

Centre for Environment and Migration
Assistance (CEMA)

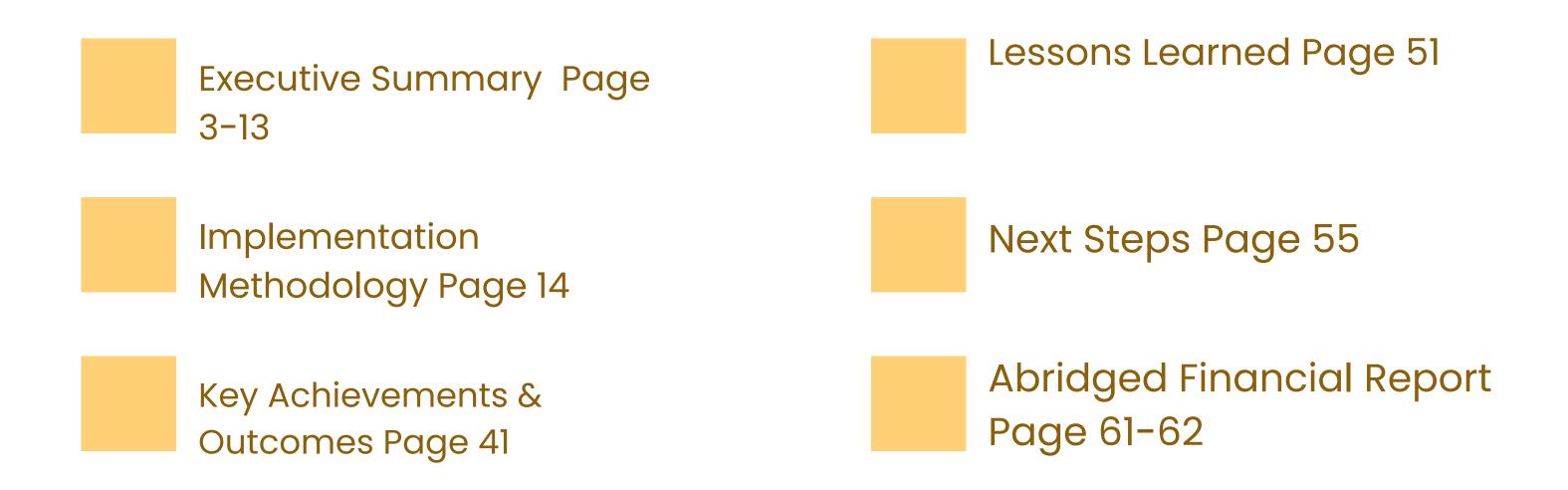
PROJECT IMPLEMENTATION REPORT

Community Bicycle Access for Education and Health in Uganda



June 2023-June 2024

Key Report Highlights



Community Bicycle Access for Education and Health in Uganda 2023–2024 Project Implementation Report

1. Executive Summary

The Community Bicycle Access for Education and Health Project, implemented by CEMA (June 2023–June 2024) in Nakivale Refugee Settlement and Isingiro host communities, provided 250 bicycles to students and CHWs, conducted safety and maintenance training, and established youth-led repair kiosks. The project improved girls' school attendance (+27%), expanded CHW outreach to 1,200 households, generated sustainable youth livelihoods, and strengthened social cohesion, despite challenges of high demand, rough terrain, and limited spare parts.





Background

In rural Uganda, long distances limit school access, with some students walking up to 20 km daily. Nakivale Refugee Settlement faces low attendance due to distance, poverty, hunger, and language barriers. CEMA addresses these challenges, supporting education, livelihoods, gender equality, and refugee empowerment across Nakivale and other settlements, bridging socio-economic and climate vulnerabilities.

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FOR EDUCATION AND HEALTH
IN UGANDA

2023-2024 Project Implementation Report



Project Methodology

Participatory and Inclusive Approach

The project used a community-driven approach, engaging refugees and host communities as active stakeholders. School administrations identified vulnerable students, especially girls, and supported bicycle distribution and training. Refugee Welfare Councils mobilized youth volunteers, promoted ownership, and reduced tensions. Health authorities guided selection of 70 CHWs/VHTs, emphasizing bicycles to enhance maternal and child health outreach, immunizations, and household visits, aligning with Uganda's Community Health Strategy (2021–2025).

Collaboration with Refugee Leadership Structures



Refugee Welfare Councils (RWCs) across Nakivale's Base Camp, Rubondo, and Kabulongo zones participated in sensitization campaigns about the project, helping to reduce tensions between beneficiaries and non-beneficiaries.

RWCs also mobilized youth volunteers to support training workshops and later linked young people to the bicycle repair kiosks, promoting ownership



Partnership with Health Authorities

The Isingiro District Health Department and administrators at Nakivale Health Centre III, Rubondo Health Centre II, and Kabulongo Health Post guided the selection of 70 CHWs and VHTs who received bicycles.

Health authorities emphasized the use of bicycles to improve maternal and child health outreach, immunization follow-ups, and household visits, aligning with Uganda's Community Health Strategy (2021–2025).



COMMUNITY BICYCLE
ACCESS FOR EDUCATION
AND HEALTH IN UGANDA

Youth Empowerment and Livelihood Creation

Six refugee and host youth (4 male, 2 female) were selected, trained, and supported to establish two bicycle repair kiosks in Base Camp and Rubondo zones.

These kiosks now serve both project beneficiaries and the wider community, strengthening economic inclusion and ensuring long-term maintenance capacity.

