary selection**

The Taro Yamane formular (1967) for sample size estimation was used for sample size calculation given that the population is known and formular best used for stable populations such those of refugee settlements that are in one locality. It is estimated that Omugo Refugee settlement has about 2550

refugees and host communities in Omugo Sub County. As such, sample size was estimated using the formula below;

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

Where;

n = total sample size for the evaluation

e = 0.05 (5%) is the desired 95% level of precision

N = is the estimated total population (40,000 people)

U = Acceptable margin error of about 10% for none response error

As such, the estimated sample size was;

$$\text{Sample size} = [40,000 / (1 + (40,000 \times 0.05 \times 0.05))]$$

$$= 396 \text{ respondents}$$

The Probability Proportional to size (PPS) approach was used to determine the sample sizes for each of the sampled Villages. This therefore implies that data was collected from the 3 villages in the refugee community (Village 2, 3 and 4) and all the villages in Bura Parish as the host community. Simple random sampling was used to identify the key respondents for the survey. Using PPS, sample distribution among the refugee and host communities was as follows;

Category		Refugee	Host	Total
Households	Primary direct beneficiaries	256	127	383

Based on the projects selection criteria of beneficiary selection from the refugee and host community (70:30) as guided by the ReHoPE strategy for 70:30 distributions of Refugee and Host communities, 98% of the data expected was collected from the refugee and host communities with 67% of respondents from the refugee community and 33% of the respondents from the host community. This means that the data collected is fairly representative of the distribution among the refugee and host communities supported by the Inclusive Disability WASH, Livelihood and Protection project in Omugo. In situations where the respondent was not available, the data collection team consulted on their availability and returned the next day or within the same day to complete the assessment. In cases where the respondents were away for the period of data collection, these were replaced by the next nearest beneficiary from the sampling list provided by the project.

## 2.5.2 Selection procedure of respondents

A list of project beneficiaries was obtained from the project team and used for sampling from each of the study areas in the host and refugee communities. In order to have an even distribution of beneficiaries from the lists, **systematic sampling** procedures were adopted in ascertaining the expected number of beneficiaries in both the host and refugee communities. This required determining the **sampling interval** (Total number of beneficiaries/Expected sample size) and thereafter randomly selecting a random start that would be cumulated with the sampling interval until the required sample size was obtained. This was done with a pre-determined sample size that was calculated for the communities in Omugo, both the host and refugee communities.

## 2.5.3 Selection of the Qualitative Sample (FGDs and KIs)

With regard to the qualitative component, study participants were purposively selected with support from the project staff. The Key Informant Interview (KII) respondents were selected from among the

project beneficiaries and stakeholders who had worked with or had an influence on the project such as the District and Sub County Leadership both political and technical mainly the District Veterinary Officer, Agriculture Officers, Sub County Chiefs, Local Council III Chairpersons, UNHCR focal staff, OPM - Settlement commandants, Local Council I Chairpersons, Refugee Welfare Council, beneficiaries, and partner representatives in the project operation area.

Focus group discussions with project beneficiaries and groups were conducted with mobilized project beneficiaries in both Omugo refugee and host communities. A total of 6 FGDs were conducted and attended by 60 project beneficiaries (30 Female and 30 Male) targeting both children and adults as well as PWDs/CWDs. The 3 groups for both the refugee and host communities included the following; one group of women and men (5 men and 5 women); one group of PWDs (5 women and 5 men) and one group of children (5 Boys and 5 Girls) including CWDs

**Table 2-1: Distribution of qualitative sample**

Category		Refugee	Host	Total
Qualitative interviews	Key Informant Interviews	10	10	20
	Focus Group Interviews	3	3	6

## 2.6 Data collection instruments

The following data collection instruments were used during the evaluation process;

### 2.6.1 Document Review

The consultant conducted an in-depth desk-based review of all relevant and related documentation like Project design documents, periodic reports e.g. semi and annual reports, M&E result frameworks, baseline survey, project previous evaluations, WVU strategy 2016-2020, Response Strategy, UNHCR and OPM strategic documents and other relevant documents. The review of these documents was expected to provide useful information for subsequent design of data collection tools, and interpretation of the evaluation survey data.

### 2.6.2 Key informant interviews:

Key informants were purposively identified with approval of the client. These were conducted with focal persons at the various levels, such as District and Sub County Leadership both political and technical, stakeholders and other Partner Institutions, UNHCR and OPM officials, project beneficiaries etc. KIs were aimed at soliciting information regarding the projects awareness and their participation/ involvement, roles and responsibilities of government and CSO duty bearers and their capacity to provide services and advocate for sustainable youth empowerment.

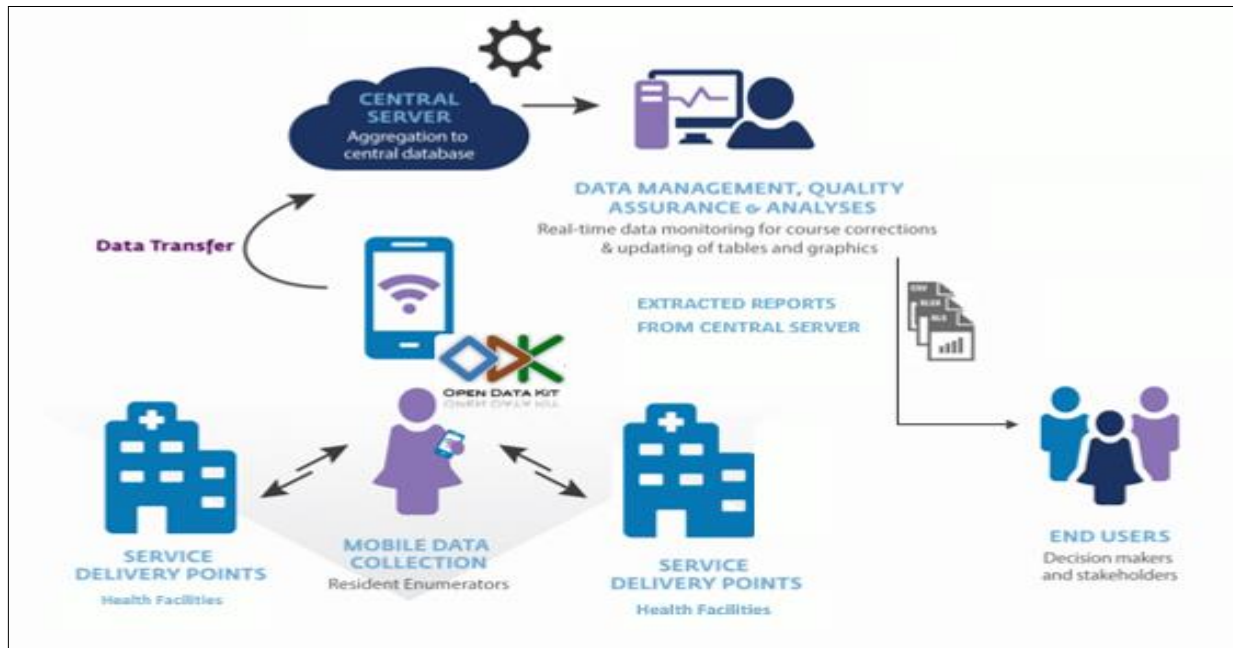
### 2.6.3 Focus Group Discussions (FGDs)

A total of 6 FGDs were conducted using well-designed FGD guides targeting both adults and children beneficiaries including CWD and PWDs. The consultant instituted a technical team of Research Assistants to facilitate FGDs comprising of 8-12 people purposively sampled. Information collected from the FGDs was analyzed and triangulated with the data from other sources such as the quantitative data collected.

### 2.6.4 Household Survey

The household survey tool was administered to randomly selected project beneficiaries in both the host and refugee communities in form of a household survey questionnaire. The aim was to collect quantitative data for the evaluation that informed the results/benefits from the project implementation to the beneficiaries in line with effectiveness of the project interventions. As such, the Open Data Kit (ODK) a mobile phone application as described in figure 1-1 below was used for timely data capture and

analysis. The timely data capture allowed for immediate preliminary analysis of the data collected and any errors/improvements identified were done early during the data collection process. Similarly, the data collection technology was used to capture **GPS coordinates** for all participants locations interviewed.



**Figure 1- 1: Proposed Data collection architecture**

## 2.7 Data Management and Analysis

The consultant used a combination of data analyses in which separate quantitative (descriptive) and qualitative (narrative) analyses was conducted. Findings from each analysis was integrated through meta-inferences. Triangulation of the quantitative and qualitative findings was as well done for corroboration purposes.

### 2.7.1 Quantitative data

Quantitative data from the household surveys was stored on the World Vision ODK server (<https://www.wvugandasurvey.appspot.com>), downloaded and exported to SPSS for data cleaning and analysis. Descriptive statistics including means, medians and proportions were analyzed and used for continuous and categorical data, respectively. A comparison of key indicator data at baseline survey and end of project evaluation was done using the chi square statistical tests.

### 2.7.2 Qualitative data

Qualitative data was in textual form, consisting of notes and stories generated from KIIs, FGDs and Most Significant Change (MSC) stories. These were transcribed, edited and typed out. These were then read and re-read to identify responses that answer particular objectives and questions, as well as any emerging patterns of thinking, argument, and practice as revealed by the evaluation survey participants. The scripts were then analyzed for content using latent content analysis. Results from the qualitative data were then triangulated with the quantitative data to enable meaningful interpretation. Some quotations from the qualitative data were as well included in the report to bring out the voices of the beneficiaries but also to support explanations and findings from the qualitative data.

Additionally, **most significant change stories** were used as a qualitative measure of change in the lives of project beneficiaries as a result of the project interventions. This was done through identification of key project milestones and ascertaining the change created as a result of the project through change stories told by the project beneficiaries. Key project photos demonstrating the change that the project created in the lives of communities were also documented as part of the evaluation process.

## **2.8 Quality control**

Quality control was taken care of right from the inception of the evaluation process to the end as follows;

### **2.8.1 Inception Meeting**

The consultant ensured that an inception meeting was organized and project documents were shared and any corrections, additions and amendments to the evaluation process clarified right from inception. This enhanced a good start of the evaluation process with the right pace and direction.

### **2.8.2 Tools Design**

Quantitative data collection tools were designed using Open Data Kit and quality checks, skip patterns and limits to data were inserted within the designed questionnaire. This prevented the entry of wrong data, avoided missing entries and ensured that only correct data was entered into the system. Qualitative tools were reviewed by both the evaluation and World Vision teams which ensured that they picked the right information needed for the evaluation. Access to the central server was restricted to World Vision staff who are the authenticated users and are responsible for managing the data and performing data quality measures on the data submitted.

### **2.8.3 Training of Research Assistants and Pre-testing of Tools**

Experienced research assistants who are fluent in the local languages spoken in the areas and had participated in similar assignments were locally hired from Omugo and trained in data collection methods and research ethics. The questionnaires were as such translated in the respective local languages and then transcribed back to English which ensured consistence in meaning during the training. These were pre-tested in one of the villages in a non-study area for purposes of clarity, validation, suitability and logical flow of the questions.

### **2.8.4 Supervision of the Data collection process**

During training, research assistants were trained together with the supervisors and ensured they had good understanding of the tools and provided necessary support whenever needed. The supervisor's ensured data was checked for completeness and accuracy before leaving the field on a daily basis. The consultancy team as well closely supervised the data collection process to ensure completeness and quality in the data collected.

### **2.8.5 Data Cleaning**

Whenever data was collected and uploaded on the server, preliminary data cleaning was conducted to check for any inconsistencies, any missing data and that correct sample size had been reached, before finally converting to SPSS for data analysis.

## **2.9 Ethical consideration**

The following ethical considerations were taken note of during the evaluation process;

- i. In order to abide by the recommendation of ethical research, the evaluation team signed a statement on the respect and protection of child rights, human rights and dignity of participants in compliance with World Vision Child protection policy and ethical standards relating to

conducting research with human participants and the relevant local authorities were informed about the study through an introductory letter drafted by World Vision to allay any fears and suspicions. This allowed for the smooth entry into the refugee and host communities as leadership was aware of the evaluation process.

- ii. Due clearance from OPM/UNHCR was as well first ascertained through World Vision for the evaluation team to undertake the assignment in the refugee settlements. From the host communities, due clearance was obtained from the sub counties of operation through World Vision Uganda.
- iii. The training of research assistants enabled them to understand the interview questions but also the basics for ethical considerations during data collection. As such, this enabled them to take all the necessary precautions in conducting household surveys at community level with ethical considerations as per the training.
- iv. Informed consent/assent to participate in the study was sought from all respondents
- v. During data collection, no names of respondents were recorded anywhere on the consent form or questionnaire and information collected form, no family information was shared with the other. Unique identifiers were allocated to each respondent for purposes of tracking.
- vi. Only the World Vision team had access to the data in order to avoid bias. The ODK server was password protected with limited access by any other user who meets the requirements to access which assured quality and integrity of data.
- vii. To ensure that FGD participants cannot be linked to their statements, they were asked to pick a stage name or symbol/a number to be identified by during the FGD. No identifiers were recorded for purposes of ensuring confidentiality of data.

## **2.10 Limitations to the evaluation**

During the evaluation process, the following challenges were encountered;

- i. Language barrier was a challenge since some of the respondents were not able to respond in English. However, this was addressed by identifying research assistants selected from the local community and local language translators used where need be.
- ii. In certain instances, the evaluation team was fronted with a challenge of none response or no response from some targeted respondents. This was addressed by the research team reverting back to these households at most two times and if not found, these were replaced by the next immediate random number as identified on the sampling frame of project beneficiaries.
- iii. Timing of the study. The end line evaluation took place during the COVID-19 pandemic, characterized by fear and uncertainty between the interviewer and the interviewee. As a result, some trained research assistants turned to collect the field data for fear of contracting the virus. The evaluation team however ensured that adequate sensitization was conducted in line with COVID-19 prevention, masks and sanitizers provided for all research assistants and ensured that social distancing was observed.

### 3 FINDINGS AND PRESENTATION OF RESULTS

#### 3.0 Introduction

The chapter presents the key findings, presented following the DAC criteria as per the main objective of the evaluation with focus to relevance, efficiency, effectiveness, sustainability, impact and coherence of the project.

#### 3.1 Demographic Characteristics

##### 3.1.1 Characteristics of Respondents

The end of year one project evaluation reached a total of 383 respondents randomly selected from the project beneficiaries with 256 (66.8%) from the refugee community and 127 (33.2%) from the host community. The distribution is fairly close to the ReHoPE strategy for 70:30 distributions of Refugee and Host communities by the project. Overall, 98.9% of the respondents had lived in their current locations for over 6 months which gives an indication of having benefited from the project interventions with a similar pattern among the refugee (99.1%) and the host communities (99.0%). In addition, there were more female (62.7%) than male (37.3%) respondents with a much higher distribution of the female respondents among the refugee communities (64.5%) compared to the host communities (59.1%). This is in conformity with the refugee population statistics from UNHCR reports that indicates that majority of the refugee communities are women and children (Table 3-1).

Table 3-1 below further shows that majority (76.0%) of the respondents were above 30 years of age with a higher proportion among the refugee (57.4%) community than the host community (76.4%). Majority (78.9%) of the respondents were either the actual household heads or spouse with a similar pattern among the refugee community (80.1%) and the host community (76.4%). This affirms that the information provided by the respondents had high degree of accuracy since these categories of family members have more information about the socio-economic situation of the household. Additionally, there are high chances that they equally directly benefited from the project intervention results.

**Table 3-1: Demographic Characteristics of Respondents**

Demographic Characteristics	Disaggregation by community (%)		
	Refugee	Host	Overall
<b>Sex of respondents</b>			
Male	35.5	40.9	37.3
Female	64.5	59.1	62.7
<b>Age of respondent</b>			
Less than 20 years	5.1	3.9	4.7
21-30 years	19.1	19.7	19.3
31-40 years	24.6	16.5	21.9
41-50 years	14.1	18.1	15.4
51-60 years	15.2	20.5	17.0
> 60 years	21.9	21.3	21.7
<b>Relationship of the respondent to the Household head</b>			
Self	57.8	48.0	54.6
Spouse	22.3	28.3	24.3
Son/daughter	8.2	7.9	8.1



Parent	5.9	11.8	7.8
Son/daughter in-law	2.0	1.6	1.8
Sibling	0.8	2.4	1.3
Other relative	3.1	0.0	2.1

### 3.1.2 Characteristics of the Household Head

From Table 3-2, 51.2% of the household heads were male compared to 48.8% female household heads. This was the same trend in the host communities with a higher majority (70.1%) of the household heads being male compared to 29.9% female household heads. However, the trend was different among the refugee communities with more female headed households (58.2%) than the male (41.8%) headed households. This is in conformity with the fact that conflict, war and displacement greatly affects women and children more than their male counter parts (UNHCR refugee Nexus support in Uganda 2019). In regards to education level of the household head, majority (64.5%) of the household heads had attained some level of education ranging from primary to tertiary with a similar trend among the refugee (60.5%) and host (72.4%) communities. Additionally, 60.6% of the household heads are married or cohabiting with a higher proportion among the host communities (72.4%) compared to the refugee community (54.7%). However, a reasonable proportion of the beneficiaries are separated/divorced or widowed/widowers (37.1%) with a higher proportion among the refugee community (42.2%) compared to the host community (26.8%). This could be attributed to the fact that majority of the women that fled into the country either lost their husbands to the war or fled out of their countries and left their husbands back home exposing high levels of vulnerability especially among women and children.

The average household size of the project beneficiaries stands at 8 members with a higher proportion of household members among the host community (10) compared to the refugee community (7). This trend is the same in the different categories of household members including both children and adults. As regards occupation of the household head, the evaluation findings indicate that farming is the main occupation among beneficiaries (58.2%) with a much higher proportion among the host community (76.4%) compared to the refugee community (49.2%). This is majorly because the host communities have adequate land to practise farming compared to the refugee communities. However, it can be concluded that majority of the beneficiaries have a source of income (74.9%) with a similar pattern among the refugee (65.6%) and host community (93.7%). The host community shows much higher proportions since farming still remains the highest occupation due to the vast land to practise farming.

