

GENDER ANALYSIS IN PALABEK REFUGEE SETTLEMENT AND SURROUNDING HOST COMMUNITIES

**REPORT PREPARED FOR
CANADIAN LUTHERAN WORLD RELIEF and
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EXECUTIVE SUMMARY

The period 1986-2006 witnessed a full scale armed conflict in the northern part of Uganda that saw over 1.8 million people being internally displaced into IDP camps, and pushed to depend heavily on humanitarian aid, as their livelihoods were disrupted, leading to increased poverty, malnutrition and high mortality rate. The relative peace experienced since 2006 has witnessed increased interventions by government and development agencies to rebuild the region. However, difficulties for returnees and residual IDPs persist in the Acholi sub-region even as the development phase continues. This problem is made more intense by the influx of south Sudanese refugees who have since 2013 been flocking into the country fleeing war in their own country. The escalation of civil war in South Sudan in 2017 has seen the number of South Sudanese refugees rise to over 995,092 in different settlements within Uganda. The current figures in Palabek settlement alone being well over 32,000 (UNHCR, 2017a and b). This latest influx has put pressure on available resources and heightened the need for humanitarian and development interventions and support for the host as well as the fast increasing refugee population in the area. A number of NGOs including CLWR and LWF Uganda have in this regard, responded and established projects to meet the different needs for food, medicine, water and other basics in both host and refugee communities. Presently, CLWR and LWF Uganda are exploring possibilities of establishing projects aimed at improving food security, nutrition, livelihoods, sexual and reproductive health and rights, and protection from SGBV, in addition to those already operational.

CLWR commissioned the consultant to conduct a Gender Analysis in Palabek Settlement and surrounding communities, to highlight the existing gender relations as well as gender and age specific needs of different community members, that requires targeted interventions. The specific objectives of the study were as follows:

To explore and highlight the relationships between women, men, girls, and boys in Palabek settlement and surrounding host communities in order to determine the specific needs of the individuals or groups within the affected population requiring targeted action. The specific Objectives were: To assess current gender relations, including the division of labour between men, women, boys, and girls in Palabek Refugee Settlement and surrounding host communities and who has access to, and control over resources; To determine how women, men, girls, and boys contribute to the economy, their family, and society through reproductive, productive, and community work; To document the barriers to women's participation and productivity (social, economic, legal, political, and cultural). To understand the practical and strategic needs of women and girls and how they can be supported, especially in relation to food security, nutrition, livelihoods, sexual and reproductive health and rights, and protection from SGBV; To assess the presence of local women's organizations and movements advancing women's rights or assisting in humanitarian emergencies and helping to address the particular unmet needs of women that can be included and strengthened through this intervention; and To assess the gender related risks of this intervention and how these can be minimized.

The study adopted the use of both descriptive statistics and qualitative research methods to provide answers to the key research questions identified by the client. The descriptive statistics helped to highlight existing problems and magnitude of these problems and was sourced from KIIs and desk reviews. Focus group discussions, case study interviews and resource mapping was also used to gather data in the field.

The findings show that in terms of rights, resources and voice, women and girls fare worst off compared to boys and men at the community and household levels in both the host and refugee communities. Key assets and resources at community and household level are held by men and key decisions are made by men with minimal if any contributions from women. Further, in terms of workload, women and girls are overburdened with a workday ranging between 12-16

hours compared 2-6 hours for men. This affects women's health and wellbeing and also affects their capacity to participate in and enjoy the benefits from economic, social and political engagements. Women were also noted to be having higher levels of illiteracy, lower self esteem, and lack of finances which affect their confidence and willingness to participate in social, political affairs of the community in both host and refugee settlements. Further, cultural norms, relegate women and girls to a lower position relative to men and as such have less influence over decisions that affect their lives at both household and community levels. Women were generally noted as lacking livelihood skills, lack income, lack access to finances/credit to set up income generating enterprises, and are faced with negative cultural environment that creates hurdles for them every step of the way. Empowering women socially and economically would help transform these gender imbalances and enable them meet their practical needs but also improve their social standing and capacity to influence political and social processes/decisions that affect their lives fully. This has to be combined with community sensitization targeting men and leaders in the community especially cultural leaders who are custodians of culture and therefore are most interested in holding onto existing gender norms. The need for basic hygiene and sanitation items like sanitary towels for women and girls, cannot be overstated. This is a priority right up alongside food and must be adequately provided for to enable women participate more effectively in social life and to enhance their health and wellbeing.