Gender-Responsive Lens

60% of student bicycles for girls

Trainings included sessions on GBV) prevention & safe mobility

Partnership with community-based women's groups

Sustainability and Ownership

Embedding responsibilities within institutions

Beneficiaries sign user agreements

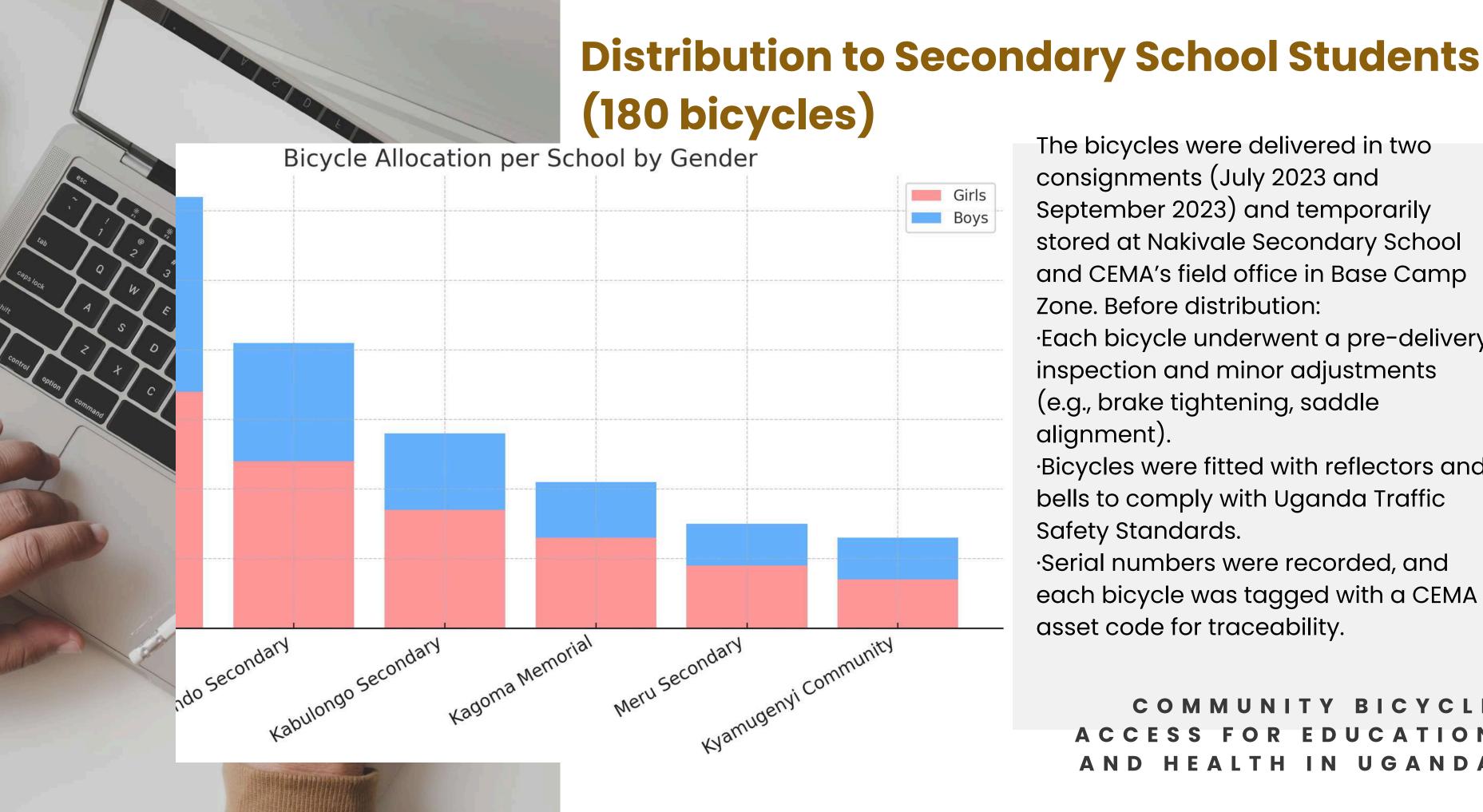
Beneficiaries commit to care and responsible use of bicycles

Procurement

Diligent Supplier Selection

Tailored Bicycle
Specifications

Equity, transparency, and community driven bicycle distribution



The bicycles were delivered in two consignments (July 2023 and September 2023) and temporarily stored at Nakivale Secondary School and CEMA's field office in Base Camp Zone. Before distribution:

·Each bicycle underwent a pre-delivery inspection and minor adjustments (e.g., brake tightening, saddle

·Bicycles were fitted with reflectors and bells to comply with Uganda Traffic

·Serial numbers were recorded, and each bicycle was tagged with a CEMA asset code for traceability.

> COMMUNITY BICYCLE HEALTH IN UGANDA

Procurement

The project placed strong emphasis on quality procurement to ensure that the bicycles provided were durable, costeffective, and well-suited to the terrain of Nakivale Refugee Settlement and surrounding host communities.

Supplier Selection: CEMA procured a total of 250 durable bicycles from Fabio Enterprises Ltd, a Kampala-based and ISO-certified Ugandan supplier with over 25 years of experience in providing bicycles designed for rural and humanitarian settings. The supplier was selected through a competitive bidding process, where three vendors were invited to submit quotations. Fabio was chosen based on technical compliance, cost-effectiveness, warranty guarantees, and proven track record supplying to organizations such as UNHCR and World Bicycle Relief.

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UGANDA

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Bicycle Specifications

Each bicycle was tailored to withstand the unpaved, rugged settlement roads and high daily usage demands:

- ·Reinforced steel frames to handle heavy loads (up to 100 kg, including a student/CHW and cargo).
- ·Rear carrier racksenabling students to carry books and CHWs to transport medical supplies or vaccines.
- ·Puncture-resistant, heavy-duty tires designed for stony and muddy roads.
- ·Long-lasting brake systems for safety on steep inclines.
- ·Mudguards and chain guardsto ensure protection during rainy seasons and reduce maintenance needs.
- ·Warranty coverage of 12 monthsfor manufacturer defects.
- ·Procurement and Accountability Procedures: Procurement adhered to CEMA's Finance and Procurement Policy, which aligns with Uganda NGO Board and donor accountability standards. Key steps included:
- oDevelopment of technical specifications and Terms of Reference. oTransparent quotation review and supplier vetting by a threemember Procurement Committee.
- oSigning of a fixed-price contract with Fabio Enterprises Ltd to avoid cost escalation.
- oDelivery inspection and joint quality assurance checks by CEMA staff and representatives of the Isingiro District Education and Health Departments.
- oDocumentation of all procurement processes for donor audit trails, ensuring value for money and transparency.