**Table 3-2: Demographic characteristics of household head**

Demographic Characteristics	Disaggregation by community (%)		
	Refugee	Host	Overall
<b>Sex of household head</b>			
Female	41.8	70.1	51.2
Male	58.2	29.9	48.8
<b>Age categories of the household head</b>			
Less than 20 years	1.6	0.0	1.0
21-30 years	13.3	7.9	11.5
31-40 years	28.1	19.7	25.3
41-50 years	15.2	23.6	18.0
51-60 years	16.4	26.0	19.6
> 60 years	25.4	22.8	24.5
<b>Level of education of the household head</b>			

Primary	47.3	55.9	50.1
Secondary	12.5	8.7	11.2
Post-primary	0.8	7.9	3.1
None	39.5	27.6	35.5
<b>Marital status of the head of household</b>			
Married/Cohabiting	54.7	72.4	60.6
Divorced/separated	16.4	3.9	12.3
Widow/widower	25.8	22.8	24.8
Not married/Single	3.1	0.8	2.3
<b>Main occupation of the household head</b>			
None	34.4	6.3	25.1
Farming	49.2	76.4	58.2
Salaried employment	2.3	6.3	3.7
Self-employed e.g. business	9.4	7.1	8.6
Casual worker	3.9	3.9	3.9
Other	0.8	0.0	0.5
None	34.4	6.3	25.1
<b>Average Household Size</b>			
Adults	3	4	3
Children <5 years	1	2	2
Children 6-11 years	2	2	2
Children 12-18 years	1	2	1

### 3.1.3 Status of disability at Household Level

Evaluation findings indicate that 46.2% of the respondents in the survey were PWDs with a higher proportion among the refugee community (52.0%) compared to the host community (34.6%). Majority of the households sampled (65.9%) had an adult with a disability while 39.5% had a child with a disability. The same trends were seen among the refugee (70.4% AWDs and 40.3% CWD) and host communities (67.6% AWDs and 37.8% CWD). These findings indicate that the project indeed targeted the most vulnerable especially people with disabilities (PWDs) and Children with Disability (CWDs) in their interventions.

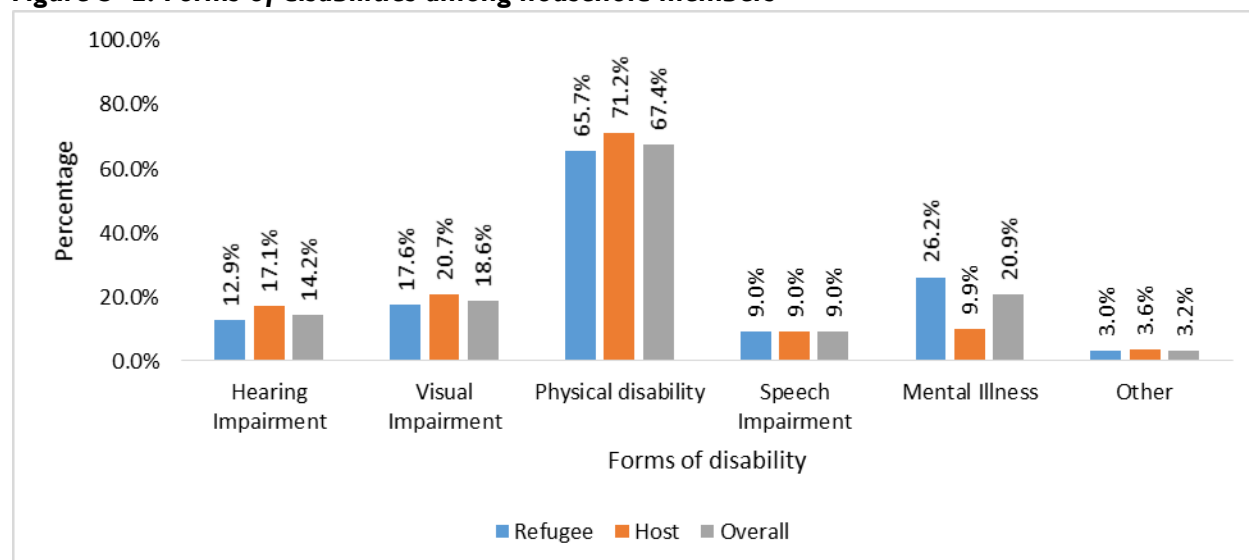
**Table 3-3: Demographic characteristics of household head**

Demographic Characteristics	Disaggregation by community (%)		
	Refugee	Host	Overall
<b>Is the respondent a person with disability?</b>			
No	48.0	65.4	53.8
Yes	52.0	34.6	46.2
<b>Does the household have any person with a disability?</b>			
Yes, Child with Disability	40.3	37.8	39.5
Yes, Adult with Disability	70.4	67.6	65.9

Figure 3-1 below shows that of the households that have a member or more with a disability, there was a relatively similar trend in the forms of disability among household members of the refugee and host

communities. Majority (67.4%) of household members with a disability were those having physical disability with higher proportions in the host community (71.2%) compared to the refugee (75.7%) communities; followed by 20.9% mental illness, 18.6% visual impairment, 14.2% hearing impairment, and 9.0% speech impairment.

**Figure 3- 2: Forms of disabilities among household members**



### **Review of the project interventions against the OECD-DAC Criteria**

The evaluation integrated a comprehensive assessment of the performance of the project against the OECD-DAC criteria of evaluation with focus on effectiveness, efficiency, relevance, sustainability, impact and coherence of the project; and an analysis of cross-cutting themes including stakeholder participation and gender thereby providing specific, actionable, evidence based lessons learned and practical recommendations for future programme developments.

## **3.2 Relevance of the project**

Project relevance focused on assessing the extent to which the project objectives and design responded to the needs of the local context.

### **3.2.1 Linkage to government development priorities and strategies**

Overall, the project responded to the identified and major needs of the communities in Omugo SC-Terego district. The influx of refugees in West Nile is listed as one of the humanitarian crisis facing the district, under the Terego District Hazard, Risk, and Vulnerability Profile 2020. The District Development Plan notes the presence of refugee community resulting into pressure on land and other social services as one of the causes of poverty. The report further notes the impact of the refugee influx on the already strained environmental and natural resources. The project was therefore aimed at improving access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disabilities and their caretakers in Omugo Sub County by March 2022. This was with the aim of increasing access to social services such as WASH but also contributing to improved livelihoods among beneficiary households especially those with a disability. This is in line with addressing the poverty challenges in Terego district especially among the host and refugee communities.

The project was aligned to Government of Uganda Comprehensive Refugee Response Framework (CRRF) and the UNHCR's operation strategy 2017-2021 that focuses on a multi-dimensional approach to supporting the refugee influx that includes access to WASH services and improving livelihoods

among households especially the most vulnerable of which PWDs are inclusive. The project as well adopted the Refugee and Host Population Empowerment (ReHoPE) strategy whereby both refugees and their hosting communities were targeted. In line with the Uganda Government policy, the refugee response follows the 70:30 principle, by which 30% of all assistance measures should benefit the hosting community whenever contextually relevant. Annual project report, (February, 2021), indicated that the interventions targeted both the refugee and host communities for example the construction of water points for households, distribution of Jerri cans, construction of sanitation facilities and hand washing facilities, distribution of animals for improved livelihoods etc. were done in both host and refugee community. This approach as such encouraged sustainable and harmonious co- existence of both the refugee and host communities.

#### **Box 1: Relevance of the project**

*“This project is quite well aligned to the ReHoPE strategy of 70:30 distribution of benefits among the refugee and host communities but also WASH and Livelihoods are one of the key interventions needed within the Refugee Response Framework”,* **OPM Representative in Omugo Settlement**

#### **Box 2: Relevance of the project**

*“Project implementation is done in consultation and approval of the leadership in both the refugee and host communities so that we are in conformity with government policies”,* **Project Manager**

### **3.2.2 Alignment with World Vision Uganda Strategies**

The overall goal of the project is to contribute towards improved access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disabilities and their caretakers in Omugo Sub County by March 2022. This is directly in line with World Vision Uganda’s National Strategy 2016-2020 under Strategic Objective 1 that focuses on improving the health and nutrition status of 6,000,000 children 0- 5 years, adolescents and women of reproductive age of which WASH is categorized and Strategic objective 2 that focused on improving livelihood resilience of small-holder farmer and agro-pastoralist for economic empowerment by 2020. The project goal was as well in line with the World Vision Uganda West Nile Refugee Response Strategy 2017-2020 and contributed to three outcomes as follows;

- i. **Outcome 2:** Improved equitable access to safe water, sanitation and improved hygiene in West Nile refugee settlements and host communities
- ii. **Outcome 3:** Improved livelihoods and household resilience for small-holder farmers and youths
- iii. **Outcome 4:** Improved food security of food insecure refugees within West Nile refugee settlements and host communities

### **3.2.3 Relevance to the needs of the beneficiaries**

From the rapid assessment report of 2018 and project design document, it was noted that access to safe and clean water among refugee and host communities in Omugo was low. This was characterized by unreliable water supply at household level, long queues at water trucking for the refugee communities, limited access water points, low sanitary coverage, poor hygiene and sanitation practices, threatened livelihoods, food security and safety nets for both the refugees and their host communities in Omugo. As such, the project was designed to address these challenges as pointed by the communities through the assessment report documented.

### **Box 3: Relevance of the project**

*"We used not to have regular supply of water in our community and it was difficult to do many things such as cooking, washing and bathing. We are happy for brining water nearer our homes as we are able to access clean water",* **Project beneficiary, refugee community**

### **Box 4: Relevance of the project**

*"The project was very much needed because we had very limited supply of water which was key for the running of the school. We now have access to water and are able to also harvest water due to the tank that was given to our school",* **Head Teacher, Komoyo PS**

The community as well identified the discrimination and stigmatization of PWDs and CWDs in schools. This was combined with the fact that not all services or institutions were accessible by PWDs and CWDs in schools for example the lack of ramps to aid access to these places and services, lack of aids to facilitate PWDs and the high levels of discrimination both in communities and schools. The project as such was designed to target PWDs and CWDs as the majority beneficiaries. The evaluation findings reveal that 6 in every 10 households sampled (65.9%) had an adult with a disability while 4 in every 10 households sampled (39.5%) had a CWD. This is a clear indicator of the project targeting PWDs and or CWDs as project beneficiaries with focus to having equitable access to WASH services both in communities and institutions and improving livelihoods of such households for improved wellbeing.

### **Box 5: Relevance of the project**

*"Most of the people that have benefited from this project have been people with disability. We were engaged to mobilize and identify these people in the community for targeting by the project",* **Sub County Chief, Omugo SC**

### **Box 6: Relevance of the project**

*"As you can see, I am disabled and used to struggle to access the toilet that we had. It was not easy to use as I could not easily enter. Thanks to World Vision for supporting us to construct a latrine that is easy for me to access",* **PWD, Omugo host community**

### **Box 7: Relevance of the project**

*"Our main problem has been having a source of income that can bring in money to do many other things in addition to the food that is given to us. Thanks to World Vision for giving us goats for rearing and also be able to sell and get money when they multiply",* **project beneficiary in Omugo Settlement**

Further still, the community as well went ahead to indicate that the project indeed was aimed at addressing their immediate needs as a community. For example, the evaluation survey revealed that

91.1% of the households believed that the project indeed reflects the needs of the community with relatively similar opinions among the refugee (90.6%) and host communities (94.5%). In conclusion, the project was highly relevant, as it fitted into Terego district strategic priorities for improving the refugee influx problem, as well as being aligned to the WASH and livelihood needs of refugees and host community households. The project was well in line with World Vision's response strategy to improve access to inclusive WASH services and practises and the livelihoods of vulnerable families especially those with PWDs.

### 3.3 Effectiveness of the project

Project effectiveness is about assessing the extent to which the project achieved its intended objectives. This means assessing whether the project activities and their delivery methods were effective or whether the project activities and immediate results or outputs led to the intended outcomes as measured. As such, this section focuses on ascertaining the level of change from baseline for all project outcome and goal level indicators.

#### 3.3.1 Project Goal

The overall goal of the project was to contribute to improved access to WASH services and livelihood opportunities for 40,000 beneficiary including 10,000 children/persons with disability and their caretakers in Omugo sub-county by March 2022. This was tracked by the indicator “*Proportion of people (including PWDs and CWDs) with improved access to WASH services and livelihood opportunities in Omugo sub-county by March 2022*” over the 2-year lifespan of the project. This indicator was assessed based on perceptions of project beneficiaries on how the project contributed to improvement in their livelihoods and access to WASH services and practices and how this translated into the well-being of children in their respective households.

**Table 3-4: % people (including PWDs and CWDs) with improved access to WASH services and livelihood opportunities**

Indicators	Type of Community	Baseline (%)	Evaluation (%)	Percent Change (%)	P-Value*
Proportion of people (including PWDs and CWDs) with improved access to WASH services and livelihood opportunities	Host	53.8%	57.8%	4.0%	0.4169
	Refugee	35.5%	54.6%	19.1%	< 0.0001
	Overall	40.0%	55.7%	15.7%	< 0.0001

From table 3-3 above, 55.7% of households in the refugee and host communities (including PWDs and CWDs) reported to have improved access to WASH services and livelihood opportunities, a significant contribution ( $P < 0.05$ ) compared to 40.0% at baseline in 2020. This achievement is above the project target of 50.0% with a higher proportion among the host communities (57.8%) compared to the refugee community (54.6%). This result is attributable to impacts of the project interventions mainly through the improvement in WASH related services (increasing access to safe water, construction of inclusive pit latrines for households especially those with PWDs, promoting good hygiene practices of hand washing etc.) and the improvement of livelihoods at household level though distribution of livestock such as goats, seeds such as tomatoes, cow peas, beans, Sukuma week, carrots, eggplants, Onions, Okra and Swiss Charel and farming tools for planting at group level. Their capacity was also built in sustainable livestock and crop farming management practices.

---

\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 ( $P < 0.05$ )

### 3.3.2 Project outcome

In order to contribute to its project goal, the project focused its efforts towards the achievement of its outcomes as below;

1. Increased inclusive access to sustainable drinking water supply for refugees and host community children and adults with a special focus on CWD/PWD and their families
2. Increased access to inclusive sustainable sanitation facilities for refugee and host community children and adults with a special focus on CWD/PWD and their families
3. Reduced discrimination and stigmatization of CWD/PWD's in schools and within the community
4. Improved Food Security and income among ultra-poor persons especially PWDs and their families in Omugo sub-county

This section of the report is therefore presented based on each of the outcomes of the project and determining the extent to which outcome level indicators were achieved in comparison with the baseline data. Chi square estimations of achievements at evaluation in comparison with the baseline are as well estimated for purposes of determine whether the change contributed to by the project is significant at a 95% confidence interval.

#### Outcome 1: Increased inclusive access to sustainable drinking water supply for refugees & host community (children & adults) with special focus on CWD/PWD and their families

This outcome focused on increasing access to sustainable drinking water supply for refugees & host community with special focus on CWD/PWD and their families. Access to safe and clean water targeted both households and institutions within the operation area.

##### a. Inclusive access to sustainable drinking water supply at Household Level

**Table 3-5: Performance of outcome level indicators**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	% of households with access to safe water sources	Refugee	-	96.9	98.8	1.9	0.2326
		Host	-	76.5	82.7	6.2	0.0164
		Overall	86.0	86.7	93.5	7.5	0.0041
2	% of HHs - CWDs & PWDs & their families with inclusive access to sustainable drinking water	Refugee	-	66.3	68.8	2.5	0.6796
		Host	-	57.4	54.3	-3.1	0.6294
		Overall	53.0	61.9	64.0	11	< 0.0001
3	% of households with persons with disability accessing clean water on a year-round basis	Refugee	-	66.3	71.5	5.2	0.3844
		Host	-	57.4	59.8	2.4	0.7063
		Overall	53.0	61.9	67.6	14.6	< 0.0001
4	Average water used per person per day (in liters)	Refugee	20.9	21.3	22.0	1.1	0.8361
		Host	15.2	19.0	20.5	5.3	0.2958
		Overall	19.3	20.3	21.5	2.2	0.6733
5	Average distance from the household to the main	Refugee	560.0	285.0	283.9	-49.3%	< 0.0001
		Host	646.0	325.0	321.9	-50.2%	< 0.0001

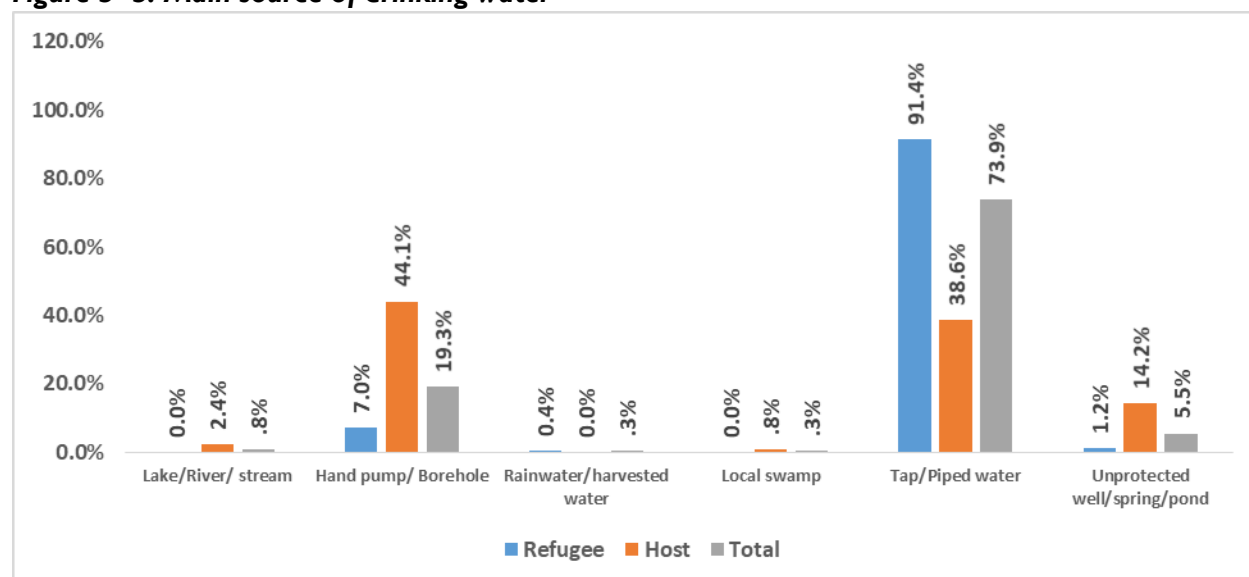
\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 (P<0.05)



	water source	Overall	603.0	305.0	296.4	-50.8%	< 0.0001
6	Average time spent to and from the nearest water source	Refugee	64.0	52.6	15.2	-76.3%	< 0.0001
		Host	60.0	45.5	30.0	-50.0%	< 0.0001
		Overall	62.0	49.1	20.1	-67.6%	< 0.0001
7	Average waiting time at the water source	Refugee	59.0	34.2	26.2	-55.6%	< 0.0001
		Host	67.0	48.2	45.1	-32.7%	< 0.0001
		Overall	63.0	41.2	32.4	-48.6%	< 0.0001

Table 3-4 shows that there has been an improvement in the proportion of households with access to safe water sources from 86.0% at baseline in 2019 to 98.8% at evaluation with significant change ( $P=0.0041$ ) from baseline. The same trend can be seen in the refugee and host communities. Similarly, the proportion of households especially CWDs & PWDs & their families with inclusive access to sustainable drinking water as well improved from 53.0% at baseline to 64.0% ( $P<0.0001$ ). Unlike the refugee community, the same trend was not similar for the host community with a slight reduction from 57.4% at baseline to 54.3% at evaluation time although the change was not significant ( $P=0.6294$ ). Overall, households with persons having a disability that are accessing clean water on a year-round basis as well improved from 53.0% at baseline to 67.6% at evaluation with a similar trend exhibited in refugee (improved from 66.3% in 2020 to 71.5% at evaluation;  $P= 0.3844$ ) and host communities (improved from 57.4% in 2020 to 59.8% at evaluation;  $P= 0.7063$ ). The most common main source of drinking water among households was the piped water or tap water (73.9%) with a higher distribution among the refugee community (91.4%) compared to the host community (38.8%) possibly because of the 70:30 distribution of resources or benefits among the refugee and host communities. This was as well because the project prioritized piped water systems for increased supply of water and coverage across many households sustainably. Hand pumps or boreholes were as well common among 19.3% of the households with higher proportions among the host communities compared to the refugee communities.

