

Name, phone, and email of person who conducted the survey:

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Who from the community participated in the assessment?

70% of the Community members

List the community needs you identified that your project would address.

Water, Sanitation, and Hygiene (WASH) infrastructure improvement including : 170 Latrine units, 1 Community Borehole and 45 shared water filters(1 shared by 4 households)

Community led Malaria control initiative consisting of community awareness on malaria control , training and equipping VHTs with RDT-based testing kits .

Planting Mosquito-Repellent Plants around households and larviciding in mosquito breeding areas, using environmentally safe methods

What have the community, NGOs and government done before; what is the social cultural context and behaviors today and why are they not better?

List any of the preceding needs you identified that your project would not address.

Income insecurity due to climate affected productivity .

Land Conflicts with refugee communities.

Environmental Degradation due to increased demand for resources, such as firewood affecting both refugees and host communities.

Educational Strain since local educational facilities are overwhelmed by periodic influx of refugees .

List the community's assets, strengths, and contributions to this grant:

Labor support for WASH infrastructure establishment.

2 village health team members are in place and attached to the local health center. These are vital for initial capacity building and building a local referral network

Land .The community is ready to allocate space for establishment of the community borehole.

Considering the needs and assets you have listed, explain how you determined the project's primary goal.

The project's primary goal was determined by aligning the critical public health needs—malaria elimination and diarrhea prevention—with the community's existing assets . Malaria and diarrhea were identified as significant contributors to poor health and economic strain. Existing assets, such as the

community's willingness to allocate land for a borehole, available labor support for WASH infrastructure, and the presence of some trained village health team members, highlighted a dependable foundation for addressing these health issues. Consideration was also taken to address a problem that is feasible within the 15k grant size.

What are your planned project activities?

Educate the community on malaria prevention practices, including stagnant water removal and the planting of repellent plants.

Conduct regular malaria testing via VHTs and report findings to health authorities.

Monitor the effectiveness of larviciding and the adoption of mosquito-repellent plants.

These activities are designed to reduce malaria and diarrhea incidences, enhancing public health and improving the community's quality of life.

What is your project's planned goal?

The overall objective of the project is to improve public health outcomes by eliminating malaria and preventing diarrhea, leading to better quality of life and increased disposable income for refugees in Nakivaale. Specific project goals. 1. To eliminate malaria through community-based control and surveillance strategy. 2. To improve local Water, Sanitation, and Hygiene (WASH) infrastructure

How would your project's activities accomplish this goal?

The project's activities directly target the root causes of malaria and diarrhea, which are major public health challenges in the community, and leverage the identified community assets to achieve the goal.

Malaria Elimination: Activities such as household surveys, RDT testing, larviciding, and planting mosquito-repellent plants reduce mosquito populations and enhance community awareness of malaria prevention. Training Village Health Teams (VHTs) ensures sustained local capacity for early diagnosis, prevention, and health education. These interventions break the transmission cycle of malaria, leading to improved health outcomes.

WASH Improvement: The construction of 170 latrines and a community borehole, combined with the distribution of water filters, provides access to safe water and sanitation. This reduces exposure to pathogens that cause diarrhea, resulting in better hygiene and fewer cases of waterborne diseases.

Health Education and Engagement: By educating the community on preventive practices and engaging VHTs for periodic monitoring and reporting, the project ensures that health improvements are sustained over time.

These activities collectively improve public health by eliminating malaria and preventing diarrhea, directly enhancing the quality of life and freeing up household resources previously spent on healthcare.

What has prevented the community from accomplishing the project's goals?

Several barriers have prevented the community from achieving the project's goals independently. These include resource constraints, such as limited financial capacity to construct essential WASH infrastructure like latrines and boreholes, and knowledge gaps in malaria prevention techniques, such as using RDT kits, larviciding, and planting mosquito-repellent plants. Additionally, the community faces limited access to safe water, relying on unsafe sources that expose them to waterborne diseases, with no resources to build a borehole or obtain water filters. Gaps in community health systems also pose challenges, as existing Village Health Teams (VHTs) lack adequate training, resources, and support to function effectively.

What is the community doing now to overcome these things that prevent accomplishing their goal?

Currently, the community relies on periodic public health interventions, such as nationwide mosquito net distributions and malaria treatment provided at community health centers. While these efforts offer temporary relief, they are not part of a coordinated, long-term strategy to address the root causes of malaria and poor sanitation. The lack of an integrated approach leaves significant gaps in prevention and sustainable health improvement, underscoring the need for a more comprehensive and community-driven intervention.

Why are the project's activities the best way to meet this community need?

The project's activities are the best way to meet the community's needs because they provide a coordinated and locally owned approach to addressing the root causes of malaria and poor sanitation. This project combines multiple strategies—malaria prevention, WASH improvements, and health education—into a cohesive plan, ensuring sustained impact. By leveraging local assets such as community labor, Village Health Teams, the project anticipates to foster community ownership and accountability. This approach not only empowers the community to take charge of their health but also builds local capacity for long-term resilience and self-reliance.

How many families have in water, latrines, handwashing, and water treatment and how many families lack them?

Currently, only 20% of households (approximately 33 families) have access to basic toilets, while the majority rely on improvised defecation spaces, posing significant health risks. Additionally, there are no functional taps or water treatment infrastructures, such as water filters, in place, leaving all families without access to safe drinking water or proper handwashing facilities. This lack of essential resources highlights the urgent need for interventions to improve sanitation and water access in the community.

How many cases of diarrhea and malaria has your community suffered in the last month?

No recent data is available for the last month; however, according to Kashumba Health Centre III outpatient statistics for July 2022 to June 2023, 372 cases of diarrhea were reported among children under five years, while 572 cases were registered among children over five years. Malaria infections were notably high in refugee settlements in Isingiro District, with a prevalence of 98.7%. These figures

highlight the critical need for targeted interventions to address the high burden of diarrhea and malaria in the community.

What does the community plan to contribute to this project and its sustainability?

The community plans to contribute significantly to the project and its sustainability by providing labor support for the establishment of WASH infrastructure, such as constructing latrines and the community borehole. Two Village Health Team (VHT) members, already attached to the local health center, will play a crucial role in capacity building and establishing a local referral network for health services. Additionally, the community has committed to allocating land for the borehole, ensuring access to clean water. These contributions demonstrate the community's readiness to actively participate in the project and sustain its impact over the long term.

What are the names and phone numbers of community contacts we can coordinate with?

Anything else we need to know?