Delivery and Distribution Preparation

The bicycles were delivered in two consignments (July 2023 and September 2023) and temporarily stored at Nakivale Secondary School and CEMA's field office in Base Camp Zone. Before distribution:

- · Each bicycle underwent a pre-delivery inspection and minor adjustments (e.g., brake tightening, saddle alignment).
- · Bicycles were fitted with reflectors and bells to comply with Uganda Traffic Safety Standards.
- · Serial numbers were recorded, and each bicycle was tagged with a CEMA asset code for traceability.

Distribution

The distribution process was carefully designed to ensure equity, transparency, and maximum community impact. A participatory beneficiary selection approach was adopted, involving school administrations, refugee welfare councils, health facility management, and CEMA field staff.

Distribution to Secondary School Students (180 bicycles)

A total of 180 bicycles were allocated to secondary school students across six schools within Nakivale Refugee Settlement

Distribution to Community Health Workers (70 bicycles)

70 bicycles were distributed to Community Health Workers (CHWs) and Village Health Teams (VHTs) attached to health facilities serving refugee and host populations.

Community Coverage

With each CHW responsible for approximately 300–500 households, the 70 bicycles enabled coverage of an estimated 1,200 households, benefitting around 6,000 people through faster health service delivery.



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Distribution Events and Oversight

Bicycle handover ceremonies were organized at each school and health facility between October and November 2023, attended by:

- ·Isingiro District Education and Health Officers.
- ·Refugee Welfare Council leaders (RWC II and III).
- ·Parents, teachers, and community elders.
- ·Each beneficiary signed a Bicycle User Agreement, committing to responsible use, regular maintenance, and reporting of theft or loss. Schools and health facilities maintain asset registers to monitor use.

Isingiro Resident District Commissioner (RDC) Abel Musinguzi(Left) leads the official handover of bicycles to 22 Community Health Workers (CHWs) at Rubondo Health Centre II, strengthening health outreach and service delivery under the Community Bicycle Access for Education and Health Project

Implementation Report June 2023-June 2024

Training

To ensure that bicycles were used safely, responsibly, and sustainably, CEMA conducted a series of bicycle use, repair, and road safety workshops between October 2023 and February 2024. The trainings were delivered in close partnership with the Isingiro District Traffic Police Department, school administrations, health facility staff, and CEMA technical trainers.

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Project Implementation Report June 2023-June 2024

Training Coverage and Participants

- ·180 secondary school students (108 girls, 72 boys)
- ·70 CHWs and VHTs (30 women, 40 men)
- ·30 teachers and administrators(14 female, 16 male) who were trained as local focal points to support ongoing supervision.

Training Modules Delivered

Each session combined theory and practical demonstrations, with group sizes kept small (20–25 participants) to ensure interaction and hands-on learning. Modules included Basic Road Safety, Routine Bicycle Maintenance & Safe Riding for Girls.

Outcomes of Training

- §Students gained confidence in riding long distances, enabling regular school attendance without fear of lateness or harassment.
- §CHWs improved their visitation efficiency, reaching up to 40% more households weekly.
- §Teachers and administrators incorporated bicycle safety into assemblies and parent meetings, extending awareness beyond the trainings.

Detailed Report 2. Implementation Methodology

The project was implemented between June 2023 and June 2024 in Nakivale Refugee Settlement—one of the world's oldest and largest refugee settlements, hosting more than 180,000 refugees from over 10 nationalities (UNHCR, 2024)—and surrounding host communities in Isingiro District. The project directly benefitted 250 primary beneficiaries (180 students and 70 CHWs) and indirectly reached an estimated 7,000 community members (family members, patients, and neighbors who rely on improved education and health access).

2.1 Participatory and Inclusive Approach

The project applied a community-driven methodology, ensuring that refugees and host communities were not only beneficiaries but also active stakeholders in planning, implementation, and sustainability. Key components included:

2.1.1 Engagement with School Administrations

§School headteachers and Boards of Governors from Nakivale Secondary, Rubondo Secondary, Kabulongo Secondary, Kagoma Memorial, Meru Secondary, and Kyamugenyi Community Secondary were involved in identifying the most vulnerable students, particularly girls at risk of dropping out due to distance.



CEMA staff together with head teachers of Nakivale Secondary, Rubondo Secondary, Kabulongo Secondary, Kagoma Memorial, Meru Secondary, and Kyamugenyi Community Secondary schools during a data validation meeting to identify the most vulnerable students ahead of the bicycle distribution exercise

§ Teachers supervised the bicycle distribution process and assisted in conducting training sessions on safe riding and maintenance.

2.1.2 Collaboration with Refugee Leadership Structures

- § Refugee Welfare Councils (RWCs) across Nakivale's Base Camp, Rubondo, and Kabulongo zones participated in sensitization campaigns about the project, helping to reduce tensions between beneficiaries and non-beneficiaries.
- § RWCs also mobilized youth volunteers to support training workshops and later linked young people to the bicycle repair kiosks, promoting ownership.

2.1.3 Partnership with Health Authorities

- § The Isingiro District Health Department and administrators at Nakivale Health Centre III, Rubondo Health Centre II, and Kabulongo Health Post guided the selection of 70 CHWs and VHTs who received bicycles.
- § Health authorities emphasized the use of bicycles to improve maternal and child health outreach, immunization follow-ups, and household visits, aligning with Uganda's Community Health Strategy (2021–2025).

2.1.4 Youth Empowerment and Livelihood Creation

- § Six refugee and host youth (4 male, 2 female) were selected, trained, and supported to establish two bicycle repair kiosks in Base Camp and Rubondo zones.
- § These kiosks now serve both project beneficiaries and the wider community, strengthening economic inclusion and ensuring long-term maintenance capacity.

2.1.5 Gender-Responsive Lens

- § Recognizing that girls face greater risks of dropping out due to long distances, early marriage, and safety concerns, the project reserved 60% of student bicycles for girls.
- § Trainings included sessions on gender-based violence (GBV) prevention and safe mobility, delivered in partnership with community-based women's groups in Nakivale.

2.1.6 Sustainability and Ownership

- § By embedding responsibilities within schools, health facilities, refugee leaders, and youth groups, the project ensured that bicycles were seen as community assets rather than temporary aid handouts.
- § Each beneficiary signed a user agreement with their school/health facility, committing to care, maintenance, and responsible use of the bicycles.