**Figure 3- 3: Main source of drinking water**







An inclusive & sustainable water point constructed with support from World Vision, **Omugo host community**



A community member drawing water from an inclusive and sustainable water source constructed with support from World Vision, **Omugo Refugee community**

The average water used per person per day in liters as well improved from 19.3 liters per person per day at baseline to 21.5 liters per person per day at evaluation with a similar trend exhibited among the refugee (20.9 liters per person per day to 22.0 liters per person per day) and host communities (15.2 liters per person per day to 20.5 liters per person per day). The average distance from the household to the main water source drastically reduced from 603 meters at baseline to 296.4 meters at evaluation with a similar trend exhibited among the refugee (560.0 meters at baseline to 283.9 meters at evaluation) and host communities (646.0 meters at baseline to 321.9 meters at evaluation). This aligns with the fact that the time spent to and from the nearest water source as well reduced from 63.0 minutes at baseline to 32.4 minutes at evaluation with a similar trend exhibited among the refugee (59.0 minutes at baseline to 26.2 minutes at evaluation) and host communities (67.0 minutes at baseline to 45.1 minutes at evaluation). These tremendous achievements in the increased access to inclusive and sustainable water can be as a result of the 18 water points established (16 in the refugee community and 2 in the host community) that include piped water systems extended to households especially those with PWDs, 1000 households supported with water storage containers, and the construction of low-cost water filters to improve water quality in 4 schools.

#### **Box 7: Access to safe and clean water**

*"We used to struggle to get clean and safe water in our community. The water that would be brought in tanks would get over very fast. We are now happy we have water near us at the tap and it is always available for use", Refugee beneficiary, Village 2*

The evaluation as well explored the safe storage and utilization of water drawn from the safe water source. About 85% of the disease burden in Africa could be prevented through improved WASH.<sup>i</sup> Safe water chain includes all processes involved in ensuring that water is not contaminated through all stages from the water source to consumption. Key stages in the safe water chain include water collection, handling, transportation, storage, treatment, and consumption. The evaluation as such revealed that 71.0% of households use safe water storage containers for drinking water with a much higher distribution among the host community (92.9%) compared to the refugee community (60.2%). This is a reduction from evaluation in 2020 where 88.5% households had a safe water storage container. The

practice however remained the same in the host community (92.0%) while there was a major reduction in the practice among the host community from 85.0%. Despite the continued sensitizations on safe water chain among communities, there is need to intensify this sensitization in the refugee community in order to reduce the disease burden in the community. It should however be noted that of those that use a safe water containing for water storage, a high proportion (94.1%) their containers were observed to be clean, covered and if it's not a Jerri can, there was a cup for drawing water. This shows a good practice among households in the management and utilization of safe water containers for water storage.



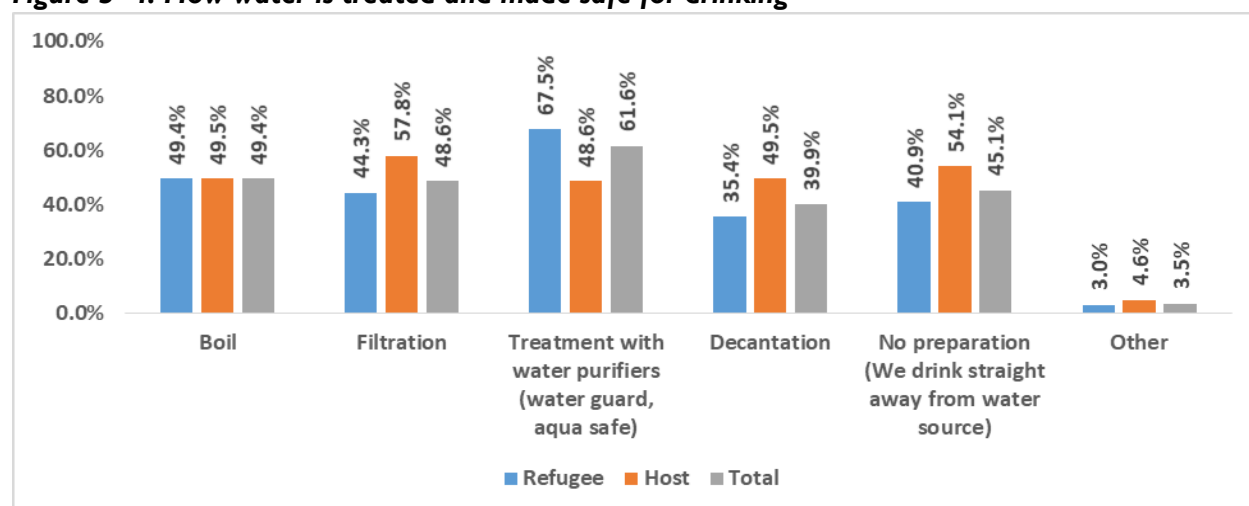
storage container for drinking water at household level with a lid and cup for drawing water,, **Omugo host community**

#### **Box 8: Water management at household level**

*"I always boil drinking water from my family in order to prevent them from getting diseases. It is stored in a clean pot and covered with a lid and a cup on top for drawing water for drinking",* **Host community beneficiary, Anafio Village**

In regards to knowledge levels among households on the making of water safe for drinking, beneficiaries were asked on how water is treated and made safe for drinking. Figure 3-4 below shows that majority (61.6%) believe that water should be treated with water purities such as water guard and aquasafe with a higher proportion among the refugee communities (67.5%) with this practice compared to the host communities (48.6%). About half of the households (49.4%) believe that water has to be boiled for it to be safe for drinking with a similar trend among the refugee (49.4%) and host communities (49.5%). However, the worry is about 48.6% of households that believe that filtration can be a way of making water safe for drinking. The same applies to 39.9% of households that believe decanting can be used to make water safe for drinking and 45.1% that simply drink water from the source that need further sensitization in both the host and refugee communities. This can be evidenced with about 37.8% households that have had a member of the household suffer from Bilharzia (41.1% in the refugee community and 32.9% in the host community), 23.3% suffered from diarrhea (21.5% in the refugee community and 26.0% in the host community) and 27.2% that have suffered from scabies (8.4% in the refugee community and 54.8% in the host community)

**Figure 3- 4: How water is treated and made safe for drinking**



**b. Inclusive access to sustainable drinking water supply at Institutional Level**

The project as well focused on increasing access to safe water to institutions such as schools and health facilities. As such, the evaluation findings in table 3-6 below revealed that 76.9% of institutions especially those with PWDs and CWDs have a safe drinking water source with a fairly similar pattern among the refugee (77.8%) and host communities (75.0%). This is an improvement from 68.9% at baseline and a similar trend among the refugees (67.4%) and host communities (70.0%). This improvement is thus significant ( $P=0.0041$ ) at a 95% confidence interval. The average distance from the institution to the nearest water source stands at 422 meters which is within the recommended distance of not more than 500 meters. However, this is only true for the refugee community with 382 meters of the institution and water source. The host community water sources are 512 meters away from the institution on average. There was no relevant baseline data to compare against but this requires that the project intensifies more efforts in bringing water closer to institutions.

**Table 3-6: Main source of drinking water at institutional level**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	% of institutions especially those with PWDs and CWDs with a safe drinking water source	Refugee	-	67.4	77.8	10.4	0.2326
		Host	-	70.0	75.0	5.0	0.0104
		Overall	-	68.9	76.9	8.0	0.0041
2	Average distance from the institution to the nearest water source	Refugee	-	-	382.0	-	-
		Host	-	-	512.0	-	-
		Overall	-	-	422.0	-	-
3	Proportion of community-based water management structures whose capacity is strengthened	Refugee	-	-	94.9	-	-
		Host	-	-	85.7	-	-
		Overall	20.0	-	92.2	72.2	< 0.0001

**Box 9: Access to safe and clean water at institutions**

*“Our school now has access to safe and clean water which is just within the school compound. This has as such improved hygiene and sanitation practices in the school”, Head Teacher, Owayi Primary school*

the existence of water management committees an improvement from 75.0% at baseline with a much higher proportion among the refugee community (84.0%) compared to the host community (71.9%). In regards to building the capacity of water user committees, 92.2% of households reported that the capacity of community-based water management structures had been strengthened. This trend is the same across the refugee (94.9%) and host communities (85.7%) and can be attributed to the fact that the project supported the establishment and training of 13 out of the planned 10 WASH committees on Operation and maintenance of the water sources, the equipment of water hand pump mechanics associations with tool kits for repairs of piped water schemes or boreholes. Through the water user committees, 15 tap stands/boreholes were fenced and soak pits constructed. These achievements thus reveal the functionality of the WASH committees at community level. This will as such go a long way in fostering sustainability of the water sources constructed by the project.

As such, 89.9% of households are satisfied with the work of the water management committees with a much higher proportion among the refugee community (94.9%) compared to the host community (78.0%). Of those that were not satisfied with the work of the water user committees, 33.3% cited an incompetent water user committee, 25.9% believed that the committee was never around to support while another 25.9% believed that the team was not doing their job of maintaining the functionality of the water source.

## **Outcome 2: Increased access to inclusive sustainable sanitation facilities for refugee and host community children and adults with a special focus on CWD/PWD and their families**

Under this outcome, the project focused its efforts towards increasing access to inclusive sustainable hygiene and sanitation facilities and practices for refugee and host communities with a special focus on CWD/PWD and their families.

### **a. Sanitation practises at household level**

Through its drive towards increasing access to sustainable and inclusive sanitation facilities in the host and refugee communities, the project embarked on constructing low cost inclusive latrines and bathing shelters accessible to people with disabilities as well. As such to date, 94.8% of the sampled households in Omugo have access to a pit latrine an improvement from 93.4% in 2020 and 37.1% at baseline in 2019 with a similar distribution among the refugee (94.5%) and host community (95.3%). The improvement from 2020 evaluation is however not significant ( $P=0.4148$ ) and requires the project to continue with the drive of sensitising communities on having access to affordable pit latrines.

**Table 3-7: Sanitation practices at household level**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	% of households that have access to pit latrines	Refugee	-	95.5	94.5	-1.0	0.7236
		Host	-	95.0	95.3	0.3	0.8744
		Overall	37.1	93.4	94.8	57.7	0.4148
2	% of HHs especially those with CWDs/PWDs with increased access to inclusive sustainable sanitation facilities	Refugee	45.7	-	57.0	11.3	0.0804
		Host	54.1	-	50.4	-3.7	0.4012
		Overall	49.9	53.0	54.8	4.9	0.1787
3	% of persons with disability accessing sanitation facilities	Refugee	44.3	-	64.8	20.5	0.0014
		Host	53.1	-	56.7	3.6	0.4122
		Overall	48.7	50.8	62.1	13.4	0.0002

\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 ( $P<0.05$ )



Table 3-7 above as well shows that there has also been an improvement in the proportion of households especially those with CWDs/PWDs with increased access to inclusive sustainable sanitation facilities from 49.9% at baseline to 54.8% at evaluation ( $P=0.1787$ ). This means that people with disabilities are able to access these facilities without any difficulty. Further still, table 3-7 indicates that 62.1% of the persons with disability reported easily accessing sanitation facilities compared to 48.7% at baseline with a similar trend among the refugee (from 44.3% at baseline to 64.8% at evaluation;  $P=0.0014$ ) and host community (from 53.1% at baseline to 56.7% at evaluation;  $P=0.4122$ ). Figure 3-5 below shows that the most common latrines used at community level are those pit latrines with a slab (50.9%) with a slightly higher proportion in the refugee community (56.3%) compared to the host community (40.2%). About 14.1% of households are utilizing the VIP latrines while 11.2% are utilizing the composting toilets. The findings as such indicate that 81.7% of the households indicate that they do not share their sanitation facilities with neighbors (Refugee=80.5% and Host = 84.3%) while 76.0% of the households reported that their sanitation facility was disability inclusive e.g. the facility has structures to support PWDs access the facility without difficulty e.g. a ramp and rails with a similar pattern among the refugee (75.4%) and host community (77.2%). These achievements are as a result of the project support to the community in the construction of 50 low cost inclusive latrines separated by gender for households with CWD/PWD constructed and the participatory hygiene and sanitation transformation sessions conducted in 20 target communities. More households have as such embraced the need for the adoption of appropriate sanitation practices within their communities.

#### Box 10: Adoption of appropriate sanitation practices

*"Thanks to World Vision for supporting my family construct an inclusive pit latrine and bathing shelter that I can easily access on my wheel chair ",* **Person with Disability, Bura Parish**

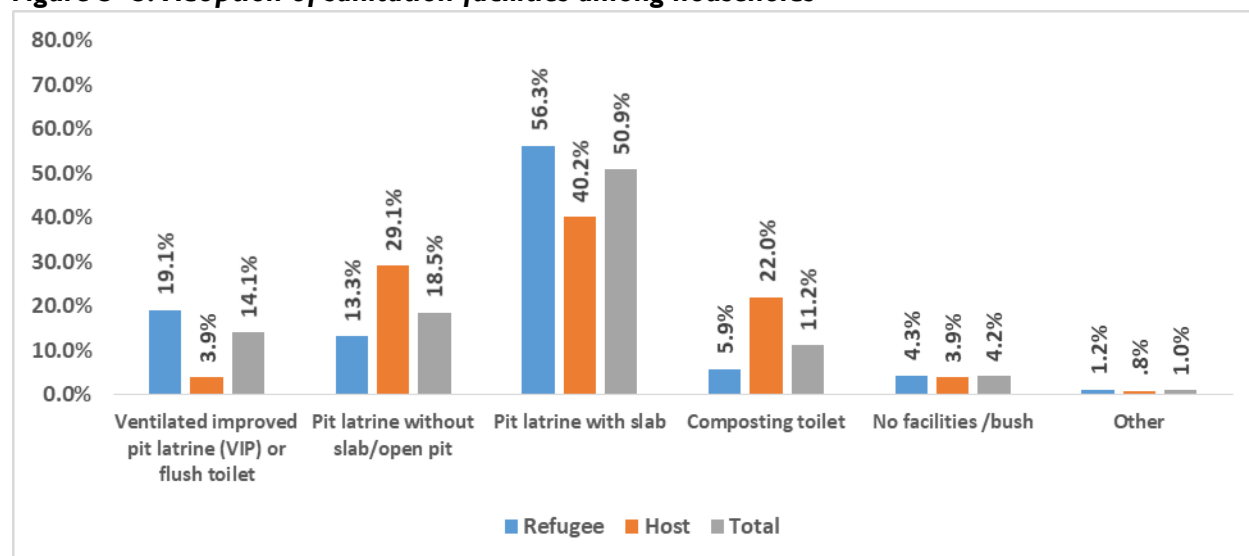


An inclusive and sustainable low cost sanitation facility constructed with support from WV, **Omugo host community**



An inclusive and sustainable low cost sanitation facility constructed with support from WV, **Omugo host community**

**Figure 3- 5: Adoption of sanitation facilities among households**



### b. Hand washing practises at household level

The project as well embarked its efforts towards supporting communities to adopt appropriate hand washing practices at the most critical times. Proper handwashing using soap and water remains the most effective way of removing germs and harmful bacteria from our hands. This prevents the spread of diseases and keeps your environment safe, fresh, and clean. This can be affirmed by the fact that 99.2% of households believe that hand washing prevents spread of diseases or avoids germs and 86.6% households believe that appropriate hand washing helps one maintain appropriate personal hygiene. As such, the proportion of households that wash their hands with soap and water improved from 52.1% at baseline to 67.0% at evaluation a significant change of 14.9% over the last two years ( $P < 0.0001$ ) with a similar trend among the refugee (48.3% at baseline and increasing to 69.5% at evaluation) and the host community (55.9% at baseline and increasing to 62.2% at evaluation). The project in its drive to increase appropriate handwashing practices at household level targeted CWD/PWDs to as well have access to hand washing facilities. As such, the evaluation findings reveal that 54.8% of CWDs and PWD households are exhibiting good WASH practices-and utilizing appropriate WASH facilities an improvement from 49.9% at baseline.

**Table 3-8: Hygiene practices at household level**

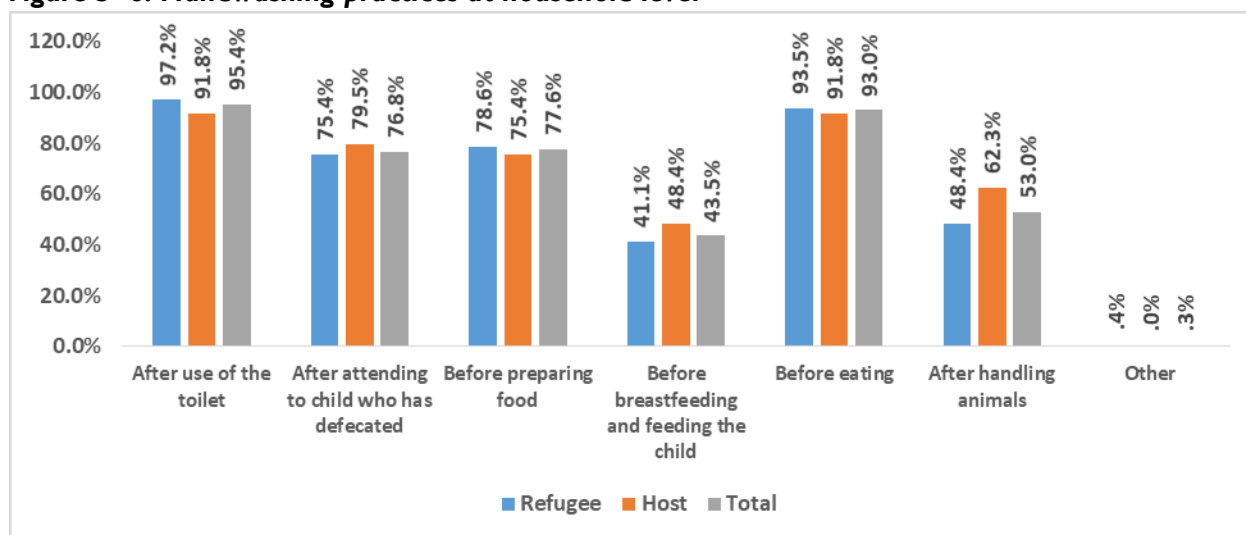
#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	% of households that wash hands using soap, ash or sand	Refugee	48.3	-	69.5	21.2	< 0.0001
		Host	55.9	-	62.2	6.3	0.3215
		Overall	52.1	53.0	67.0	14.9	< 0.0001
2	% of CWDs and PWD households exhibiting good WASH practices-and utilizing appropriate WASH facilities	Refugee	45.7	-	57.0	11.3	0.0104
		Host	54.1	-	50.4	-3.7	0.5668
		Overall	49.9	53.0	54.8	4.9	0.1787

### Box 11: Adoption of appropriate hygiene practices

*"We used not to wash our hands after visiting the latrine since we did not know the importance. With sensitization from WV, we now use water and soap to wash our hands using the tippy tap that we constructed near our toilet", Person with Disability, Refugee*

The evaluation as well went ahead to investigate on which occasions household members use soap or ash when washing your hands. The findings in table 3-6 below reveal that majority of households wash their hands after use of a toilet (95.4%), before eating (93.0%), after attending to a child who has defecated (76.8%) and before breast feeding and feeding the baby (77.6%) with a similar pattern among the refugee and host communities. These achievements are reflective of the efforts of the project in ensuring that households practise appropriate hand washing behaviour; for example, the project supported 50 households with CWD/PWDs with inclusive hand washing facilities close to the latrines.