The findings show that despite the huge needs, there are no women organisations currently running programmes specifically for women and girls. Although there are huge gender related risks to targeting women with key interventions, these risks can be downplayed by ensuring that men are brought on board from the start to appreciate the programmes targeting women and to support these programmes. Sadly the limited funding from international aid agencies has also left both host and refugee communities in a pitiable state with limited access to food, limited livelihoods options, limited marketable skills, limited access to capital for investments, and poverty so severe it that has pushed them into living below the level of human dignity. Access to water and health services, legal aid and other support services for seeking justice are all difficult to access especially by women. All these problems tend to push women to adopt coping strategies that endanger their health and wellbeing, for example many have resorted to prostitution while some are being sexually exploited and pimped to survive. This situation is unacceptable and must be addressed with urgency.

Key recommendations include scaling up fund raising to provide food that is rich in quality and quantity for the refugees; Livelihood programs to diversify income sources for both refugees and host communities; provision of re-useable but good quality pads to women and girls; Skills building and economic empowerment programmes to empower women and youth with skills and enterprises to survive on; Adult literacy classes; Allocate farm land to refugees; Train humanitarian workers on rights, law, protection issues; Logistical Support to police – construction of prison cells, armoury, transport, to aid prosecution of perpetrators; Sensitize communities on rights, referral pathway and legal framework in Uganda; Construct safe spaces/shelters for GBV survivors; Community policing should be set up to help identify at risk groups, support vulnerable groups to seek help and sensitize others to change mindsets; Have schools within the refugee and host communities or at least within easy reach of both communities; Security lights in dark spots/isolated spots; Introduce case management for GBV, develop and create awareness on referral pathways, provide support to survivors to seek redress; Provide SRHR services and provide Awareness about SRHRs services; Sensitize men about women's needs for SRHR and provide safer and discrete family planning options for women e.g injectables; Sensitize and retrain health service providers to change attitudes to clients especially regarding attitude of mid wives to pregnant women and adolescents; Restock drugs at the health facility; Set up ART specific clinic; Privacy at STD clinics; Community sensitization to demystify norms around pregnant women and latrine usage

CHAPTER 1 INTRODUCTION

1.1 Background and Context

1.1.1 *The Northern Uganda Context*

Decades of armed conflict in northern Uganda (1986-2006), resulted in over 1.8 million people being internally displaced into IDP camps, and pushed over (85%) of the population to depend heavily on humanitarian aid, as their livelihoods were disrupted, leading to increased poverty, malnutrition and high mortality rate. Indeed, the region has been noted for having a high Human Poverty Index (HPI) of 46.1% compared to the national average of 37.5%, and the region has the highest level of illiteracy in the country 36% compared to the national average of 27%. Women, youth and children undeniably have suffered most the brunt of this protracted conflict.¹ Following the landmark agreement on Cessation of Hostilities, by the two warring factions in 2006 a period of relative peace and normalcy has returned to the region and it is estimated that by 2012 over 98% of the formerly displaced people had returned to their villages of origin or to transitional villages and trading centers in the region. The government of Uganda also launched the Peace, Recovery and Development Plan for Northern Uganda to guide and propel the region's development process. Several development agencies have also been providing developmental interventions as a means to rebuild the war torn region.² However, the region still largely remains with overwhelming needs especially in the area of livelihoods, healthcare and education, where 63% of adolescents have either never gone to school or dropped out in primary, and the region has one of the highest teenage pregnancy rates at 24%³ mainly due to poverty, forced marriage and low perceptions of girl-child education. This is a general trend in Uganda where 46% of girls marry before 18 years, and 12% before they are 15 years.⁴ In Uganda, enrolment of girls and boys at primary school level has almost reached the 50/50 mark as a result of UPE, however, cases of girls dropping out of school especially as they progress to higher classes still exist due to pregnancy and failure to re-enter school after delivering. The leading cause for girls to drop out of school is pregnancy (34%), followed by poverty (28%) and engagement in early sex/marriage (11%). Indeed, only 51% of girls who enroll in school actually complete primary⁵.

1.1.2 *The South Sudanese Refugee context*

Since December 2013, the eruption of conflict in South Sudan resulted in hundreds of thousands of South Sudanese fleeing into neighbouring countries with a renewed spike in refugees arriving from July 2016 following an escalation of conflict in the country. By October 2016, there were almost 500,000 South Sudanese refugees in Uganda, mostly being settled in Kiryandongo, Adjumani, Arua, and Yumbe, with an average of 2,500 new refugees arriving every day (UNHCR, October 2016). The escalation of civil war in South Sudan in 2017 has seen the number of South Sudanese refugees rise to over 995,000 in different settlements within Uganda⁶. The current figures in Palabek settlement alone being well over 32,000⁷. The refugees are usually hosted at reception and transit sites until they are allocated plots in the settlement. Over 80% of the refugees are women and children; about 2% are people with special needs – the elderly, people

¹ GOU (2012), State of Uganda's Population 2012, GOU, Kampala; Republic of Uganda (2007), Peace, Recovery and Development Plan, Republic of Uganda, Kampala