2.2 Procurement

The project placed strong emphasis on quality procurement to ensure that the bicycles provided were durable, cost-effective, and well-suited to the terrain of Nakivale Refugee Settlement and surrounding host communities.

2.2.1 Supplier Selection: CEMA procured a total of 250 durable bicycles from Fabio Enterprises Ltd, a Kampala-based and ISO-certified Ugandan supplier with over 25 years of experience in providing bicycles designed for rural and humanitarian settings. The supplier was selected through a competitive bidding process, where three vendors were invited to submit quotations. Fabio was chosen based on technical compliance, cost-effectiveness, warranty guarantees, and proven track record supplying to organizations such as UNHCR and World Bicycle Relief.

- **2.2.2 Bicycle Specifications:** Each bicycle was tailored to withstand the unpaved, rugged settlement roads and high daily usage demands:
- · Reinforced steel frames to handle heavy loads (up to 100 kg, including a student/CHW and cargo).
- · Rear carrier racks enabling students to carry books and CHWs to transport medical supplies or vaccines.
- · Puncture-resistant, heavy-duty tires designed for stony and muddy roads.
- · Long-lasting brake systems for safety on steep inclines.
- · Mudguards and chain guards to ensure protection during rainy seasons and reduce maintenance needs.
- · Warranty coverage of 12 months for manufacturer defects.
- · Procurement and Accountability Procedures: Procurement adhered to CEMA's Finance and Procurement Policy, which aligns with Uganda NGO Board and donor accountability standards. Key steps included:
- o Development of technical specifications and Terms of Reference.
- o Transparent quotation review and supplier vetting by a three-member Procurement Committee.
- o Signing of a fixed-price contract with Fabio Enterprises Ltd to avoid cost escalation.
- o Delivery inspection and joint quality assurance checks by CEMA staff and representatives of the Isingiro District Education and Health Departments.
- o Documentation of all procurement processes for donor audit trails, ensuring value for money and transparency.

- **2.2.3 Delivery and Distribution Preparation:** The bicycles were delivered in two consignments (July 2023 and September 2023) and temporarily stored at Nakivale Secondary School and CEMA's field office in Base Camp Zone. Before distribution:
- · Each bicycle underwent a pre-delivery inspection and minor adjustments (e.g., brake tightening, saddle alignment).
- · Bicycles were fitted with reflectors and bells to comply with Uganda Traffic Safety Standards.
- · Serial numbers were recorded, and each bicycle was tagged with a CEMA asset code for traceability.

2.3 Distribution

The distribution process was carefully designed to ensure equity, transparency, and maximum community impact. A participatory beneficiary selection approach was adopted, involving school administrations, refugee welfare councils, health facility management, and CEMA field staff.

2.3.1 Distribution to Secondary School Students (180 bicycles)

A total of 180 bicycles were allocated to secondary school students across six schools within Nakivale Refugee Settlement. Beneficiaries were selected based on:

- § Walking distance (priority to those walking more than 5 km daily).
- § Household vulnerability (orphans, single-parent families, or households without stable income).
- § Gender equity (girls prioritized to reduce dropout rates and early marriages).

The final allocation per school was as follows:

- · Nakivale Secondary School 62 students (34 girls, 28 boys)
- · Rubondo Secondary School 41 students (24 girls, 17 boys)
- · Kabulongo Secondary School 28 students (17 girls, 11 boys)
- · Kagoma Memorial Secondary School 21 students (13 girls, 8 boys)
- · Meru Secondary School 15 students (9 girls, 6 boys)
- · Kyamugenyi Community Secondary School 13 students (7 girls, 6 boys) In total, 108 bicycles (60%) went to girls, a deliberate strategy to address their heightened risk of school dropout due to long commutes, safety concerns, and household chores.



Students and staff of Nakivale Secondary School receive bicycles from CEMA under the Community Bicycle Access for Education and Health Project, aimed at improving school attendance and access to education for vulnerable learners



Ms. Helen Kukunda, Director of Studies at Kabulongo Secondary School, together with students, receive bicycles from CEMA under the Community Bicycle Access for Education and Health Project, supporting improved access to education and reducing long distance walking for learners



Students of Rubondo Secondary School proudly receive bicycles from CEMA through the Community Bicycle Access for Education and Health Project, aimed at enhancing school attendance, punctuality, and learning opportunities for vulnerable learners in Nakivale Settlement

2.3.2 Distribution to Community Health Workers (70 bicycles)

70 bicycles were distributed to Community Health Workers (CHWs) and Village Health Teams (VHTs) attached to health facilities serving refugee and host populations. The allocation was as follows:

- · Nakivale Health Centre III 28 CHWs (12 female, 16 male)
- · Rubondo Health Centre II 22 CHWs (10 female, 12 male)
- · Kabulongo Health Post 20 CHWs (8 female, 12 male)

Selection of CHWs was coordinated with the Isingiro District Health Department to ensure equitable coverage across Nakivale zones. CHWs prioritized included those serving hard-to-reach households and those conducting maternal and child health outreach.



Dr. Susan Mbabazi, In-charge of Kabulongo Health Post, together with Isingiro District Health Officer Dr. Edison Tumusherure, preside over the handover of bicycles to Community Health Workers under the Community Bicycle Access for Education and Health Project, supporting improved household outreach and timely health service delivery.



A section of Village Health Teams (VHTs) and Community Health Workers (CHWs) attached to Nakivale Health Centre III participate in a practical bicycle assembling drill during a maintenance training session conducted by CEMA, following the distribution of bicycles under the Community Bicycle Access for Education and Health Project

2.3.3 Community Coverage

With each CHW responsible for approximately 300–500 households, the 70 bicycles enabled coverage of an estimated 1,200 households, benefitting around 6,000 people through faster health service delivery.

For students, improved mobility benefitted not only the 180 direct recipients but also siblings and households, reducing domestic labor burdens and inspiring higher school attendance among peers.