**Figure 3- 6: Handwashing practices at household level**



However, on further observation of whether hand washing facilities were stationed at the sanitation facilities, it was found out that only 67.1% of the households had a hand washing station with water and soap or water and ash with a higher proportion among the refugee community (69.5%) compared to the host community (62.2%). Despite the support from the project to support households with disability to have access to inclusive hand washing facilities, the evaluation reveals that only 65.0% of the households have hand washing facilities that are disability inclusive (Refugee=63.7% and Host=67.7%). The project still needs to continue with its drive of supporting households practise appropriate hand washing.



A hand washing station in one of the communities (tippy tap), **Omugo Host community**



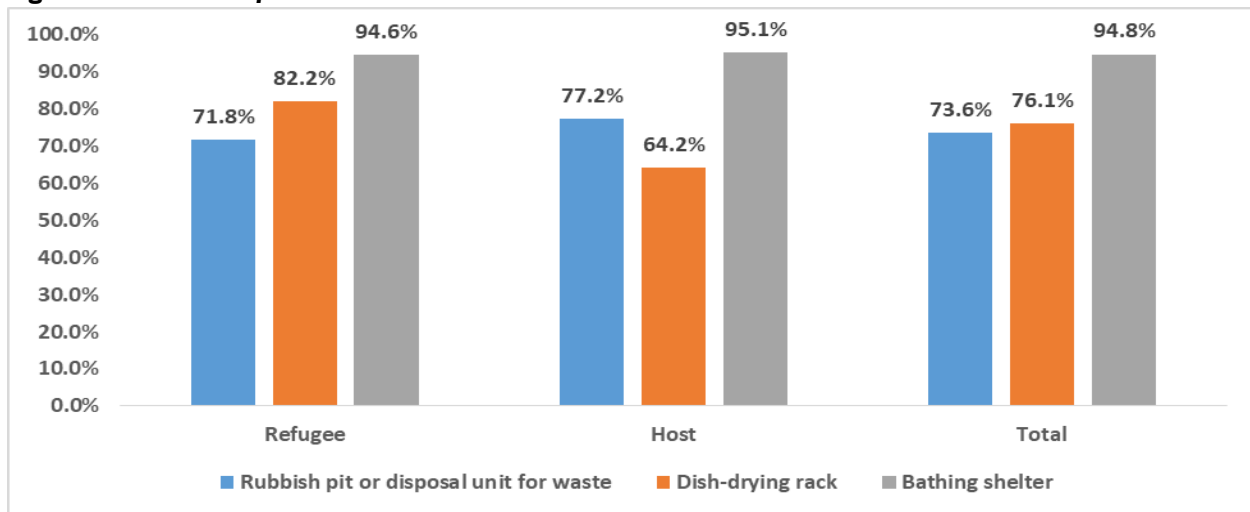
A hand washing station next to an inclusive and sustainable sanitation facility in one of the communities (tippy tap), **Omugo refugee community**



### c. Non-defaecation Sanitation at household level

In its drive to ensure that households practise appropriate hygiene and sanitation, the project as well supported households to have bathing shelter that is disability inclusive, dish drying rack and rubbish pit or disposal unit for waste. This was seen with the drive to construct 50 low cost sanitation facilities with a bathing shelter attached to it that is disability inclusive. As such, the evaluation findings reveal that 94.8% households have a bathing shelter with a similar pattern among the refugee (94.6%) and host community (95.1%). However, the proportion of households with a rubbish pit or dish drying racks was lower at 73.6% and 76.1% respectively with more households in the refugee community having dish drying racks (82.2%) compared to the host community (64.2%). However, both refugee and host communities had a similar pattern for presence of rubbish pit at 71.8% and 77.2% respectively.

**Figure 3- 7: Non-defaecation sanitation at household level**





#### d. Hygiene and sanitation practises at institutional level

The project as well geared its efforts towards increasing inclusive hygiene and sanitation practises at institutional level targeting both schools and health facilities. As such, the project realised an improvement in the proportion of institutions with access to inclusive sanitation facilities from 62.0% at baseline to 76.9% at the time of the evaluation. This achievement has mainly been as a result of the construction of inclusive bathing shelters separated for boys and girls in 2 schools, construction of 10 inclusive drainable VIP latrines separated for both boys and girls, the reactivation of school hygiene clubs on school WASH in 13 schools and 5 schools supported with sanitation tools and drama kits for school health clubs mainly for sensitization of children and communities on appropriate hygiene and sanitation. Additionally, the project supported 13 schools to in making affordable sanitary pads using locally available materials and 35 SMC, senior men/women teachers trained on menstrual hygiene management and provided with emergency MHM materials for schools. Further still, the project supported 13 school management and institutional structure members in building their capacity in WASH and environmental management. The project additionally supported the construction of incinerators in 8 schools for waste and menstrual management. These achievements as such justify the improvement in hygiene and sanitation practice in institutions.

**Table 3-9: Hygiene and sanitation practices at institutional level**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	Proportion of institutions with access to inclusive sanitation facilities	Refugee	56.6	-	88.9		< 0.0001
		Host	66.6	-	75.0		0.0305
		Overall	62.0	63.0	76.9		0.0011
2	Pupil Latrine stance ratio (Total)	Refugee	-	-	1:30	-	-
		Host	-	-	1:102	-	-
		Overall	-	-	1:69	-	-
3	Pupil Latrine stance ratio (Boys)	Refugee	-	-	1:27	-	-
		Host	-	-	1:107	-	-
		Overall	-	-	1:69	-	-
4	Pupil Latrine stance ratio (Girls)	Refugee	-	-	1:33	-	-
		Host	-	-	1:101	-	-
		Overall	-	-	1:69	-	-

As a result of the construction of additional VIP latrines for both boys and girls in schools, the latrine stance ration stands at 1:69 with a better situation in the refugee community (1:30) compared to the host community (1:102). The latrine stance ratio for the boys stands at 1:69 as well with again better standards among the refugee community (1:27) compared to the host community (1:107) and the same scenario for girls with latrine stance ratio of 1:69 and better standards for the refugee community (1:33) compared to the host community (1:101). These ratios within the refugee community as such meet the SPEHE minimum standards as guided by UNHCR for the refugee community of 50 pupils per latrine stance (30 girls per stance and 60 boys per stance). However, the host community is still far below the expected minimum standards of 40 pupil per latrine stance as per the Ministry of Education and Sports in Uganda. The project there needs to support schools within the host community to as well achieve in this area.

\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 (P<0.05)

The project as well supported schools to adopt appropriate hand washing facilities in schools. This is evidenced with the strengthening capacity of 35 teachers, SHC, SMC & PTA members trained in making liquid soap for cleaning of sanitation facilities, the training and equipment of 10 hygiene and sanitation promoters in schools and the promotion of hygiene sensitizations of boys and girls in institutions and in the community. As such, the findings of the evaluation reveal that 100% of the institutions visited had a hand washing facility in place for both the host and refugee community. However, only 62.0% of the institutions had water and soap at the time of visiting the sanitation facility within a distance of less than 5 meters from the sanitation facility. Whereas there have been efforts towards improving appropriate hand washing at facility level, the proportion of institutions with appropriate hand washing is still low and thus needs a further sensitization drive for better improvement.



**Box 12: Adoption of appropriate sanitation practices at institutional level**

*“Latrines have been put in place for boys and girls including children with disability”,  
Head Teacher, Komoyo Primary school*

**Outcome 3: Reduced discrimination and stigmatization of CWD/PWD's in schools and within the community**

Persons with Disability (PWDs) and Child with Disability (CWDs) are often discriminated and excluded from community engagements and participation. In most cases, they have difficulty in accessing key social services such as access to medical care, access to schools, access to WASH services etc. As such, the project embarked its efforts towards increasing community knowledge on disability inclusion and the promotion of community based rehabilitation.

**Table 3-10: Hygiene and sanitation practices at household level**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	% of households that have experienced discrimination and stigmatization of CWDs/PWDs in schools and within the community	Refugee	32.0	-	31.8	-0.2	0.9617
		Host	46.3	-	43.5	-2.8	0.6633
		Overall	39.2	-	35.4	-3.8	0.2814
2	% of households that report a reduction in	Refugee	-	-	78.1	-	-

\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 (P<0.05)

	discrimination and stigmatization of CWDs/PWDs in schools and within the community	Host	-	-	74.8	-	-
		Overall	-	-	77.0	-	-
3	Proportion of households with knowledge of disability and inclusion	Refugee	50.0	-	84.8	34.8	< 0.0001
		Host	38.0	-	88.2	50.2	< 0.0001
		Overall	44.0	74.0	85.9	41.9	< 0.0001
4	Proportion of CWDs or PWDs supported with community based rehabilitation	Refugee	-	-	68.2	-	-
		Host	-	-	82.5	-	-
		Overall	15.0	-	72.7	57.7	< 0.0001
5	% of PWDs/CWDs with easy access to health facilities, sanitation facilities, Learning institutions, market places and churches	Refugee	-	-	84.5	-	-
		Host	-	-	82.5	-	-
		Overall	15.0	-	83.9	68.9	< 0.0001
6	% of CWDs enrolled in school	Refugee	-	-	34.8	-	-
		Host	-	-	26.1	-	-
		Overall	-	-	32.0	-	-

#### a. Knowledge of disability inclusion

In order to increase community knowledge and awareness in regards to disability inclusion among community members, the project embarked on the sensitization of communities and institutions on the rights, barriers, capacity, and needs of children/adults with disability and their responsibility towards them. The project as well embarked on conducting awareness sessions such as talk shows, drama, rallies, messages and talking walls on disability inclusion including documentation and the commemoration of the international Disability day through which key messages on disability inclusion would be shared for community awareness. As such, 85.9% of the community members have received information and are knowledgeable about disability inclusion an improvement from 44.0% at baseline and 74.0% in 2020. Figure 3-8 below shows that majority of community members received knowledge on disability inclusion through community meetings/trainings (94.0%) and sensitization meetings (93.3%). About half (50.5%) of the community members indicated that they had received knowledge through talking walls, 30.0% through drama and or rallies while 30.7% through radio talk shows.

**Figure 3- 8: Sources of information for awareness creation on disability inclusion**

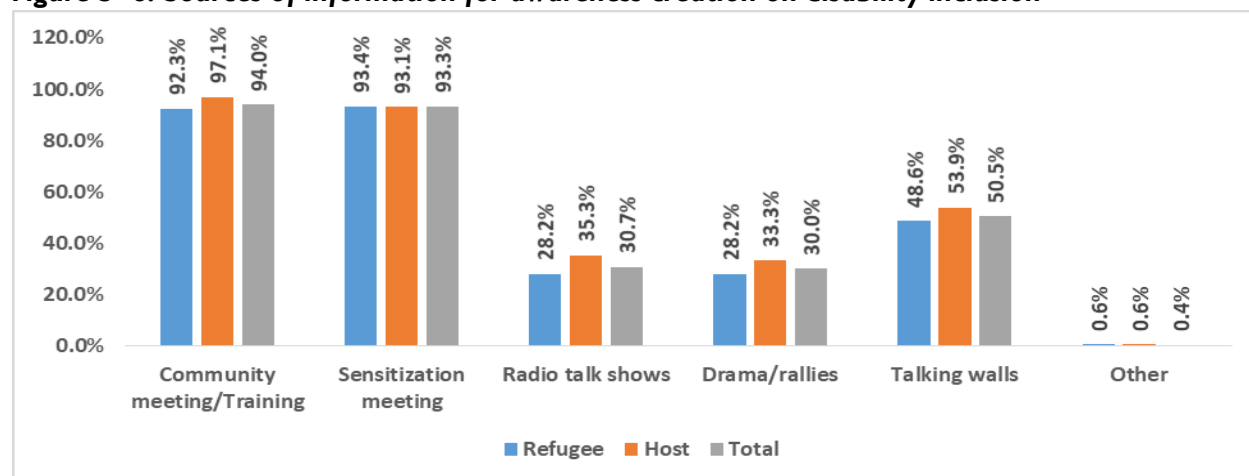


Table 3-11 below shows that a high proportion of community members have knowledge on disability inclusion for example, 95.5% of households believed that people with disability should have full participation in societal activities, 97.9% believed that PWDs should be getting fair treatment from others (non-discrimination), 87.3% believed that it is important that products, communications, and the physical environment is made more usable by as many people as possible (universal design) inclusive of PWDs, 84.1% believed that modifying items, procedures, or systems to enable a person with a disability to use them to the maximum e.g. ramps for easy access and 92.3% believed that there is need to eliminate the belief that people with disabilities are unhealthy or less capable of doing things (stigma, stereotypes).

**Table 3-11: How people with disability should be treated in society**

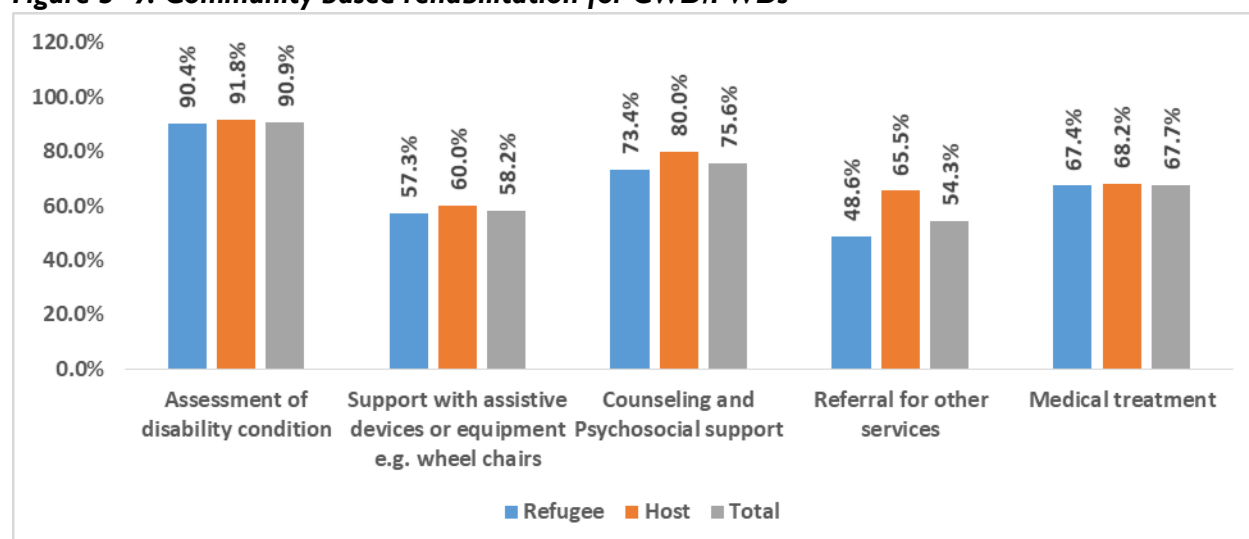
How people with disability should be treated in society	Evaluation 2021 (%)		
	Refugee	Host	Overall
Full participation in society activities	95.3	96.0	95.5
Getting fair treatment from others (non-discrimination)	98.4	96.8	97.9
Making products, communications, and the physical environment more usable by as many people as possible (universal design)	86.6	88.7	87.3
Modifying items, procedures, or systems to enable a person with a disability to use them to the maximum e.g. ramps for easy access	83.0	86.3	84.1
Eliminating the belief that people with disabilities are unhealthy or less capable of doing things (stigma, stereotypes)	89.7	97.6	92.3

The above beliefs among community members are based on the fact that 82.0% (Refugee = 80.1% and Host = 85.8%) of them believe children with a disability face barriers to inclusion within the school environment such as their participation in school activities and 84.1% of them believe that children with a disability faces barriers to inclusion within the community environment. The same believes apply for both the refugee and host communities.

#### **b. Promotion of community based rehabilitation**

In order to increase access to social services and other WASH services among people with disabilities, the project focused on community based assessment and rehabilitation. This involved engagements to identify and conduct assessments for critically disabled CWD and PWD that require specialized equipment, conducting of community sessions to identify barriers to service accessibility for CWD and PWDs, identification and training of local artisans/groups in the making assistive devices, quarterly psychosocial support for families, CWD and PLWD and the training of 15 partners, DPOs and leaders on accessibility of CWD, PWD and disability inclusion. Figure 3-9 below shows that 90.0% of the beneficiary households indicated that assessments were done for CWD/PWDs in their households, 75.6% has received counseling and psychosocial support, 58.2% received assistive devices, and 67.7% received medical attention and support while 54.3% were given referrals for appropriate care elsewhere. These achievements demonstrate the projects foot prints in as far as community based rehabilitation for CWD/PWDs in the host and refugee communities. A such, 83.9% of the CWDs/PWDs have easy access to health facilities, sanitation facilities, Learning institutions, market places and churches (Refugee = 84.5% and Host = 82.5) as a result of the community based rehabilitation support given to them.