² *ibid*

³ Uganda Bureau of Statistics (UBOS) and ICF, (2017) Uganda Demographic and Health Survey 2016: Key Indicators Report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF

⁴ Source: <https://www.worldvision.org> – accessed 30/09/2017

⁵ Josephine Ahikire, and Aramanzan Madanda (2011), The Survey on Re-Entry of Pregnant Girls in Primary and Secondary Schools in Uganda (2011), MOES, FAWA, UNJPGE AND DfID, Kampala

⁶ UNHCR (2017a), UGANDA EMERGENCY UPDATE ON THE SOUTH SUDAN REFUGEE SITUATION INTER-AGENCY UPDATE | 26TH JULY – 1ST AUGUST 2017; UNHCR (2017b) factsheet for Uganda, July 2017

⁷ Interviews with UNHCR and LWF staff in September 2017

with disabilities, unaccompanied minors, etc. (IRC/UNHCR, 2016). Many of the refugees have experienced at least one or more forms of gender based violence (GBV) including rape, sexual slavery, and physical assault, while rape continues to be used as a weapon of war in the conflict.⁸

This latest influx has however, put pressure on available resources and heightened the need for humanitarian and development interventions and support for the host as well as the fast increasing refugee population in the area. A number of NGOs including CLWR and LWF Uganda have in this regard, responded and established projects to meet the different needs for food, medicine, water and other basics in both host and refugee communities. Presently, CLWR and LWF Uganda are exploring possibilities of establishing projects aimed at improving food security, nutrition, livelihoods, sexual and reproductive health and rights, and protection from SGBV, in addition to those already operational.

1.1.3 The Client

Formed in 1946 as a response to the humanitarian crisis in post-war Europe, Canadian Lutheran World Relief (CLWR) has grown to serve the world's poor and disenfranchised through its humanitarian assistance and development programming, refugee support and resettlement, and humanitarian aid shipments. The majority of current CLWR development and humanitarian assistance programming focuses on CLWR's key mandate, support to refugees and displaced persons, by addressing their needs in education, access to safe water and hygiene facilities, and food security.

In Uganda, CLWR has been working in partnership with LWF Uganda, a country program of the larger Lutheran World Federation (LWF), an international organization based in Geneva, Switzerland. Since 1979, LWF has worked in Uganda to empower communities to achieve their full potential, claim their universal rights, meet their basic needs and improve their quality of life. The national headquarters, based in Kampala, oversees the overall management of 6 sub-programs responsible for the implementation of humanitarian and development projects across the country.

LWF Uganda implements food security and livelihoods projects in the districts of Kitgum, Pader and Lukka. It empowers Ugandan households to take control of their development and economic prospects by providing them with training, start-up kits, inputs, crop production schemes, and technical support, among other activities. LWF Uganda also has a successful track record responding to refugee crises in Uganda. It currently supports Congolese and South-Sudan refugees living in settlements in the districts of Kamwenge, Adjumani, Moyo, and Lamwo with access to safe water, sanitation and hygiene services, community services, protection, psychosocial support, livelihoods and environmental conservation.

As CLWR explores two new projects with LWF Uganda in Palabek settlement, Lamwo District, it facilitated a Gender Analysis within the target area. The new projects are anticipated to focus on improving food security, nutrition, livelihoods, sexual and reproductive health and rights, and protection from SGBV.

1.2 The assignment

The assignment involved conducting a Gender Analysis in Palabek Settlement and surrounding communities, to highlight the existing gender relations as well as gender and age specific needs of different community members, that requires targeted interventions. The specific objectives of the study were as follows:

⁸ David Deng & Rens Willems (March 2016), Sexual and Gender-Based Violence (SGBV) in Unity State, Sudan POLICY BRIEF Intersections of Truth, Justice and Reconciliation in South Sudan, University for Peace, The Hague

1.2.1 Main Objective

The Gender Analysis was to explore and highlight the relationships between women, men, girls, and boys in Palabek settlement and surrounding host communities in order to determine the specific needs of the individuals or groups within the affected population requiring targeted action.

1.2.2 Specific objectives

The gender analysis explored the following:

- a) The current gender relations, including the division of labour between men, women, boys, and girls in Palabek Refugee Settlement and surrounding host communities and who has access to, and control over resources;
- b) How women, men, girls, and boys contribute to the economy, their family, and society through reproductive, productive, and community work;
- c) The barriers to women's participation and productivity (social, economic, legal, political, and cultural).
- d) To understand the practical and strategic needs of women and girls and how they can be supported, especially in relation to food security, nutrition, livelihoods, sexual and reproductive health and rights, and protection from SGBV;
- e) To assess the presence of local women's organizations and movements advancing women's rights or assisting in humanitarian emergencies and helping to address the particular unmet needs of women that can be included and strengthened through this intervention; and
- f) The gender related risks of this intervention and how these can be minimized.