2.3.4 Distribution Events and Oversight

Bicycle handover ceremonies were organized at each school and health facility between October and November 2023, attended by:

- · Isingiro District Education and Health Officers.
- · Refugee Welfare Council leaders (RWC II and III).
- · Parents, teachers, and community elders.
- · Each beneficiary signed a Bicycle User Agreement, committing to responsible use, regular maintenance, and reporting of theft or loss. Schools and health facilities maintain asset registers to monitor use.



Isingiro Resident District Commissioner (RDC) Abel Musinguzi leads the official handover of bicycles to 22 Community Health Workers (CHWs) at Rubondo Health Centre II, strengthening health outreach and service delivery under the Community Bicycle Access for Education and Health Project

2.4 Training

To ensure that bicycles were used safely, responsibly, and sustainably, CEMA conducted a series of bicycle use, repair, and road safety workshops between October 2023 and February 2024. The trainings were delivered in close partnership with the Isingiro District Traffic Police Department, school administrations, health facility staff, and CEMA technical trainers.



Students of Kagoma Memorial Secondary School participate in practical riding sessions as part of the Bicycle Use and Safety Training under the Community Bicycle Access for Education and Health Project, enhancing safe and sustainable mobility for education and health access

2.4.1 Training Schedule and Venues:

Date	Venue	Participants	Training Areas
12-14 Oct 2023	Nakivale Secondary School	32 students (20 girls, 12	Basic cycling skills and
16-18 Oct 2023	Rubondo Secondary School	28 students (17 girls, 11 bovs)	Practical riding sessions around school grounds
20-21 Oct 2023	Kabulongo Secondary School	22 students (13 girls, 9 bovs)	Safety on unpaved settlement roads
24-25 Oct 2023	Kagoma Memorial Secondary School	18 students (11 girls, 7 boys)	Routine maintenance demonstrations
Oct 27, 2023	Meru Secondary School	15 students (9 girls, 6 boys)	Safe riding for girls,
Oct 30, 2023	Kyamugenyi Community Secondary School	15 students (7 girls, 8 boys)	Bilingual facilitation in English and Kiswahili
5-7 Nov 2023	Nakivale Health Centre III	28 CHWs (12 female, 16 male)	Health worker-specific modules for household
9–10 Nov 2023	Rubondo Health Centre II	22 CHWs (10 female, 12 male)	Practical transport of medical supplies
Nov 12, 2023	Kabulongo Health Post	20 CHWs (8 female, 12 male)	Route planning and efficiency for household
15–16 Feb 2024	Nakivale Secondary School (Refresher)	30 teachers/administrators	Reinforcement of safety, supervision, and monitoring

- **2.4.2 Training Coverage and Participants:** A total of 280 direct beneficiaries participated in structured sessions:
- · 180 secondary school students (108 girls, 72 boys)
- · 70 CHWs and VHTs (30 women, 40 men)
- · 30 teachers and administrators (14 female, 16 male) who were trained as local focal points to support ongoing supervision.
- **2.4.3 Training Modules Delivered:** Each session combined theory and practical demonstrations, with group sizes kept small (20–25 participants) to ensure interaction and hands-on learning. Modules included:
- · Basic Road Safety:
- o Rules of the road for cyclists under Uganda's traffic regulations.
- o Use of reflectors, bells, and helmets (each bicycle was supplied with a bell and reflective strips).
- o Identifying accident "black spots" around schools and health centers.
- o Practical drills on safe overtaking and night riding.
- · Routine Bicycle Maintenance:
- o Daily and weekly checks (tire inflation, brake adjustment, oiling of chains).
- o Demonstrations on fixing a puncture and replacing a chain.
- o Hands-on practice using basic toolkits distributed at the kiosks.

· Safe Riding for Girls:

- o Confidence-building exercises to overcome cultural stigma that "cycling is for boys."
- o Training on self-protection during long-distance riding (avoiding isolated shortcuts, safe travel in pairs).
- o Testimonials from women cyclists from Fabio Enterprises who served as role models during the sessions.

· Health Worker-Specific Module:

- o How to use bicycles to transport basic medical supplies (vaccines, malaria test kits, delivery kits) without compromising stability.
- o Planning routes to cover more households efficiently while reducing fatigue.
- · Approach and Facilitation
- o Trainings were highly practical, with 60% of the time spent outdoors practicing safe cycling and repair.
- o Bilingual facilitation (English and Kiswahili) was used to accommodate refugee students and CHWs from different backgrounds.
- o Gender sensitivity was embedded throughout, with separate break-out sessions for girls and women to address cultural and safety concerns openly.
- o Police officers from the Isingiro Traffic Department issued participants with "Safe Cyclist" certificates at the end of the training.

· Outcomes of Training

o Students reported increased confidence in riding long distances, with several girls noting they could now attend school daily without fear of lateness or harassment.

o CHWs adopted more efficient household visitation schedules, enabling them to reach up to 40% more households per week.

o Teachers and administrators began integrating bicycle safety into school assemblies and parent meetings, sustaining awareness beyond the training sessions.



2.5 Maintenance Support

To ensure the long-term sustainability of the Community Bicycle Access for Education and Health Project, CEMA established two youth-led bicycle repair kiosks in Nakivale Refugee Settlement, providing both technical maintenance services and livelihood opportunities for refugee and host youth.

2.5.1 Kiosk Locations and Coverage

·Base Camp Zone Kiosk:

oServes Nakivale Primary, Nakivale Secondary, and surrounding host villages.

oCentrally located near Nakivale Secondary School for easy access by students and CHWs.



- Rubondo Zone Kiosk:
- o Covers Rubondo Secondary School, Rubondo Health Centre II, and neighboring communities.
- o Strategically positioned to reduce travel distance for beneficiaries and optimize service coverage.

Together, the kiosks serve:

- · 250 project bicycles distributed to students and CHWs.
- · Approximately 200 additional community bicycles annually, including bicycles owned by host community members, NGOs, and local youth groups.

2.5.2 Youth Mechanics and Training

· Each kiosk is operated by three trained youth mechanics (4 male, 2 female), recruited from both refugee and host communities.