**Figure 3- 9: Community based rehabilitation for CWD/PWDs**



### Box 13: Community rehabilitation of PWDs

*"I used to have difficulty moving from one place to another and it was hard to go to school. World Vision supported me and checked my condition. After some time, they brought me a wheel chair and I am able to move comfortably", PWD, Refugee community*

Table 3-12 below shows the individual opinions of CWD/PWDs on their support, rehabilitation, involvement and access to services such as medical, schools and WASH facilities. The findings reveal that 84.0% of the CWDs/PWDs believe they have participated and been involved in community based activities without discrimination with a similar distribution among the refugee (82.5%) and host communities (87.4%). More than half (65.3%) of the CWD/PWDs reported to have been supported with assistive devices (refugee = 65.0% and Host = 66.0%) and 83.1% of them feel happy and can easily associate with the rest of the community members because assistive devices ensure my ability to function well. Further still, 85.0% of the CWD/PWDs have easy access to health facilities, schools, markets, churches etc. in their community (Refugee = 83.9% and Host = 87.4%) while 82.8% have easy access to sanitation facilities (toilet, bathroom, changing room) in my community or school (Refugee = 85.2% and Host = 77.7%).

**Table 3-12: Opinions of PWD/CWDs on their support, involvement and access to services**

Opinions of PWD/CWDs	Evaluation 2021 (%)		
	Refugee	Host	Overall
I have participated and been involved in community based activities without discrimination	82.5%	87.4%	84.0%
I have been supported with assistive devices to support me	65.0%	66.0%	65.3%
No abusive language or demeaning language has been used to me because of my disability	82.1%	81.6%	81.9%
I feel happy and can easily associate with the rest of the community members because assistive devices ensure my ability to function well	79.4%	91.3%	83.1%

I have easy access to health facilities, schools, markets, churches etc. in my community	83.9%	87.4%	85.0%
I have easy access to sanitation facilities (toilet, bathroom, changing room) in my community or school	85.2%	77.7%	82.8%
I feel respected and supported in my community	82.5%	88.3%	84.4%
I do not feel discriminated by the community	83.0%	87.4%	84.4%
I have received rehabilitation support such as support with assistive devices, counselling etc.	68.2%	82.5%	72.7%

In line with discrimination of CWD/PWDs in community and schools, the evaluation findings reveals that there has been a reduction in the percentage of households that have experienced discrimination and stigmatization of CWDs/PWDs in schools and within the community from 39.2% at baseline to 35.4% at evaluation with a similar pattern among the refugee (reduction from 32.0% to 31.8%) and host community (46.3% to 43.5%). Ultimately, 77.0% of households report a reduction in discrimination and stigmatization of CWDs/PWDs in schools and within the community (Refugee = 78.1% and Host = 74.8%). Table 3-12 as well shows that 84.4% of the CWD/PWDs reported that they do not feel discriminated (Refugee = 83.0% and Host = 87.4%) while 84.4% of them feel respected and supported by their communities. Further still, 72.7% of the CWD/PWDs reported to have received rehabilitation support such as support with assistive devices, counselling etc. with a higher proportion among the host community (82.5%) compared to the host community (68.2%). In regards to enrollment of CWDs in schools, only 32.0% of them were reported to have enrolled in school with a higher proportion among the refugees (34.8%) compared to the host communities (26.1%).

Based on the different interventions by the project in increasing community awareness on disability inclusion and the community based rehabilitation support, 93.2% of the community members believe the involving of PWDs or CWDs in the project has improved their self-worth with a similar distribution among the refugee (93.0%) and host community (93.7%).

#### **Outcome 4: Improved Food Security and income among ultra-poor persons especially PWDs and their families in Omugo sub-county**

##### **a. Household Income**

The project geared its efforts towards increasing household incomes through supporting 500 households especially those with PWDs with a means of livelihood. These were supported with seeds such as tomatoes, cow peas, beans, Sukuma week, carrots, egg plants, Onions, Okra and Swiss Charel and farming tools for planting at group level. Additionally, other households were given goats and chicken for rearing as income generating activities. As such, table 3-13 shows that there was an increase in the proportion of households with a source of income from 79.2% in 2020 to 79.6% at evaluation with a change (0.4%) that is not significant ( $P=0.8924$ ). The same trend was seen in the host community with an increase from 87.0% to 97.6% ( $P=0.0017$ ), a significant change. However, there was a slight decline in the refugee community from 71.4% in 2020 to 70.0% at evaluation in 2021 ( $P=0.8611$ ); a change not significant. The main source of income identified at household level was crop farming with 54.6% households with a higher proportion among the host community (70.1%) compared to the refugee community (46.9%). It was also determined that there was an increase in the percentage of households having at least one or more adults, over the age of 18 years who is earning a regular income (*Households earning income at consistent intervals e.g. monthly, quarterly or seasonal*) from 4.0% in 2020 to 40.2% at evaluation with a higher proportion among the host community (45.7%) compared to the refugee community (37.5%). The evaluation further revealed that 46.7% of households with a PWD

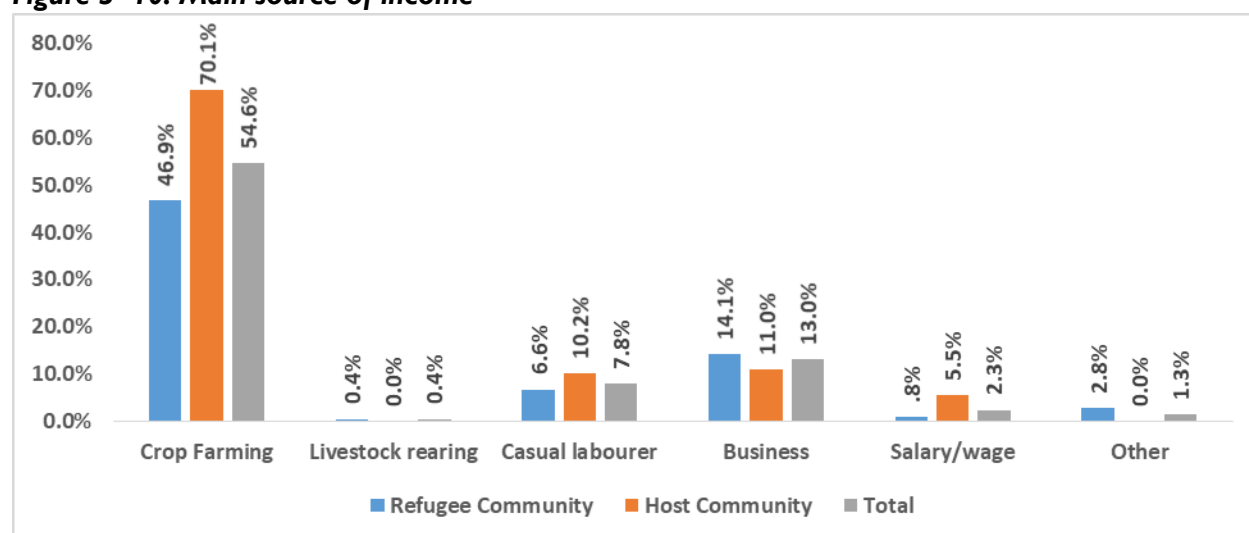
have a safety net or alternative income generation opportunity should the main source of income be lost; an increase from 36.9% at baseline. The average monthly income at household level was UGX. 52,358 with a higher average income among the host community (UGX. 69,368) compared to the refugee community (UGX. 41,644). In comparing current household income and the incomes one year ago, 68.7% of the household members indicated that their incomes had increased with a slightly higher proportion among the refugee community (69.9%) compared to the host community (66.1%).

**Table 3-13: Household Incomes**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	% of households with at least one source of income	Refugee	-	71.4	70.7	-0.7	0.8611
		Host	-	87.0	97.6	10.6	0.0017
		Overall	-	79.2	79.6	0.4	0.8924
2	% of households having at least one or more adults, over the age of 18 years who is earning a regular income	Refugee	-	-	37.5	-	-
		Host	-	-	45.7	-	-
		Overall	-	4.0	40.2	36.2	< 0.0001
3	% of households with a PWD with a safety net/income generation opportunity	Refugee	-	26.0	43.8	17.8	< 0.0001
		Host	-	47.7	52.8	5.1	0.4303
		Overall	-	36.9	46.7	9.8	0.0065

For households that had not realized an increase in income, majority (84.7%) indicated the limited financial capital as the main reason for their incomes not increasing while 50.2% associated COVID-19 pandemic as a challenge, 20.7% associated this to political challenges and 46.4% indicated that the businesses they had started were not viable.

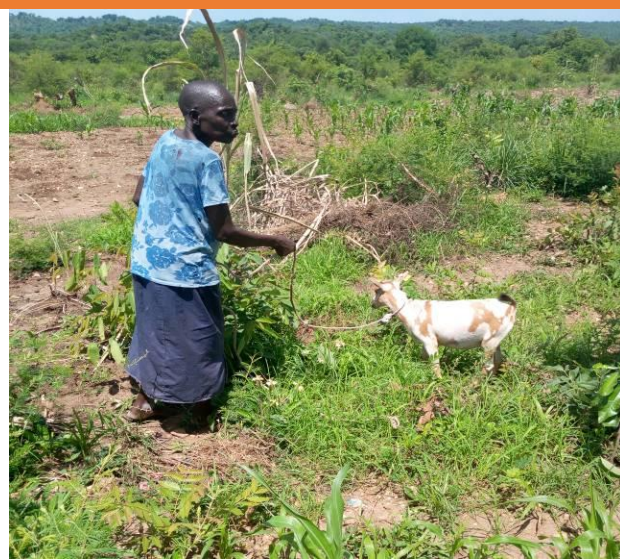
**Figure 3- 10: Main source of income**



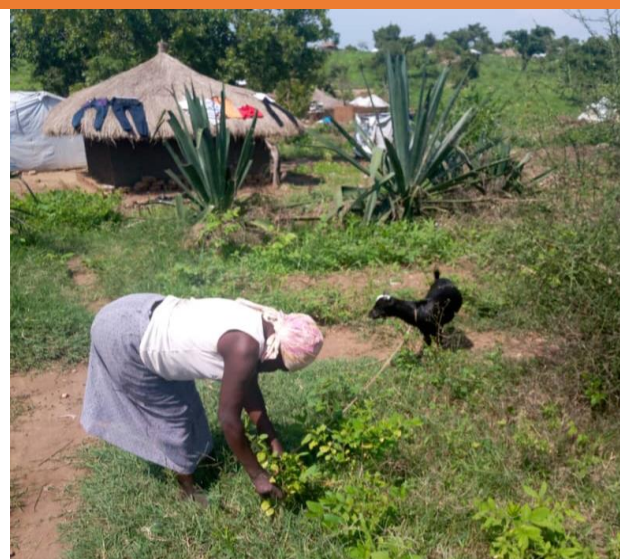
#### Box 14: Income generating activities for PWDs

*"I was trained in the making of liquid soap. I am now making my own liquid soap for sale and earn a living from that to help members in my household as well. Thanks to World Vision for the training and skills they gave me", PWD, Refugee community*





A project beneficiary tethers her goat received from World Vision, **Omugo Host community**



A project beneficiary tethers her goat received from World Vision, **Omugo Refugee community**

### b. Household Food security

Food security measures the extent to which households secure, either from own production or through purchases, adequate food to meet all the dietary needs of all household members. A household is considered to be food secure if people in the household have physical, social and economic access to sufficient, safe and nutritious food at all times that meets their dietary needs and food preferences for an active and healthy life (Food and Agricultural Organisation, 2016). The evaluation findings as such reveal that about 53.3% of household heads are able to provide food for their household all year round without external support with a much higher proportion among the host community (70.9%) compared to the refugee community (44.5%). This is mainly because majority of the refugee households (72.7%) reported food distribution by World Food Programme or other NGO food rations as the main source of food for their households. However, the reverse is true for host community with 71.7% of them having their own food production from their farms as the main source of food for their households.

**Table 3-14: Household food security**

#	Indicators	Target group	Baseline 2019 (%)	Evaluation 2020 (%)	Evaluation 2021 (%)	Percent Change (%)	P-Value*
1	Proportion of ultra-poor persons especially PWDs with improved Livelihoods	Refugee	28.0	-	44.5	16.5	< 0.0001
		Host	60.9	-	70.9	10.0	0.0167
		Overall	44.5	-	53.3	8.8	0.0158
2	% of households which eat at least 3 meals per day for both adults and children	Refugee	64.8	70.6	40.4	-24.4	< 0.0001
		Host	27.4	26.0	78.0	50.6	< 0.0001
		Overall	46.1	49.8	52.9	6.8	0.0623
3	% of ultra-poor persons especially CWDs and their	Refugee	20.0	-	33.2	13.2	< 0.0001
		Host	44.4	-	51.2	6.8	0.1071

\* The change between baseline and evaluation is significant if calculated P-value is less than 0.05 (P<0.05)



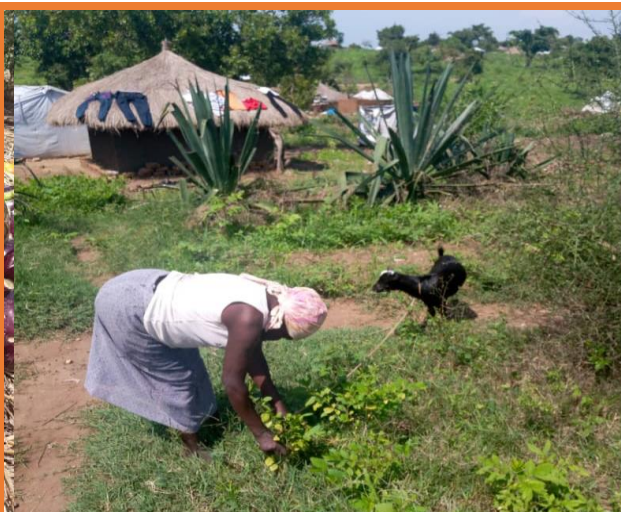
families with improved food security and income	Overall	32.2	-	39.2	7	0.0454
---	---------	------	---	------	---	--------

Evaluation findings indicate that there was an increase in % of ultra-poor persons especially CWDs and their families with improved food security and income from 32.2% at baseline to 39.2% at evaluation with a similar trend among the refugee (20.0% at baseline to 33.2% at evaluation) and host communities (44.4% at baseline to 51.2% at evaluation). Additionally, the proportion of ultra-poor persons especially PWDs with improved Livelihoods increased from 44.5% at baseline to 53.3% at evaluation. This as such translated to an increase in the proportion of households which eat at least 3 meals per day for both adults and children from 46.1% at baseline to 52.9% at evaluation.

However, despite an increase in the food security and income among beneficiary households in the refugee and host community, the food security situation in Omugo is still far below expectations. For example, 48.8% households reported that there were months in the past 12 months in which their households did not have enough food to meet your family's needs with a higher proportion among the host community (51.2%) compared to the refugee community (47.7%). Further still, 55.1% households also reported that in the past four weeks, there were days where households members had to go a whole day and night without eating anything because there was not enough food with a higher proportion among the refugee community (62.1%) compared to the host community (40.9%). About a third (32.9%) of the households reported that their households do not have any food stocks in their custody, including crops that are about to be harvested with higher proportions among the host community (49.6%) compared to the refugee community (24.6%). Majority (89.7%) of households with food stocks reported that their food stocks would not last more than 2 months with almost all refugee households (98.4%) reporting the same compared to host community households (81.0%).



*Project beneficiaries harvesting some of their farm produce from seedlings distributed by project, **Omugo Host community***



*A project beneficiary tethers her goat received from World Vision, **Omugo Refugee community***

### 3.4 Efficiency of the project

In order to assess the efficiency of the Omugo Inclusive disability WASH, livelihood and protection project interventions, it was imperative to determine; the extent to which the project interventions were cost effective or whether the actual or expected results justified the costs incurred; whether the resources were utilized in time; whether the management and accountability structures of the project were efficient and whether the financial management processes and procedures were effective.

Interviews with key informants revealed that implementation of the project activities was carried as per the work plans and that no major delays were encountered because of funding for the project. Throughout the project life span, the project utilized its budgets within the expected limits of + or -10% as expected. This was an indication that all project activities were implemented as planned without delay and making use of all resources planned.

It was further reported that the project implementation, monitoring and reporting systems provided for the participation of all stakeholders such as the district leadership, UNHCR, OPM, sub county leadership and project beneficiaries. Monitoring of the project interventions was jointly carried by World Vision staff and key stakeholders such as sub-county technical persons, OPM, UNHCR, livelihood partners, representatives of farmer groups and community leaders. Project reports were generated and shared with stakeholders through review and reflection meetings, coordination meetings and during sub-county council meetings. Stakeholders such as the district technical leaders were also provided with hard and soft copies of the project reports to acquaint them with the various achievements of the project.

In regards to community involvement and participation, it was noted that project beneficiaries and stakeholders participated in annual planning and budgeting processes and made aware of the activities planned for in the next financial year. This was confirmed during FGDs with project beneficiaries when they reported that budgeting for the project resources was jointly carried by World Vision staff and other stakeholders such as the sub-county technical staff. The stakeholders further reported that World Vision had adequately funded the project budgets throughout its life time thus making it possible to implement all the planned activities.

#### **Box 14: Project Efficiency**

*“During the end of the financial year, we do interact with community to check on areas where we are working well and not working well and then we plan for the next year basing on the priorities of the community.” – Sub County Chief, Omugo*

It was further reported during key informant interviews that several measures had been put in place to ensure that project outputs were achieved at reasonable costs. These measures included:

- Technical review of plans and budgets to ensure that proposed costs in the budgets match with industry standard costs
- Strengthening the capacities of the project beneficiaries and other stakeholders to implement project activities
- Favorable working modalities with local governments, whereby both district and Sub County based extension workers were engaged in project interventions right from inception of the project.
- Timely implementation of the project activities and strengthening of the community based monitoring systems.
- Involvement of the different stakeholders during routine project monitoring of results. These motivated beneficiaries achieve the results committed as low cost innovative approaches especially in livestock housing and treatment were shared.
- Holding review and reflection meetings with different stakeholders to provide feedback and recommend the necessary improvements needed
- Negotiation of contracts for goods and services by the procurement department that saw increased value for money.

### 3.5 Sustainability of the project

To assess the progress made towards the sustainability of the project interventions over its life time, the project embarked on examining key sustainability issues described in line with the five drivers of sustainability. Drivers of sustainability were defined as those interventions which determine the likelihood of the improvements in child wellbeing being realized by the project in ensuring continuity beyond World Vision's involvement in the program area. These included: *local ownership; partnering; transformed relationships; local and national level advocacy; and household and family resilience*. However, from the evaluation, about 57.4% households believe that once World Vision stops its work in their community, they are now at a position where they are able to move on without external support to support the wellbeing of their households with a higher distribution among the host community (69.3%) compared to the refugee community (51.6%). This could be because the refugee households are still in a state of emergency and still need further support given that they still lack adequate land to be able to sustain their livelihoods compared to their counterparts in the host community.

#### 3.5.1 Community Ownership

Community ownership was enhanced through involvement and participation of partners and stakeholders including project beneficiaries, district and sub county political and technical leadership, UNHCR, OPM and other NGOs or partners and private sector actors throughout the implementation processes. For example, the district and sub county leadership was involved in design, planning, implementation and monitoring of the project interventions. Stakeholder participation in the problem analysis was reported as one of the activities in the design process to the extent of identifying community priorities and deciding which interventions to be supported by the project and those to be undertake by the community.