Training took place under CEMA's Skills for Sustainability Program in August-September 2023, covering:

- o Basic and advanced bicycle repair (brakes, tires, chains, frames, and carrier racks).
- o Preventive maintenance techniques to extend bicycle lifespan.
- o Customer service and bookkeeping, including recording repairs and managing spare parts.
- o Health and safety practices, including safe handling of tools and lubricants.
- · Mechanics received toolkits and spare parts to enable immediate service provision after training.

2.5.3 Services Provided

- · Routine Repairs: Brake adjustments, tire inflation, chain lubrication, and minor frame adjustments.
- · Parts Replacement: Tires, tubes, chains, pedals, and brake cables.
- · Emergency Repairs: On-site assistance for bicycles damaged during daily commuting or health visits.
- · Community Training: Mechanics conduct informal mini-sessions for students and CHWs on daily maintenance and safe cycling habits.



2.5.4 Sustainability and Livelihood Impact

- · Revenue Generation: Early monitoring shows each kiosk generates UGX 120,000–150,000 (USD 32–40) per month, contributing to:
- o Youth income and financial independence.
- o Reduced dependence on humanitarian aid for bicycle maintenance.
- · Employment Impact: Six youth (4 male, 2 female) are now gainfully employed, providing technical services to both refugee and host populations, enhancing social cohesion.
- · Long-term Benefits:
- o The kiosks ensure that project bicycles remain functional, supporting ongoing school attendance and health service delivery.
- o They act as local centers of technical skill transfer, with trained youth mentoring peers interested in bicycle repair.
- o By servicing community-owned bicycles, kiosks contribute to mobility, economic activity, and resilience across Nakivale Settlement and surrounding host communities.

2.5.5 Monitoring and Reporting

- · CEMA monitors kiosks through quarterly activity reports, tracking:
- o Number of bicycles repaired (project vs. community).
- o Parts sold and revenue collected.
- o Youth employment metrics and skill development progress.
- · Regular feedback sessions with students, CHWs, and community members ensure the kiosks meet local needs and maintain high service quality.

3. Key Achievements & Outcomes

The Community Bicycle Access for Education and Health Project delivered measurable impacts across education, health, and livelihoods, benefiting both direct and indirect stakeholders in Nakivale Refugee Settlement and host communities.

3.1 Education Impact

- · Improved School Attendance: Within 8 months, school attendance among girls in the six beneficiary schools increased by 27%, from an average of 64% to 91%. Boys' attendance also improved by 12% due to increased availability of bicycles.
- · Reduction in Dropouts: Prior to the project, 15 girls across Nakivale schools were at risk of dropping out due to long commutes (5–12 km daily). Following bicycle distribution, all retained regular attendance, representing a 100% retention of targeted at-risk girls.
- · Indirect Household Benefits: Siblings and household members experienced reduced domestic labor burdens, as girls could attend school without requiring accompaniment. This positively impacted approximately 720 household members across the six schools.

3.2 Beneficiary Testimonials 3.2.1 Student Beneficiaries

"Before, I used to miss school because the walk was too long. Now with my bicycle, I reach on time every day." – Sarah, 15, Nakivale Settlement "I used to arrive at school exhausted and sometimes too late for the first lesson. My bicycle has changed that—I now have energy for all classes." – James, 16, Rubondo Secondary School "I feel safer riding with my bicycle, and I no longer have to rely on friends or siblings to walk with me every day." – Amina, 14, Kabulongo Secondary School

3.2.2 Community Health Workers (CHWs)



"With a bicycle, I can now visit more families in one day. Mothers and children get medicine and health advice faster than ever before." – Gordon Magyezi, CHW, Rubondo Zone



"Traveling on foot was exhausting, and some households were unreachable during the rainy season. The bicycle allows me to deliver vaccines and follow up with patients efficiently." – Mboniigaba Grace, CHW, Nakivale Health Centre III

3.2.3 Youth Mechanics / Repair Kiosks



3.2.4 Teachers and Administrators

- · "Students are now more punctual, and we see less absenteeism, particularly among girls. The bicycles have made a real difference." Mr. Okello, Headteacher, Nakivale Secondary School
- · "The project has also inspired other students to take responsibility for their education. They now arrive motivated and ready to learn." Ms. Nakato, Teacher, Rubondo Secondary School

3.3 Health Impact

- · Expanded Household Coverage: CHWs equipped with 70 bicycles reached an additional 1,200 households, serving roughly 6,000 individuals.
- · Improved Response Times: The average time for home visits dropped from 2.5 hours to 1.5 hours per visit, a 40% reduction, allowing CHWs to serve more households in a single day.
- · Enhanced Service Delivery:
- o Increased frequency of maternal and child health check-ups, vaccination follow-ups, and malaria prevention outreach.
- o CHWs reported higher efficiency in emergency response, including transporting medicines and referrals for complicated cases.

3.3 Livelihoods Impact

- · Youth Employment and Skills Development: Six refugee and host youth (4 male, 2 female) were trained and employed to operate two bicycle repair kiosks.
- · Income Generation: Early monitoring indicates that each kiosk generates UGX 120,000–150,000 (USD 32–40) per month, providing sustainable livelihoods and reducing reliance on humanitarian aid.
- · Community Service and Skills Transfer:
- o Youth mechanics repair both project bicycles and an estimated 200 additional community-owned bicycles annually, creating a hub for local skill-building and entrepreneurship.
- o Mechanics conduct mini-workshops for students and CHWs, spreading technical knowledge across the community.

3.4 Cross-Cutting Impact

- · Gender Equality: Prioritizing girls for bicycle distribution led to increased attendance, confidence, and reduced risk of early marriage.
- · Social Cohesion: Shared use of repair kiosks and community bicycles fostered collaboration between refugee and host populations.
- · Sustainability: Establishing kiosks, paired with training for students and CHWs, ensures that the benefits of the project will extend beyond the project cycle.

4. Challenges

Despite the successes of the Community Bicycle Access for Education and Health Project, several operational and contextual challenges were encountered during implementation:

4.1 High Demand vs. Limited Supply

- · The project distributed 250 bicycles to 180 students and 70 CHWs, but demand far exceeded supply.
- · Approximately 120 additional students in the six beneficiary schools were identified as needing bicycles to reduce dropout risks, highlighting the ongoing mobility gap.
- · Some students continued walking 5–12 km daily, particularly those in the more remote zones such as Kagoma and Kyamugenyi, which limited immediate project reach.

4.2 Challenging Terrain and Weather Conditions

· Certain roads in Nakivale Settlement, particularly in Base Camp Zone and Rubondo Zone, are unpaved, rocky, and prone to flooding during rainy seasons. This limited bicycle use for some students and CHWs, especially during the March–May 2024 rainy period, when paths became slippery and unsafe.



Unpaved road in Nakivale Refugee Settlement. During rainy seasons, flooding and mud make travel difficult for students and community health workers, highlighting the need for durable transport solutions.

4.3 Spare Parts and Maintenance Constraints

- · While the two youth-led repair kiosks serve the settlement, availability of spare parts in remote zones remains limited, particularly for tires, chains, and brake cables.
- · Occasional delays in sourcing parts from suppliers outside Nakivale led to temporary downtime for some bicycles, affecting daily school and health service routines.
- · This challenge underscores the importance of strengthening local supply chains, stocking critical spare parts in advance, and building youth skills in fabricating or adapting parts locally.

4.4 Other Operational Constraints

- · Coordination Across Multiple Stakeholders: Ensuring alignment between schools, health facilities, refugee leaders, and district authorities required continuous communication and planning.
- · Safety Concerns for Girls: Cultural perceptions and safety risks on long rides necessitated additional gender-sensitive training and supervision, adding to project resource requirements.
- · Monitoring and Data Collection: Tracking bicycle usage, repairs, and impact on school attendance required dedicated field staff and regular verification visits.

5. Lessons Learned

The Community Bicycle Access for Education and Health project provided valuable insights into effective strategies for enhancing education, health service delivery, and livelihoods in refugee and host communities.

5.1 Prioritizing Girls Enhances Education Outcomes

- · Targeting 60% of student bicycles to girls led to a 27% increase in girls' school attendance within eight months, with full retention of at-risk students in the six beneficiary schools.
- · Girls reported reduced absenteeism, increased punctuality, and higher confidence, demonstrating that mobility support directly addresses gender-specific barriers to education.
- · Lesson: Gender-focused interventions in mobility can be a high-impact lever for improving educational outcomes and reducing dropout risk.

5.2 Integrating Asset Distribution with Training and Maintenance

- · Distributing bicycles without complementary training in safe riding and routine maintenance would have limited the project's effectiveness.
- · Establishing two youth-led repair kiosks ensured ongoing maintenance for the 250 project bicycles and an additional 200 community-owned bicycles, promoting sustainability.
- · Youth mechanics also provided peer training to students and CHWs, reinforcing skills and safe use.
- · Lesson: Coupling asset distribution with skills-building and local service infrastructure maximizes long-term impact and ensures responsible asset use.

5.3 Refugee-Host Collaboration Strengthens Community Ownership

- · Engaging refugee leaders, host community representatives, schools, health facilities, and youth fostered joint ownership and minimized tensions over resource allocation.
- · Youth mechanics and CHWs from both communities worked together to operate kiosks and provide bicycle-based health outreach, building social cohesion.
- · Lesson: Inclusive, participatory approaches that integrate refugees and host populations enhance acceptance, sustainability, and mutual accountability.

5.4 Targeted Selection and Monitoring

- · Beneficiary selection based on distance walked, household vulnerability, and gender ensured the most at-risk students and health workers were prioritized.
- · Continuous monitoring of attendance, CHW household coverage, and kiosk operations provided real-time feedback, allowing adaptive management.
- · Lesson: Data-driven beneficiary selection and ongoing monitoring improve both equity and impact effectiveness.

5.5 Adapting to Environmental and Logistical Challenges

- Rough terrain and seasonal rains highlighted the importance of bicycle design tailored to rural conditions and pre-positioned spare parts.
- · Lesson: Future programs should integrate weather-resilient equipment and local spare parts supply chains to maintain functionality during adverse conditions.

6. Project Monitoring & Evaluation Data

The Community Bicycle Access for Education and Health Project used a combination of quantitative and qualitative indicators to assess the impact of bicycle distribution on education, health service delivery, and livelihoods. Data was collected through school registers, CHW reports, and kiosk operational logs.

6.1 Key Indicators

Indicator	Baseline	After Intervention	Change / Impact
Average distance walked by students daily	6.5 km	2.3 km	-4.2 km (students saved ~1–2 hours/day walking)
School attendance (girls in beneficiary schools)	68%	95%	27%
School retention / dropout rate (girls)	12% dropout rate	0% dropout	Full retention of at-risk students
Number of households visited by CHWs per week	40 households	70 households	+75% coverage
Average response time for CHW home visits	3 hours	1.8 hours	-40%
Youth employed through repair kiosks	0	6	+6 youth trained and employed
Number of community bicycles serviced annually	N/A	200 bicycles	Expanded local maintenance capacity

7. Next Steps

Building on the achievements and lessons of the Community Bicycle Access for Education and Health Project, CEMA has outlined the following next steps to sustain and scale impact in Nakivale Refugee Settlement and surrounding host communities:

7.1 Expand Bicycle Distribution

- · Objective: Address remaining mobility gaps for students and CHWs not yet reached.
- · Target: Provide an additional 120 bicycles for secondary school students and 50 bicycles for CHWs, prioritizing remote zones such as Kagoma, Kyamugenyi, and Kabulongo outskirts.
- · Approach:
- o Mobilize additional funding from existing and new donors, including public-private partnerships and local foundations.
- o Continue to prioritize girls and vulnerable students, using the same selection criteria of walking distance, household vulnerability, and gender equity.
- · Expected Outcome: Increased school attendance, improved retention of at-risk students, and expanded health service coverage.

7.2 Strengthen Spare Parts Supply Chain

- · Objective: Ensure timely access to spare parts for bicycles to maintain functionality throughout the year.
- · Actions:
- o Establish partnerships with local suppliers and small businesses in Isingiro District for tires, chains, brakes, and tubes.
- o Pre-position essential spare parts in kiosks ahead of rainy seasons to prevent service disruption.
- o Train youth mechanics in fabrication and adaptation of locally available parts to increase self-reliance.
- · Expected Outcome: Reduced bicycle downtime, continuous school attendance, and sustained health service delivery even during challenging weather conditions.