#### **Box 15: Expression of community Ownership by Sub County leader**

*"We were involved in the design and planning processes of the project for example in the selection of the areas for water systems to be placed for beneficiaries",* **Chairperson LC III, Omugo Sub-County**

In the construction of low cost latrines at household levels, communities as well had community contribution in the form of locally available raw materials such as sand, bricks, stones or labour where applicable. This as such fostered community ownership for the latrines constructed at household level. During annual review, budgeting and planning process, the community stakeholders were as well involved in the review of previous performance but also planning for the next phase of activities to be implemented. All key stakeholders at the sub county, OPM, UNHCR and community level were thus involved in the selection of project beneficiaries to be supported. The evaluation findings are as well in line with this information as 85.4% of the households that were interviewed reported that they were consulted during the planning and the implementation of this project with a higher proportion among the host community (92.9%) compared to the refugee community (81.6%).

Further still, in order to foster ownership and sustainability of the piped water system in Omugo, the project is in process of having this handed over to the District/Sub County leadership for their operationalization and maintenance under the support of the District Water Engineer who was part of the supervision of works together with other stakeholders.

#### 3.5.2 Partnering

Partnering with key structures in the community is an important driver of sustainability. The project worked in partnership with a number of systems and structures that included among others; community

savings groups through which project beneficiaries were selected, refugee welfare council, WASH committees, local government structures (District and Sub County) that participated in planning and implementation of project activities, Office of the Prime Minister (OPM) and UNHCR that provide overall leadership and technical guidance towards implementation of interventions in the settlement areas. The project as such strengthened the capacity of community structures over time so as for them to be functional and self-sustaining even after transition. For example, the project strengthened the capacity of WASH committees at community level for purposes of sustaining the already established water sources.

### **3.5.3 Transformed Relationships**

In order to enhance transformed relationships among community members, the project embarked on benefiting both the refugee and host communities. This was in line with the ReHoPE strategy which guides that 70% of the project interventions benefit the refugee communities and 30% of the interventions benefit the host communities. The project as well intentioned to have mixed farmer groups for both refugees and host households. This enhanced peace and good working relationships among the refugee and host communities. Additionally, both communities received the same type and quantity of benefits such as seeds, agro inputs, goats, water storage containers and other water sources without discrimination.

During FGDs with the project beneficiaries, it was reported that sometimes conflicts occurred in their community and these included: land disputes among community members and poor working relation among community groups. However, participants reported that these conflicts were resolved through mediation by local leaders and Local Council (LCs) and where the conflicts became more violent especially in Omugo, police was called in for further mediation.

### **3.5.4 Local and national level advocacy**

The systems and structures that exist to sustain the change created in the community included: routine quarterly reflection meetings involving community stakeholders, monthly sector working group coordination meetings, monthly settlement coordination forum and Terego District coordination forum. The issues and concerns identified by communities in both the refugee and host communities that affected their livelihoods and access to water were presented and forwarded for consideration to create enabling environment. In these interactions, recommendations were provided to partners to improve on their operations. Similar measures were expressed during the FGDs with project beneficiaries and other stakeholders, who reported that there were a number of community practices that exist to hold duty bearers accountable. These included: support supervision by district and sub county leadership, OPM, UNHCR holding budgeting and planning meetings where partners and stakeholders are invited to participate; giving feedback to community members through community feedback mechanisms etc.

### **3.5.5 Household Resilience**

The project promoted household resilience by empowering households with knowledge and skills in agriculture and livelihoods so as to support themselves. This as well included the training of community structures as WASH committees in the operation and maintenance of the water sources for sustainability. The provision of improved goats and chicken breeds to most vulnerable households as well strengthened the capacity respond to any shock. The practical trainings on household planning, animal husbandry, balanced diet and nutrition, enhanced their intrinsic knowledge and skills. Subsequently, 70.7% of households reported having a source of income with about 46.7% of them having an alternative or secondary source of income to rely on should the primary source be lost. This is seen as a safety net for households in times of shock when the primary source of income is lost. Additionally, the construction of sustainable water sources through the piped water system becomes a reliable and

sustainable approach in ensuring that in the long term, households in the refugee and host communities have adequate supply of water at household level.

Whereas there are various initiatives integrated to ensure the sustainability of project results generated; there some threats identified to the sustainability of the project and are outlined as below;

- i. Knowledge levels in regards to the appropriate treatment of water safe for drinking need to be intensified as large proportion of the community still lacks relevant knowledge on the same. More sensitization drives need to be intensified among communities in sensitizing them on the appropriate treatment and management of water safe for drinking especially among the refugee communities.
- ii. The dependence on one main income generating activity has been seen as a threat with most of households still depending on farming (crop or animal production) and this presents a great risk to household incomes. This is seen with a low proportion of households that have an alternative source of income (46.7%) especially among the refugee communities (43.8%) compared to the host community (52.8%). The project therefore needs to suggest alternative sources of income among households and build capacity of households in other income generating activities and where possible provide start up inputs and or capital for these households.
- iii. Handwashing practices still remain relatively low among households especially on the use of soap and water at household level. The use of the tippy taps is as well deteriorating among households and as such there is need to further intensify the sensitization drive to create more awareness among households on the importance and need for appropriate hand washing.

### **3.6 Coherence of the project**

This measures the consistency of the project intervention with other actor interventions in the same context. This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. The overall goal of the project was to contribute to the improved access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disabilities and their caretakers in Omugo Sub County by March 2022. The projects' goal is indeed consistent with the Comprehensive Refugee Response Framework (CRRF) by the United Nations High Commission for Refugees (UNHCR) and the Office of the Prime Minister (OPM) that focuses on improving livelihoods among refugee communities. The project was as well in line with the ReHoPE strategy that focuses on a proportionate distribution of resources to 70% refugee population and 30% host communities. As such, the project beneficiaries were distributed and aligned to the 70:30 distributions.

Further still, section 2 of the Disability Act of Uganda provides a right to education, health and vocational rehabilitation for persons with disability and calls upon other actors in supplementing government efforts in realizing this. In line with this act, this project comes along to address this need and therefore coherent to government frame works and policies.

The project as well was aligned to the Uganda Refugee Response Plan (RRP), particularly the livelihood sector that focuses on three objectives;

- i. Objective 1. Emergency livelihood support to complement basic household needs provided
- ii. Objective 2. Household livelihood strategies to support household self-reliance strengthened
- iii. Objective 3. The enabling environment to support resilient livelihoods reinforced

The project interventions as well fit very well with the context issues in the region with gaps on possible livelihoods options for both refugees and host communities and the need for access to safe and clean water. It is known that the region receives lower than average rainfall that has adverse impact on livelihoods and food security among some of the poorest persons in the region. As such, the focus on

households engaging in livestock management as well as the access to safe and clean water through the piped water system as realistic and appropriate approaches among families in the refugee and host communities.

### **3.7 Impact**

Impact refers to positive and negative changes produced by the project both directly or indirectly, intended or unintended. These are thus described as follows;

#### **3.7.1 Positive Impact**

The positive impacts of the project thus included among others the following;

- Access to safe and clean water among households especially CWD/PWDs increased from 86.0% at baseline to 93.5% at evaluation for both the refugee and host community. Access to year round basis for PWDs as well improved from 53.0% at baseline to 67.6% at evaluation at household level. This can be confirmed with the increase in the average water consumption at household level from 19.3 litres per person per day to 21.5 litres per person per day.
- There has been an increased access to inclusive and sustainable sanitation facilities for both refugee and host community with a special focus on CWD/PWD and their families. As such, evaluation results indicate that the proportion of households with access to a latrine improved from 37.0% at baseline to 94.8% at evaluation while the proportion of households especially those with CWDs and PWDs with increased access to inclusive and sustainable sanitation facilities in both refugee and host community improved from 47.6% at baseline to 54.8% at evaluation.
- Appropriate handwashing at household level in Omugo community has as well improved from 52.1% at baseline to 67.0% at evaluation for both the refugee (improved from 48.3% to 69.5%) and host communities (improved from 53.0% at baseline to 62.2% at evaluation).
- In the last one year, the project has realised a reduction discrimination and stigmatization of CWD/PWD's in schools and within the communities. This can be affirmed with the reduction in the percentage of households that have experienced discrimination and stigmatization of CWDs/PWDs in schools and within the community from 39.2% at baseline to 35.4% at evaluation.
- Household incomes have as well improved over time as seen with an improvement in the proportion of households with at least one source of income from 79.2% at baseline to 79.6% at evaluation and an improvement in the proportion of households having at least one or more adults, over the age of 18 years who is earning a regular income from 4.0% at baseline to 40.2% at evaluation. This can be translated to the fact that 39.2% of ultra-poor persons especially CWDs and their families with improved food security and income in Omugo sub-county from 32.2% at baseline to 39.2% at evaluation.
- Household food security and resilience has as well improved in the last one year with an increase in the proportion of ultra-poor persons especially PWDs with improved Livelihoods from 44.5% at baseline to 53.3% at evaluation while the percentage of households which eat at least 3 meals per day for both adults and children improved from 46.1% at baseline to 59.2% at evaluation.
- The project as well realized improved gender relations at household level among family members with more women being involved in decision making on household incomes, resources and plans
- Relieve from stress – a lot of psychological trauma and distress suffered due to loss of assets in the war were forgotten as a new asset base was provided to start a new way of life.

### **3.7.2 Negative Impact**

Despite having positive impacts, the project as well realized some negative impacts that included among others the following;

- Despite the improvements in income levels and well-being at household level, there have been increasing cases of theft of goats and chicken within households due to increase in the number of households with livestock. There is thus need for the sub county leadership through the police to enhance security within the refugee and host communities.
- As result of having an income source and access to regular income, there have been increasing cases of domestic violence that may need to be addressed as a result of disagreements between the household head and wife on the distribution of the income at household level. Some men have as well been seen to marry off additional wives as they believe they have adequate income to take care of them. This may thus require gender specific programming to be undertaken in these communities in reducing issues of gender based violence as a result of increased income.
- Misunderstanding among the beneficiaries and non-beneficiaries since the selection criteria was not clearly understood.
- Increased cutting down of trees for poles and brick burning to supplement the construction of housing units for livestock. This has thus created another climate management problem that needs to be addressed through training of farmers on appropriate climate smart practices in ensuring that the environment is preserved.



## **4.0 CONCLUSIONS, RECOMMENDATIONS & LESSONS LEARNED**

### **4.1 Conclusions**

The evaluation revealed that the Inclusive disability, livelihood and protection project was aligned to the District development priorities of increasing access to safe and clean water among households, improving food security incomes among households in the refugee and host community. As such, in the quest for increased household incomes and food security at household level, the project contributed to the overall goal of WV's refugee response shift from relief/service delivery to resilience building and transformational development. The project was therefore very highly relevant and in line with national and local priorities, as well as WVU's response strategy.

The project was well implemented with technical support provided both to beneficiaries by project staff and other partners and stakeholders from the Office of the Prime Minister, UNHCR, and district and sub county leadership. This was seen with the timely implementation of project activities and budgets spent within expected thresholds. As such, all project deliverables and outputs were achieved as per the monitoring and evaluation indicator tracking tables and reports. The risks and assumptions identified during the design of the project did not manifest themselves as significant hindrances to the project implementation. In addition, there were adaptive management practices being implemented within the project to help overcome any other risks that could arise during the remaining period of the project implementation.

In regards to the effectiveness of the project, the evaluation revealed that the project largely achieved its overall goal of contributing to improved access to WASH services and livelihood opportunities for 40,000 beneficiaries including 10,000 children/persons with disabilities and their caretakers in Omugo Sub County by March 2022. This was manifested with a high proportion (87.2%) of the community that are satisfied with what the project has brought into your lives and community with higher proportions among the host community (92.9%) compared with the refugee community (84.4%). Additionally, the evaluation revealed an increase in the proportion of households accessing safe and clean water especially PDW/CWDs from 53.0% at baseline to 67.6% at evaluation, an increase in the proportion of households especially those with CWDs and PWDs with increased access to inclusive sustainable sanitation facilities in both refugee and host community from 47.6% at baseline to 54.8% at evaluation, an increase in the proportion of persons with disability accessing sanitation facilities (latrines and handwashing facilities) from 48.7% at baseline to 62.1% at evaluation and an increase in the proportion of households that wash hands using soap, ash or sand from 52.1% at baseline to 67.0% at evaluation. In relation to reducing discrimination and stigmatization of CWD/PWD's in schools and within the communities, the project realized a reduction in proportion of households that have experienced discrimination and stigmatization of CWDs/PWDs in schools and within the community from 39.2% at baseline to 35.4% at evaluation and an increase in the proportion of PWDs supported with community based rehabilitation from 15.0% at baseline to 72.7% at evaluation. As regards improving food security and income among ultra-poor persons especially PWDs and their families in Omugo sub-county, the project realized an increase in the proportion of ultra-poor persons especially CWDs and their families with improved food security and income in Omugo sub-county from 32.2% at baseline to 39.2% at evaluation and an increase in the proportion of households with a PWD with a safety net/income generation opportunity (% of households with an alternative source of income) from 36.9% in 2020 to 46.7% in 2021 evaluation.

The project was coherent with World Vision's overall refugee response strategy which seeks to improve resilience and livelihoods for 600,000 refugees and host communities in the West Nile Region and the improved equitable access to safe water, sanitation and improved hygiene in West Nile refugee settlements and host communities. However more can be achieved in the future if marketing, and access to land for refugees is planned and implemented. Going forward, there are areas of project design



improvement, like increased levels of integration with other projects such as education and child protection that may have to be included within the design, strong emphasis on gender and disability and more concerted efforts in working with local Community Based Organisations (CBOs) for sustainability purposes even after the project has been ended. Ultimately, the findings are indicative of the fact that the project was successful and realized its goal and objectives in year one of implementation.

## **4.2 Challenges and Good Practises**

In order to achieve its goals and objectives, the project adopted a number of good practises but as well faced some challenges as detailed below;

### **4.2.1 Best Practises**

- i. Diversification of business enterprises through the rearing of livestock, growing of crops especially vegetable production and the involvement in other business enterprises such as retail businesses contributed to accelerated incomes among households.
- ii. The practice of having mixed farmer and saving groups for both refugees and host households was very instrumental in fostering community cohesion and acceleration of project results such as increased access to local markets and complementarity of efforts from both refugee and host communities.
- iii. The involvement of people with disabilities or children with disabilities as beneficiaries of project interventions was very instrumental in empowering them and improving their self-confidence in the fight against discrimination of PWD/CWDs. This as well increased levels of awareness creation among communities in the refugee and host communities that has seen a reduction in the levels of discrimination.
- iv. The practice of joint supervision involving different partners and stakeholder's is a good practice that enhances good accountability for resources but also provides an opportunity for advisory recommendations and encouragement to the project team in delivering the project in the best possible way.

### **4.2.2 Challenges**

- i. Whereas access to water at household level has increased, there are still challenges in appropriate management of water right from drawing from the water source to its utilization. For example, water storage practices at household level reduced from 88.5% households practicing appropriate water storage at baseline to 71.0% at evaluation.
- ii. Despite improvements in the access and utilization of inclusive and sustainable sanitation facilities, the utilization of non-defecation sanitation practice is still low among households especially the utilization of dish drying racks and use of a bathing shelter in the host and refugee community. This was however rampant in the refugee community compared to the host community.
- iii. The latrine pupil stance ratios in the host community schools is still alarming with over 100 pupils utilizing a latrine stance far below the expected standard of at least 50 pupils utilizing a latrine stance. The project as such needs to redirect efforts in supporting schools in the host community reach the expected standards.
- iv. Climatic changes such as longer dry spells affected growth of fodder and other agricultural crops. This affected production of vegetables and other crops grown from the seeds that were distributed by the project.
- v. There are still weak links between the farmer groups and the local government structures at district and sub county level farmer groups and cooperatives. This needs to be the focus in the next phase or period of implementation to strengthen the farmer groups to be able to bulk and sell in large quantities at better markets.

- vi. The limited budgetary allocation by the local government budget for agriculture still remains very low and thus continues to affect the appropriate technical support to farmers through the local government extension workers.

#### **4.3 Recommendations**

Basing on the findings of the evaluation, recommendations for mitigating these challenges and improving performance in future are also discussed below.

##### **4.3.1 Project Beneficiaries**

- i. Households within the host and refugee communities need to have concerted efforts in practicing and utilizing appropriate water management practices at household level such as the boiling of water for consumption, use of clean water storage containers with a lid, use of water guard or other methods for the treatment of water so that it is safe for drinking.
- ii. Communities through their local leaders need to enforce the utilization of inclusive and sustainable sanitation facilities but also the non-defecation sanitation facilities such as rubbish pits, dish drying racks and bathing shelters.
- iii. As the project beneficiaries continue to grow in their investments and income, project beneficiaries need to organize themselves into groups for increased production and sharing experiences on livestock management, crop growing and engaging in value addition which would enhance access to markets and increase their bargaining power during the marketing of produce. This initiative will ultimately lead to increased cohesion among refugee and host communities and also lead to increased wellbeing of host and refugee communities.
- iv. Farmers need to adopt and utilize simple irrigation technologies for their crops and other water conservation methods for increased production of nutritious foods in their communities especially during the dry season. This can be possible if they are working in groups and are able to pool resources to procure such equipment that can be shared by the group members in a rotational basis.
- v. There is need for increased access to better credit and saving services both within the refugee and host communities to enable access to bigger loans and long term investments that ultimately lead to increased household resilience and investment. This will as well go a long way in increasing access to bigger and better markets.

##### **4.3.2 World Vision**

- i. Delivering on such high impact projects among refugee and host community's needs concerted efforts among different partners and stakeholders in delivering as one consortium. World Vision should as such promote such collaborations with other agencies and partners in building cohesion among partners and enhanced leveraging on the minim resources and expertise that avoids duplication efforts but rather accelerated achievements.
- ii. The local saving groups are a powerful approach to grouping beneficiaries for enhanced social integration and cohesion especially among the refugee and host communities. World Vision should as such make use of this approach as a platform or leverage on already existing groups of a similar nature in promoting activities that enable host and refugee communities to integrate and work together; and, to facilitate continuity of joint activities started such as VSLAs.
- iii. World Vision should continuously engage refugees and host community members to embrace peaceful co-existence through peace building approaches like participation of refugees and host in joint activities, sharing common resources like grazing land and preaching the gospel of love, forgiveness and peace among these communities. Continuous sensitization and awareness are key for positive behavioral changes.
- iv. Whereas access to safe and clean water and the utilization of inclusive and sustainable sanitation practices and facilities have improved over the last year, there is still need for the project to

strengthen the software component of sensitizing and building capacity of households on the adoption of appropriate practices of water management and utilization but also the adoption of appropriate hygiene and sanitation practices at household level.

- v. Latrine stance to pupil ratio in the host community schools is still worrying with very high proportions of pupils utilizing a latrine stance which is far below the expected standard. World Vision should as well redirect some resources to support schools in the host communities through the construction of more latrine stances for both girls and boys.
- vi. There's need for World Vision to provide training for teachers on handling children with special needs or even recruiting teachers with knowledge on handling children with special needs to increase on the enrolment and retention rates of CWDs in schools. This was seen with a low proportion of CWDs that have been enrolled in school.
- vii. World Vision should further utilize the approach of supporting most vulnerable beneficiaries with start-up inputs especially feeds for livestock as this seemed very successful in accelerating early adoption and growth of livestock given the low income levels and knowledge that the farmers have in livestock management at initiation of such projects.

#### **4.3.3 Partners and Stakeholders**

- i. Government and other partners intervening in these areas should continue to strengthen social integration and cohesion among the refugee and host communities. This can be through the promotion of activities that enable host and refugee communities to integrate and work together; and, to facilitate continuity of joint activities started such as community savings groups.
- ii. The sub county leadership needs to strengthen access to local markets to enhance the sale of chicken and goats for income among the refugee and host communities. This will go a long way in creating a sustainable system that promotes the accumulation and sale of productive assets such as goats and chicken for income and nutrition.
- iii. The local leaders and para-vets should identify key successful project beneficiaries that can be engaged as model farmers within the host and refugee communities from whom other community members can as well learn which will increase the number of indirect beneficiaries from the project interventions.
- iv. In order to consolidate the achievements of the project, there is need for local leadership in both the refugee and host communities continuously monitor project interventions and as well provide extension services through the already existing community structures through the district and sub county production office on how to take care of livestock (poultry and goats) on aspects like feeding, watering, housing, pests and diseases management.
- v. It was noted that majority of the project beneficiaries were using methods such as the free range for chicken and tethering for goats which are approaches that do not often lead to accelerated production levels. As such, it is recommended that extension workers from the production department at sub-county level continue promoting modern livestock management methods such as deep liter system for chicken and paddocking for goat farming. Additionally, this may require the clustering of beneficiaries into groups and promoting access to bigger land for purposes of increasing production levels and social cohesion.
- vi. The piped water systems needs to be handed over to the district or sub county leadership for management. However, for the appropriate management of the water system, there is need for the leadership to procure professional institutions to manage the financial aspects of the system.

#### **4.4 Lessons Learned**

The key lessons learned during this evaluation include the following;

- i. The active involvement of district, Sub County, and partner technical staff and local leaders enhances project ownership. Beneficiaries assume more responsibility for their projects when their local leaders are fully involved in the design, implementation and monitoring of project interventions.
- ii. Regular field visits through joint monitoring and supervision are key in ensuring that the intended objectives are achieved with the allocated resources and in the given timeframe. They provided opportunities for continuous learning, and developing and implementation of strategies to address gaps identified thereby improving the implementation of the programmes/ projects.
- iii. Engaging the existing community structures saves money other than setting up new structures and also helps the community to own the achievements of the project which enhances sustainability. During the project implementation voluntary structures like Local Councils, Refugee Welfare Council and Savings Groups were adequately involved in the project implementation.
- iv. Knowledge dissemination to the community should be more practical/experimental as much as possible as the rate of adaption is high. This is key especially in the adoption and utilisation of appropriate practises and approaches.
- v. The success of the project was majorly attributed to the good team work and social cohesion created especially in the mobilization and coordination from the leaders, knowledge/skills empowerment to the beneficiaries, the associated benefits that beneficiaries acquired from the interventions, transparency reflected in the project, and the good security and cohesion in the communities.
- vi. Linkage of project beneficiaries to agro-input dealers enhanced easy access to improved seed varieties for agricultural activities which improved livestock productivity and thus improving their livelihood and food security.

## Bibliography

1. Terego District Local Government (2020). Arua District Development Plan (2020/2021 - 2025/2026).
2. European Union and Food and Agricultural Organization. (2011). Guidelines for measuring household and individual dietary diversity
3. FEWSNET (2018). Uganda Food Security Outlook Update. [www.fews.net/uganda](http://www.fews.net/uganda). GoU, UNHCR, UNICEF and WFP (2017).
4. Food Security and Nutrition Assessment in Refugee Settlements Report, October 2017.
5. United National High Commission for Refugees (UNHCR) – 2021, Uganda, Refugee Statistics
6. WHO & World Bank. (2011) World report on disability. Geneva: World Health Organization/World Bank.
7. Omugo Sub County Local Government (2015). Omugo Sub County Development Plan (2015/ 2016 – 2019/ 2020).
8. USDA (2015). “MyPyramid: USDA’s New Food Guidance System”. [healthymeals.nal.usda.gov.therenegadeguy.com](http://healthymeals.nal.usda.gov.therenegadeguy.com) Archived October 20, 2013
9. WHO and FAO (2003). Joint WHO/FAO Expert Consultation (2003). Diet, Nutrition and the Prevention of Chronic Diseases. WHO Technical Report Series. 916. Geneva.
10. World Vision (2017). Inter-Agency Livelihood Assessment Targeting Refugees and Host Communities in Imvepi and Rhino Camp Settlements Arua District Northern Uganda in May 2017.
11. World Vision (2021). Evaluation Terms of Reference for Omugo Inclusive Disability WASH, livelihood and protection project.
12. World Vision (2020). Evaluation Report for Omugo Inclusive Disability WASH, livelihood and protection project.
13. World Vision (2019). Baseline Survey report for Omugo Inclusive Disability WASH, livelihood and protection project.
14. World Vision (2018). West Nile Refugee Response Situation Report | APR 01-APR 30 2018

## APPENDIX

### Appendix I: Stories of Transformation

#### IMPROVED HEALTH DUE TO ADOPTION OF APPROPRIATE HYGIENE AND SANITATION PRACTISES

Susan (not real names) is a 65 year old widow in a family of 7 members in Omugo refugee settlement in Zone III, Village I. Like many other refugees living in Uganda, Susan came to Uganda as a result of the war in South Sudan and settled in Omugo Refugee camp and narratives *“I came to Uganda with little hope that I would survive and did not know where to start from. I have a disability and it was difficult for me to move around especially in being able to access the latrine, bathing shelter and the water source was too far me me and my family to be able to access clean water”*.

In 2020, Susan’s household was identified as one of the beneficiary households given their vulnerability levels. Susan was identified and her disability assessment done to assess the kind of support she could be given. Later in 2021, Susan was given supporting aids to enable her move well. The project supported Susan’s household with a disability inclusive sanitation facility and a disability inclusive water source was constructed near her household for them to be able to access safe and clean water. *“Thank you World Vision for coming to my rescue. I can now easily move around the compound and support my family members as well. We now have a latrine that is quite easy for me to use with no difficulty and now water is close to our home”*, narrates Susan.



*“Our lives have now changed and my confidence in life has also increased and I know we shall survive. Our hope has been restored by World Vision and are not worried of tomorrow. We have been trained on the use of water and soap for handwashing in order to prevent spread of diseases”*, Susan continued to narrate with a smile on her face. Susan’s household is one among the 50 households that benefited from an inclusive disability sanitation facility having two stances separated for male and female and a bathing shelter. These efforts have seen an improvement in the proportion of persons with disability accessing sanitation facilities (latrines and handwashing facilities) from 48.7% at baseline to 62.1% in both the refugee and host community. These outcomes have thus contributed to improved wellbeing of PWD/CWD households in the refugee and host communities as attested by Susan.



## Appendix 2: Photo Gallery



An inclusive disability safe water source constricted in one of the host communities with support from WV



An inclusive disability safe water source constricted in one of the refugee communities with support from WV



A local Safe water storage container with a lid and a cup for drawing water for drinking in the refugee community



A local Safe water storage container with a lid and a cup for drawing water for drinking in the host community





A low cost disability inclusive sanitation facility constructed with support from World Vision in Omugo



A low cost disability inclusive sanitation facility constructed for PWD household with support from WV



Tippy tap for hand washing in one of the communities having soap dish on the side in Omugo



Hand washing station (tippy tap) near a sanitation facility in the refugee community in Omugo

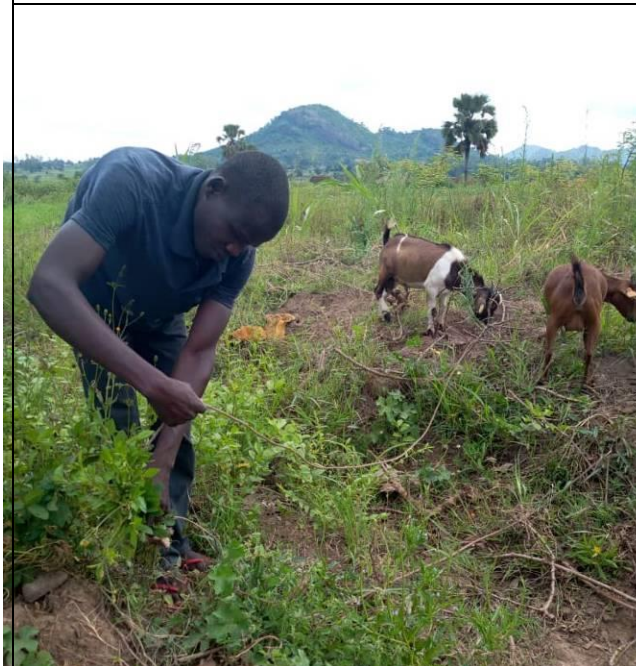




A PWD supported with community rehabilitation in Omugo refugee settlement



Good sanitation practices of using dish drying rack in one of the communities in Omugo



A household member from a household with PWD tethers goats received with support from World Vision



Proceeds of seeds distributed to beneficiary households in Omugo refugee settlement

### **Appendix 3: List of interviewed respondents**

<b>Name</b>	<b>Designation</b>	<b>Location</b>
<b>Focus Group Discussion Interviews</b>		
Wadiko Janet	Host community member	Kanio Village, Omugo
Isiru Clara	Host community member	Kanio Village, Omugo
Amaniyo Sunday	Host community member	Kanio Village, Omugo
Eyotaru Sylvia	Host community member	Kanio Village, Omugo
Viko Beatrice	Host community member	Kanio Village, Omugo
Ondoru Susan	Host community member	Kanio Village, Omugo
Onziru Anna	Host community member	Kanio Village, Omugo
Amajoru Jesca	Host community member	Kanio Village, Omugo
Abaru Hariet	Host community member	Kanio Village, Omugo
Eyotaru Peira	Host community member	Kanio Village, Omugo
Ondoru Doreen	Host community member	Kanio Village, Omugo
Ziyo Simon Ocima	Host community member	AnafioVillage, Odupi
Asega Felix	Host community member	AnafioVillage, Odupi
Andrionzi Roffin	Host community member	AnafioVillage, Odupi
Ondoma Alex	Host community member	AnafioVillage, Odupi
Andama Martin	Host community member	AnafioVillage, Odupi
Ajoku Fred	Host community member	AnafioVillage, Odupi
Ariku Vincent	Host community member	AnafioVillage, Odupi
Angukoru Molly	Host community member	AnafioVillage, Odupi
Arunga Mayiku	Host community member	AnafioVillage, Odupi
Butele Robert	Host community member	AnafioVillage, Odupi
Ogoza Allen	Host community member	AnafioVillage, Odupi
Odoma Patrick	Host community member	Yidu Primary School
Yakindu Moses	Host community member	Yidu Primary School
Abaru Lydia	Host community member	Yidu Primary School
Ojobile Sunday	Host community member	Yidu Primary School
Munguokpoa Deogracious	Host community member	Yidu Primary School
Osataru Otensia	Host community member	Yidu Primary School
Asianzu Marety	Host community member	Yidu Primary School
Oviru Beatrice	Host community member	Yidu Primary School
Happy Fosca Maneno	Host community member	Yidu Primary School
Edema William	Host community member	Yidu Primary School
Ade James	Refugee member	Village 2
Mustafa Lubaji	Refugee member	Village 2
Mawa John	Refugee member	Village 2
Joseph Aine	Refugee member	Village 2
Likambo Charles	Refugee member	Village 2
Mathew Luwate	Refugee member	Village 2
Alison Boboya	Refugee member	Village 2

Moses Malimo	Refugee member	Village 2
Stephen Sebi	Refugee member	Village 2
Moses Kemis	Refugee member	Village 2
Constantine Abugo	Refugee member	Village 2
Sarafino Dada	Refugee member	Village 2
Mary Yala	Refugee member	Village 3
Mary Araba	Refugee member	Village 3
Regina Meling	Refugee member	Village 3
Joyce Yawa	Refugee member	Village 3
Priscilla Amani	Refugee member	Village 3
Imelda Aate	Refugee member	Village 3
Janty Saima	Refugee member	Village 3
Monica Sunday	Refugee member	Village 2, Komoyo PS
Anyole James	Refugee member	Village 2, Komoyo PS
Helen Monday	Refugee member	Village 2, Komoyo PS
Koboji Alex	Refugee member	Village 2, Komoyo PS
Likiso Leam	Refugee member	Village 2, Komoyo PS
Condition James	Refugee member	Village 2, Komoyo PS
Nancy Melly	Refugee member	Village 2, Komoyo PS
Betty Tabu	Refugee member	Village 2, Komoyo PS
Hellen Tabu	Refugee member	Village 2, Komoyo PS
Esther Aako	Refugee member	Village 2, Komoyo PS
<b>Key Informant Interviews-Partners and Stakeholders</b>		
Dinah	Project M&E Officer	World Vision Project
Dithan Mukiibi	Project Manager	World Vision Project
Odema Henry	Head Teacher, Host community	Illi Primary School
Aluonzi Robert	Head Teacher, Host community	Owayi Primary school
Asuru Beatrice	Head Teacher, Refugee community	Komoyo Primary School
Alidri Nelson	Head Teacher, Refugee community	St Marys Ocia
Juma David	Refugee Leader	Omugo Refugee Settlement
Jabo Philliam	Office of LC3	Omugo Sub County
Agani Grant	Local Council 3 Chairperson	Omugo Sub County
Alee Geoffrey	Community Development Officer	Omugo Sub County
Manase Anziku	District Health Inspector	Terego District
Nicholas Tahebwa	Office of the Prime Minister	Omugo Settlement

## Appendix 4: Data Collection Tools

### WORLD VISION UGANDA INCLUSIVE DISABILITY WASH, LIVELIHOOD AND PROTECTION PROJECT END OF YEAR ONE EVALUATION DATA COLLECTION INSTRUMENT HOUSEHOLD AND CAREGIVERS QUESTIONNAIRE

#### Introduction

My name is \_\_\_\_\_ and I work for World Vision. Your household has been selected by chance from all households in the area for this interview. The purpose of this interview is to obtain current information about households in this area on how they have benefited in terms of access to water, sanitation and hygiene facilities and livelihood interventions of the project. The survey is voluntary and the information that you give will be confidential. The information will be used for planning purposes, but will not include any specific names. There will be no way to identify that you gave this information.

You do not have to participate if you do not wish to. Once we begin, if you would like to ask a question, please feel free. If you feel like not answering a question, that's all right. Could you please spare some time (around 30 minutes) for the interview?

Do you have any questions? Are you ready to get started?

Check box if verbal consent is obtained ☐ (Content of the questionnaire to be shown after consent)

Thank You, now let start with our discussion

**Note:** The respondent **MUST** be a project beneficiary from either the host or refugee community with or without a disability

#### SECTION A: BACKGROUND

		RESPONSE	CODE
A1	Date of Interview	___/___/___ (dd/mm/yyyy)	
A2	Start Time (24HRS)		
A3	End Time (24HRS)		
A4	Interviewer Name:		
A5	Category of respondent	1 = Refugee HH 2 = Host HH	
A6	Name of Sub County/Refugee Settlement	1. Omugo Refugee Settlement 2. Bura Parish	
A7	Village/LCI (Enumeration Area)	Refugee Settlement: 1. Village 2 2. Village 3 3. Village 4 Host community (Bura Parish)	
A9	Village/LCI (Enumeration Area)		
A10	GPS Coordinates: A9aEastings _____ A9b: Nothings: _____ A9c: Altitude: _____		

#### SECTION B: HOUSEHOLD DEMOGRAPHICS

SNO	Question	Responses	Codes
B1	Respondent's sex	Male Female	1 2



B2	Respondent's age (in complete years)		
B3	What is the relationship of the respondent to the head of household	Self Spouse Son/daughter Parent Son/daughter in-law Sibling Other relative, specify	1 2 3 4 5 6 7
B4	What is the sex of the household head	Male Female	1 2
B5	What is the age of household head (in complete years)		
B6	What is the highest education level of the household head	1 = Primary 2 = Secondary 3 = Tertiary 4 = None	1 2 3 4
B7	What is the marital status of the head of household	Married/Cohabiting Divorced/separated Widow/widower Not married/Single	1 2 3 4
B8	What's the main occupation of the household head	None Farming Salaried employment Self-employed e.g. business Casual worker Other (Specify)_____	1 2 3 4 5 6
B9	How many household members do you have in your household	Adults: _____ Children <5 years: _____ Children 6-11 years: _____ Children 12-18 years: _____	
B10	Is the respondent a person with disability?	Yes No	1 2
B11	Does the household have any person with a disability (PWDs)? (Multiple Response)	Yes, Child with Disability Yes, Adult with Disability No	1 2 3
B12	Specify the form of disability?	1 = Hearing Impairment 2 = Visual Impairment 3 = Physical disability 4 = Speech Impairment 5 = Mental Illness 6 = Other (specify).....	1 2 3 4 5 6
B13	How many CWDs are enrolled in school?	Children <5 years Children 6-11 years Children 12-18 years	1 2 3

C	ACCESS TO CLEAN AND SAFE WATER	Responses	Codes
C1	What is the main source of drinking water for the household?	Protected public spring or well Lake/River/ stream Hand pump/ Borehole Rainwater/harvested water Local swamp Tap/Piped water Unprotected well/spring/pond	1 2 3 4 5 6 7

		Bottled water Others, specify	8 9
C2	Is this water always available all year round?	Yes No	1 2
C3	How long in minutes does it take an adult member of the household to walk to the water point and back (excluding waiting time)?		
C4	How long on average at peak time do you have to queue at the water point		
C5	How far (in Kms) is the water point used from your home? (1 mile = 1.67Km)		
C6	How many 20L jerican of water does your household use on average per day for home activities		
C7	Is the water source easily accessible for people with disabilities e.g. does the water source have inbuilt systems to allow PWDs access safe and clean water e.g. a ramp?	Yes No	1 2
C8	Does your household use safe water storage container for drinking water?	Yes No	1 2
C9	If yes, request to see the container and observe if it is clean, covered and if it's not a Jerri can observer if there is a container for drawing water?	Yes No	1 2
C10	How do you know if the water for drinking is safe?	If it looks clean If its boiled If it doesn't smell bad If I know it comes from the borehole Treated with aqua safe, water guard etc I never really know; Other	1 2 3 4 5 6
C11	How do you make sure water is treated and made safe for drinking?	Boil Filtration Treatment with water purifiers (water guard, aqua safe) Decantation No preparation (We drink straight away from water source) Other (Specify).....	1 2 3 4 5 6 7 8
C12	In the last two weeks, has any member of your household suffered from the following illnesses?	Dysentery Cholera Typhoid Diarrhea Bilharzia Scabies None Other (Specify)_____	1 2 3 4 5 6 7 8
C13	Are you aware of the existence of water management committee?	Yes No	
C14	Were the water management committees trained in their roles and responsibilities?	Yes No	
C15	Are you satisfied with the work of the water management committee?	Yes No	
C16	If no, give reasons or explain why?		