7.3 Scale Up Youth-Led Repair Kiosks

- · Objective: Expand maintenance services to additional zones within Nakivale Settlement.
- · Actions:
- o Identify two additional strategic locations in remote zones with high concentrations of students and CHWs.
- o Recruit and train six new youth mechanics (3 per kiosk, balanced gender representation) under the Skills for Sustainability Program.
- o Integrate record-keeping and income tracking systems to monitor kiosk operations and ensure financial sustainability.
- · Expected Outcome: Enhanced coverage for all project bicycles, increased youth employment and skills development, and improved sustainability of the bicycle initiative.

7.4 Monitoring, Evaluation, and Learning (MEL)

- Continue tracking school attendance, CHW household coverage, and kiosk performance to assess the long-term impact of expanded activities.
- · Collect qualitative stories and testimonials to document human-centered outcomes and inform donors and stakeholders.

7.5 Advocacy and Community Engagement

- Engage local authorities, school committees, and refugee leaders to promote bicycle use as a sustainable solution for education and health access.
- · Share project successes with district and national stakeholders to encourage replication in other settlements.

8. Funding & Partnerships

The successful implementation of the Community Bicycle Access for Education and Health Project was made possible through strategic funding and multi-stakeholder partnerships.

8.1 Funding Source

- · Addax & Oryx Foundation provided the primary financial support for the project, covering:
- o Procurement of 250 durable bicycles tailored for rural terrain.
- o Training workshops for students, CHWs, and youth mechanics.
- o Establishment and operation of two youth-led repair kiosks.
- o Monitoring, evaluation, and documentation of project outcomes.
- · The funding enabled CEMA to implement a comprehensive approach, integrating asset provision, capacity building, and sustainability measures.

8.2 Local Implementation Partners

CEMA partnered closely with local authorities and community structures to ensure ownership, relevance, and smooth implementation:

1. Nakivale Refugee Settlement Leadership

- o Assisted with beneficiary selection for students and CHWs.
- o Facilitated community mobilization and sensitization sessions to promote equitable access.
- o Participated in distribution ceremonies and ongoing monitoring of bicycle use.

2. Isingiro District Education Department

- o Supported identification of vulnerable students, particularly girls at risk of school dropout.
- o Coordinated with school administrations across six beneficiary secondary schools to supervise bicycle use and training sessions.
- o Contributed technical oversight to monitor school attendance and academic performance impacts.

3. Isingiro District Health Department

- o Assisted in selecting CHWs and VHTs for bicycle allocation.
- o Supported the integration of bicycles into community health outreach programs, including maternal and child health visits, immunization follow-ups, and household monitoring.
- o Participated in training sessions and monitoring, ensuring alignment with Uganda's Community Health Strategy (2021–2025).

8.3 Collaboration Mechanisms

- · Joint Planning Meetings: Monthly coordination meetings with district authorities, school representatives, and refugee leaders ensured alignment of activities.
- · Shared Monitoring: Partners provided on-site verification during distribution and training, contributing to transparency and accountability.
- · Sustainability and Scale-Up Support: Local partners are positioned to support expansion to additional zones, including mentoring youth mechanics and integrating bicycle use into district education and health plans.

8.4 Value of Partnerships

- · Enabled community ownership, fostering acceptance and protection of project assets.
- · Facilitated cross-sectoral impact, linking education, health, youth employment, and gender empowerment.
- · Provided a replicable model for future initiatives in other refugee settlements and host communities in Uganda.

9. Abridged Financial Report (June 2023 - June 2024)

9.1 Total Funding

Source	Amount (UGX)	Amount (USD)*	Notes
Addax & Oryx Foundation	150,000,000	40,000	Primary project funding

Exchange rate: 1 USD = 3,750 UGX

9.2 Expenditure Summary

Expenditure Category	UGX	USD	% of Total
Bicycle Procurement (250 units)	87,800,000	23,413	58.50%
Distribution & Logistics	11,600,000	3,093	7.70%
Training (students, CHWs, teachers)	21,400,000	5,707	14.30%
Youth Repair Kiosks (setup & operations)	13,300,000	3,547	8.90%
Monitoring & Evaluation	4,000,000	1,067	2.70%
Administrative & Miscellaneous	11,689,300	3,117	7.80%
Total Project Expenditure	148789300	39,677	99.20%
Unallocated Balance	1,210,700	323	0.80%

10. Appendices

Appendix A: Student Beneficiaries by School

School Name	Total Bicycles Distributed	Number of Girls	Number of Boys	Notes
Nakivale Secondary School	62	38	24	Focus on students walking >5 km daily
Rubondo Secondary School	41	25	16	Includes students at risk of dropout
Kabulongo Secondary School	28	17	11	Prioritized girls in final year
Kagoma Memorial Secondary School	21	12	9	Students from host and refugee
Meru Secondary School	15	9	6	Small school, included all eligible students
Kyamugenyi Community Secondary School	13	7	6	Focus on students living in remote areas
Total Students	180	108 (60%)	72 (40%)	

Appendix B: CHWs & VHT Beneficiaries by Health Facility

Health Facility	Number of Bicycles Distributed	Number of CHWs/VHTs	Households Covered	Notes
Nakivale Health Centre	28	28	480	Covers Base Camp Zone
Rubondo Health Centre	22	22	440	Covers Rubondo Zone and surrounding villages
Kabulongo Health Post	20	20	280	Covers Kabulongo and nearby host communities
Total CHWs/VHTs	70	70	1,200 households (~6,000 individuals)	

Appendix C: Youth Mechanics (Repair Kiosks)

Kiosk Location	Number of Youth Mechanics	Gender Distribution	Notes
Base Camp Zone	3	2 male, 1 female	Provides maintenance for project & community bicycles
Rubondo Zone	3	2 male, 1 female	Generates UGX 120,000– 150,000/month from services
Total Youth Mechanics	6	4 male, 2 female	Skills development under CEMA's program

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Report Preparation

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