<b>D</b>	<b>HYGIENE AND SANITATION</b>	<b>Responses</b>	<b>Codes</b>
D1	Where do you dispose off human faecal matter?	Ventilated improved pit latrine (VIP) or flush toilet Pit latrine without slab/open pit Pit latrine with slab Composting toilet No facilities /bush Other: _____	1 2 3 4 5 6
D2	Do you share this facility with other households?	Yes No	1 2
D3	Is the facility disability inclusive e.g. does the facility have structures to support PWDs access the facility without difficulty e.g. a ramp?	Yes No	1 2
D4	How do you dispose children's faeces?	1 = Children use the latrine 2 = Faeces thrown in latrine 3 = Faeces buried in yard 4 = Faeces thrown outside dwelling 5 = Faeces not disposed of 6 = Other: _____	1 2 3 4 5 6
D5	On which occasions do you use soap or ash when washing your hands?	1 = After use of the toilet 2 = After attending to child who has defecated 3 = Before preparing food 4 = Before breastfeeding and feeding the child 5 = Before eating 6 = After handling animals 7 = Other: _____	1 2 3 4 5 6 7
D6	Please show me where members of your household wash their hands	1 = Observed: Hand washing station with water + soap 2 = Observed: Hand washing station with water + ash 3 = Observed: Hand washing station with water only 4 = Observed: Hand washing station with no water/no soap/no ash 5 = No hand washing station in dwelling/yard/plot 6 = Not observed: Permission withheld 7 = Other (specify)	1 2 3 4 5 6 7
D7	Is the hand washing facility easily accessible by PWDs? Or Does the hand washing facility disability inclusive?	Yes No	1 2
D8	What do you think is the importance of washing hands?	Prevent diseases (avoid germs) maintain personal hygiene Avoid flies (discomfort) Other (specify).....	1 2 3 4
D9	Does the household have any of the following items?	Rubbish pit or disposal unit for waste Dish-drying rack Bathing shelter	

	<b>HOUSEHOLD FOOD SECURITY AND INCOME</b>	<b>Responses</b>	<b>Codes</b>
E1	Are there any members of your household who are	Yes	1

	18 years or above that are earning a regular income to meet the needs of the household?	No	2
E2	What is the main source of income for this household?	None Crop Farming Rearing/sell of livestock and products Making/Selling brew Casual labourer Business/Selling in the market (including tailor, boda, etc) Remittances from Relatives Salary/wage Burning/Selling charcoal/firewood Other [specify]_____	1 2 3 4 5 6 7 8 9 10 11 12 13
E3	Does the household have an alternative source of income to rely on, should the main source of income be lost?	Yes No	1 2
E4	What is your average <b>household monthly income</b>	_____UGX	
E5	If you compare your current household income and the incomes one year ago, which of these statements best describes you	The household incomes have improved The household incomes have reduced The household incomes have not changed Don't know	1 2 3 4
E6	If household income has not improved or remained the same, what could be the challenges affecting increase in your annual income?	COVID-19 Limited financial capital Environmental challenges Political challenges Business not viable Others (Specify)	
E7	What is the main source of food in your household?	Own production Market Borrowed Gift and donations WFP/NGO Food Rations Others, specify	1 2 3 4 5 6
E8	Are you able to provide food for your household all year round without external support?	Yes No	1 2
E9	In the past 12 months, were there months in which you did not have enough food to meet your family's needs?	Yes No	1 2
E10	If yes, for how many times (days) has this happened in the last 7 days	1-2 times 3-4 times 5 times or more	1 2 3
E11	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	Yes No	1 2
E12	Does your household have any food stocks in your custody, including crops that are about to be harvested?	Yes No	1 2
E13	If yes, how many months can the current food stock last?	_____ Months	1 2
E14	How many meals (including porridge or bread) did	One	1

	adults eat yesterday in your household?	Two Three Four or more	2 3 4
E15	How many meals (including porridge or bread) did children eat yesterday in your household?	One Two Three Four or more	1 2 3 4
E16	Has your household food security and income improved in the last 12 months?	Yes No	1 2

SNO	DISABILITY INCLUSION & AWARENESS	Responses	Codes
F1	Have you received any information about the rights and challenges of persons with disability and how they should be treated?	Yes No	1 2
F2	If yes, where did you receive this information from?	Community meeting/Training Sensitization meeting Radio talk shows Drama/rallies Talking walls Other _____	1 2 3 4 5 5
F3	Do you believe children with a disability face barriers to inclusion within the school environment?	Yes No Don't Know	1 2 3
F4	Do you believe children with a disability faces barriers to inclusion within the community environment?	Yes No Don't Know	1 2 3
F5	How should people with disability treated in society?	Full participation in society activities Getting fair treatment from others (non-discrimination) Making products, communications, and the physical environment more usable by as many people as possible ( <a href="#">universal design</a> ) Modifying items, procedures, or systems to enable a person with a disability to use them to the maximum e.g. ramps for easy access Eliminating the belief that people with disabilities are unhealthy or less capable of doing things (stigma, stereotypes) Other (Specify) _____	1 2 3 4 5 6
F6	Have all PWDs in your household been supported in any of the following ways;	Assessment of disability Support with assistive devices or equipment e.g. wheel chairs Counseling and Psychosocial support Referral for other services Medical treatment Other (Specify) _____	1 2 3 4 5
F7	Do you believe the involving of PWDs or CWDs in the project has enhanced and improved their self-worth	Strongly agree Agree Neither disagree nor Agree Disagree Strongly disagree	1 2 3 4 5
F8	<b><u>To be respondent to by PWDs/</u></b>	I have participated and been involved in	1

	<b><u>CWDs</u></b>  For each of statements below, indicate your response using the Likert scale below; <ol style="list-style-type: none"> <li>1. Strongly Agree</li> <li>2. Agree</li> <li>3. Neither disagree nor Agree</li> <li>4. Disagree</li> <li>5. Strongly disagree</li> </ol>	community based activities without discrimination I have been supported with assistive devices to support me No abusive language or demeaning language has been used to be because of my disability I feel happy and can easily associate with the rest of the community members because assistive devices ensure my mobility I have easy access to health facilities in my community I have easy access to sanitation facilities (toilet, bathroom, changing room) in my community or school I have easy access to schools in my community I have easy access to market places I have easy access to churches in my community I feel respected and supported in my community I do not feel discriminated by the community I have received rehabilitation support such as support with assistive devices, counselling etc.	2 3  4 5 6 7 8 9
F9	Does any of your children with a disability experience discrimination and stigmatization in school?	All the time (Most times) Not always Not at all	1 2 3
F10	Does any of your household members (CWDs or PWDs) experience discrimination and stigmatization in the community?	All the time (Most times) Not always Not at all	1 2 3
F11	Do you believe there has been a reduction in the discrimination and stigmatization of CWDs/PWDs in schools and within the community?	Yes No	1 2

	<b>RELEVANCY &amp; SUSTAINABILITY OF THE PROJECT</b>	<b>Responses</b>	<b>Codes</b>
G1	Do you think the project's objectives reflect your needs as a beneficiary?	Yes No	1 2
G2	Were you consulted during the planning and the implementation of this project?	Yes No	1 2
G3	Do you think these project interventions take the local context into account?	Yes No	1 2
G4	Were partners (OPM, CBOs, and other Orgs etc.) involved in the implementation of this project?	Yes No	1 2
G5	Do you believe that once World Vision stops its work in your community, you are able to move on without external support to support the wellbeing of your family?	Yes No	Yes No
G6	Are you satisfied with the impact this project has brought into your lives (you, your family, and community)?	Yes No	1 2
G7	Overall, how do rate your satisfaction?	Very satisfied Satisfied Not sure Dissatisfied Very Dissatisfied	1 2 3 4

**Thank you for your time**

# **WASH in Education Facility**

## **Data collection tool**

**I.01 School name:** \_\_\_\_\_

**I.02 Sub-County Name:** \_\_\_\_\_ **I.03 Village Name:** \_\_\_\_\_

**I.04 Type of community:**                      **1. Host Community**                      **2. Refugee community**

### **Demographics**

<b>School Enrolment</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
<b>Number of children in school</b>			
<b>Number of children with Disability</b>			
<b>Number of teachers in school</b>			

### **1.0 Access to safe water**

	Does the school have a drinking water source?	<b>1. Yes      0. No</b>
<b>I.1</b>	What is the main source of drinking water provided by the school? (Tick one) 1=Piped supply inside the building (if yes, skip to G-W3) 2=Piped supply outside the building 3=Tube well / Borehole 4=Protected dug well 5=Unprotected dug well	6=Protected spring 7=Unprotected spring 8=Rain water 9=Tanker truck 10=Surface water (river/dam/lake/pond) 11=Other (specify) _____ 12=Don't know 13=No water source
<b>I.2</b>	What is the distance in Kilometers or Meters of the main water supply for the school located?	
<b>I.3</b>	Is water available from the main water supply at the time of the survey? 1=Yes 2=No	
<b>I.4</b>	Are children with disability able to access the water facility? E.g. does facility have a ramp for CWDs to access?	1=Yes 2=No

### **2.0 Access to Sanitation facilities**

<b>2.1</b>	What type of toilets/ latrines are pupils at the school using? (check one - most common) 1=Flush / Pour-flush toilets 2=Pit latrines with slab 3=Composting toilets	4=Pit latrines without slab 5=Hanging latrines 6=Bucket latrines 7=No toilets or latrines
------------	--	--

2.2	Are the toilets/latrines separate for girls and boys? 1=Yes 2=No	<b>Note:</b> Single-sex toilets means that separate girls' and boys' toilets are available at the school, or it is a single-sex school and has toilets. <sup>13</sup> To be considered separate, facilities should provide privacy from students of the opposite sex, but this definition should be further defined based on local context, as needed. For schools that have separate shifts for girls and boys (i.e. girls attend the school at a separate time from boys), pending local culture, the response could be "yes" since at the time of use, the toilets are only for girls. This question may not be applicable in pre-primary schools.
2.3	How many usable toilet/latrine stances are at the school? (insert number) Girls' only toilets: ____ Boys' only toilets: ____ Common use toilets: ____ Total number: ____	<b>Note:</b> The "common use toilets" column is necessary to determine if the girls and boys toilets are separate, which is not possible with the girls' only and boys' only columns alone. The number of urinals, teacher toilets or other categories could be added pending national interest and capacities. In schools where boys and girls are in separate shifts and use the same facilities but at different times, the total number of toilets could be entered for the number reserved for girls and the number reserved for boys (i.e. the same number for both) since at the time of use they are all reserved for each sex separately. Quantities are not needed for global monitoring, but may be desired by national governments.
2.4	Are the toilets/latrines disability inclusive? (Multiple response) 1. Yes, Has a ramp for pupils 2. Yes, Has a room for pupils with disabilities 3. Yes, Has guard rails for pupils with disabilities 4. No	
2.4	Does the school have separate toilets/latrines for teachers and support staff?	1. Yes    2. No
2.5	If no, do the teachers and or support staff share toilet/latrine facilities with pupils in school?	2. Yes    2. No
<b>3.0 Hand Hygiene</b>		
3.1	Are there handwashing facilities at the school? 1=Yes 2=No	<b>Note:</b> A handwashing facility is any device or infrastructure that enables students to wash their hands effectively using running water, such as a sink with tap, water tank with tap, bucket with tap, tippy tap, or other similar device.



		Note: a shared bucket used for dipping hands is not considered an effective handwashing facility.
3.2	Are both soap and water currently available at the handwashing facilities? 1= Yes, water and soap 2= Water only 3= Soap only 4= Neither water or soap	
3.3	If Yes, how far are both soap and water from the latrine/toilet? 1= Within 5 meters 2= Beyond 5 meters	

## **INCLUSIVE DISABILITY, WASH, LIVELIHOOD & PROTECTION PROJECT**

### **END OF YEAR ONE EVALUATION**

#### **Focus Group Discussion guide**

***NB: This guide is for beneficiary FGD discussions comprised of men OR women of up to a maximum of 10 participants per group. COVID-19 prevention measures should be taken into consideration***

#### **General Instructions**

- The facilitator should introduce the evaluation team and explain the purpose of the survey.
- The facilitator should also assure participants about the confidentiality of information collected
- FGD to be attended by randomly sampled adult project beneficiaries both males and females
- The discussions should be conducted in the local language.

#### **Discussion Questions**

1. Has the project been appropriate and consistent with the needs of your community?
2. Were community members and leaders involved in the planning and implementation of the project? If yes, which stakeholders were involved?
3. What desirable positive changes (impacts) has the project had on the lives of communities

4. What unintended negative effects (impacts) have occurred among the beneficiaries and the entire community as a result of this project?
5. How has the project benefited people with disability in this community? E.g Are PWD's engaged in income generating activities? What economic opportunities are they engaged in?
6. What are the community and family members' attitudes towards the PWDs? Are people with disability still discriminated in your community? If yes, why?
7. Do you believe that there is a reduction in discrimination of PWDs in your community? If yes, why do you think so? Is this as a result of the projects work? What did the project do?
8. Do persons with disability have easy access to health services, markets, places of worship, latrines etc. with ease? If yes, what has made it possible for them to have easy access?
9. Are children with disability being given opportunity to participate in age appropriate activities including supporting them to go to school like other children? If no, why?
10. What challenges in relation to the project have you been facing? What should be done to mitigate the challenge?
11. What sustainability measures have been put in place to ensure continuity of the projects achievements after project closure? E.g. Sustainability of the water systems already in place?
12. What good practices in the project should be maintained and which should be changed?
13. Are you satisfied with the project implementation to date? (Justify)

**INCLUSIVE DISABILITY, WASH, LIVELIHOOD & PROTECTION PROJECT**  
**END OF YEAR ONE EVALUATION**

**Focus Group Discussion guide for Children**

***NB: This guide is for beneficiary FGD discussions comprised of children of up to a maximum of 10 participants per group. COVID-19 prevention measures should be taken into consideration***

**General Instructions**

- The facilitator should introduce the evaluation team and explain the purpose of the survey.
- The facilitator should also assure participants about the confidentiality of information collected

- FGD to be attended by randomly sampled adult project beneficiaries both males and females
- The discussions should be conducted in the local language.

**Start with a collective activity such as singing a song or playing a game with children and ensure participating of all children including children with a disability. After the starter activity, usher them into the discussion questions**

### **Discussion Questions (All Children)**

14. Have you heard about World Vision and what they do? If yes, what do they do?
15. How is what they are doing helping your community especially children?
16. Have children with disability been supported in your community? How have they been supported?
17. Are children with disability discriminated eg use of abusive language, stopped from participating in children activities in your community? Give examples of when you have seen this happening?
18. Are children with disability able to access classroom or toilets in your school easily? If yes, why?
19. Are children with disability being given opportunity to participate in children activities such as go to school like other children?
20. What challenges are children with disability in your community still facing?
21. What should be done to support children with disability live comfortable lives?

### **Discussion Questions (Children with Disability only)**

1. Do you think the needs of children with disability have been catered for in your community?
2. Are children with disability discriminated e.g. use of abusive language, stopped from participating in children activities in your community? Give examples of when you have seen this happening?
3. Are children with disability able to access classroom or toilets in your school easily? If yes, why?
4. Are children with disability being given opportunity to participate in children activities such as go to school like other children?
5. What challenges are children with disability in your community still facing?
6. What in your opinion what should be done to support children and other people with disability?

## **INCLUSIVE DISABILITY, WASH, LIVELIHOOD & PROTECTION PROJECT**

### **END OF YEAR ONE EVALUATION**

#### **Key Informant Interview guide**

*NB: This guide is for WV staff, OPM staff, Local Government/Refugee Leaders*

#### **Interview discussion questions**

1. Has the project been appropriate and consistent with the needs of your community?
2. Where community members and leaders involved in the planning and implementation of the project? If yes, which stakeholders were involved?
3. What desirable positive changes (impacts) has the project had on the lives of communities
4. What unintended negative effects (impacts) have occurred among the beneficiaries and the entire community as a result of this project?

5. How has the project benefited people with disability in this community? E.g Are PWD's engaged in income generating activities? What economic opportunities are they engaged in?
6. What are the community and family members' attitudes towards the PWDs? Are people with disability still discriminated in your community? If yes, why?
7. Do you believe that there is a reduction in discrimination of PWDs in your community? If yes, why do you think so? Is this as a result of the projects work? What did the project do?
8. Do persons with disability have easy access to health services, markets, places of worship, latrines etc. with ease? If yes, what has made it possible for them to have easy access?
9. Are children with disability being given opportunity to participate in age appropriate activities including supporting them to go to school like other children? If no, why?
10. What challenges in relation to the project have you been facing? What should be done to mitigate the challenge?
11. What sustainability measures have been put in place to ensure continuity of the projects achievements after project closure? E.g. Sustainability of the water systems already in place?
12. What good practices in the project should be maintained and which should be changed?
13. Are you satisfied with the project implementation to date? (Justify)

**OMUGO INCLUSIVE DISABILITY WASH, LIVELIHOOD & PROTECTION PROJECT**  
**END OF PROJECT EVALUATION**

**Change Story Documentation**

**NB:** *This tool will focus on Change stories as told by project beneficiaries from both the refugee and host communities.*

**General Instructions**

- ❖ *Document two success stories for an individual/group who highly benefited with a changed livelihood from the project Activities*
- ❖ *Submit 3 high-resolution photographs for each produced success story*

**Story of Change**

1. What is your name, age, details about where you stay and marital status?
2. What was your income level and access to food before the project began?
3. What is your current level of income and food access?
4. What factors have contributed to the change
5. How has the project specifically contributed to your improvement in income and food security?
6. How has this benefitted children in your home or community?
7. Are there any pictures that show the before and after the situation?

**OMUGO INCLUSIVE DISABILITY WASH, LIVELIHOOD & PROTECTION PROJECT**  
**END OF PROJECT EVALUATION**

**Document Review Check List**

**NB:** *The following checklist will be used for reviewed secondary data during the study*

Document	Author	Content needed	Year of Publication

---

<sup>i</sup> Rosen S, Vincent JR. Household water resources and rural productivity in sub-Saharan Africa: a review of the evidence; 2001.