1.3 Methodology

The study was mainly qualitative employing participatory data collection methods, to provide answers to the key research questions identified by the client. While the study was mainly qualitative, some statistics, where they were available helped to highlight existing problems and magnitude of these problems and was sourced from KIIs and desk reviews. This study, however, leaned more towards qualitative data collection methodologies for field based data collection, in order to provide key answers to the "why" questions relevant for understanding the gender related problems and needs in the area as well as the formation of appropriate interventions to address them. Gender concerns are best interrogated qualitatively and hence a series of qualitative data collection strategies were adopted for this research and are explained here below.

1.3.1 Data Collection Methods

a) Desk Review:

A review of available documentation on gender and development, gender related social wellbeing indicators, the northern Uganda context and various humanitarian and development interventions was done prior to commencement of field based activities. Some of these reports included statistics and reports from government departments and ministries (e.g. demographic and health surveys); government policy documents; Uganda's laws and policies regarding gender and women's affairs (National Gender Policy, The SGBV Policy and Act, etc.); third-party

gender studies, qualitative reports and quantitative surveys from the World Bank, United Nations, and other parties including NGO reports from the region were also reviewed.

b) Key Informant Interviews

Key informant interviews were held with representatives from civil society organisations in the area, male and female leaders (community leaders, clan leaders, religious leaders, political leaders) and government officials, to shed light on the community needs and existing gaps in available services. These discussions also provided information on the possible programmes to implement, as well as highlighted key gender and cultural norms that may hinder the successful implementation of the proposed programme.

c) Focus Group Discussions

A total of 8 focus group discussions were held with separate groups in the target populations (men, women, boys, girls). One set of these FGDs (men, women, boys, girls) with host communities and another two sets with refugee communities in Palabek settlement. This provided a good understanding of the diverse needs of the different categories identified. The men, women, boys and girls were spoken to in separate FGDs to ensure that the concerns unique to each group were clear and also to ensure that all voices are heard and their concerns documented

The focus group discussions adopted the use of seasonal and daily calendars to map out the workload for different categories of people and assess the implications for their wellbeing.

	
women's FG ranking problems in their community	Adolescent girl's FG doing their access and control profile

The FGDs also adopted the use of an access to and control matrix to assess the differing levels of access to and control over resources, services, and decision making at both the household, and the community levels. Discussions were also held on the possible options to strengthen access and control over decision making, services and resources at different levels, for the different identified categories.

In these focus group discussions, Needs and Intervention Matrices were used to identify the major problems facing each group and how best to address these needs, or what interventions are most favoured by the different categories.

In each FGD, a Wealth Ranking exercise will also be held to understand the community member's perceptions of wealth; what it takes to grow economically and gain social/political empowerment; what factors hinder them from attaining social, economic or political empowerment; what factors would enable them to harness existing opportunities and gain social, economic and political power.

d) Resource mapping

A resource mapping exercise was done in the above two settings (host community and refugee settlement), with a small group of mixed membership including PWDs, women, men, male and female youth, as well as some elders. This helped to identify existing community resources, location of these resources, accessibility and use by different categories of people and how best to improve use by different groups.

e) Case Study Interviews

A total of 14 case study interviews were held with representatives from each category identified above (men, women, girls, boys). A set of 9 case studies were taken from the host communities and 5 from refugee settlements. The differences in selected case studies was to capture unique and interesting cases that were identified in addition to the 8 already previously planned for. The case studies provided a better understanding of the lived realities of each category identified above.

1.4 Thematic analysis of gender needs among different community groups

The study was conducted with refugee communities in Palabek-Ogili settlement and in Opietta host communities on the outskirts surrounding the settlement. The refugees that were the subject of this study and the host communities were noted to have major similarities socially, culturally and in community level political organisations. The refugees interviewed as well as the host communities were mainly from the Acholi ethnic groups although other ethnicities including some Nuer, Lutugu, and Lango are also resident in the Palabek Ogili settlement and participated in the discussions. We noticed that land and other key resources are predominantly controlled by men in the host communities, and this is the same case in original home of the refugees where strong patriarchal power structures allocate control and access to resources such as land, cattle, goats, sheep and other livestock. There are strong gender roles differentiation within the settlements and the host communities. But many of these have changed within the settlements as the women and children constitute about 75% of the population, and as a result many household are headed by women and in some cases children. Women who emigrated alone could have lost their husbands or the spouses could have remained behind to join the fighting forces or just survive within their home environments. Such women are then forced or made to take on all the household roles and responsibilities and as a result also have control over assets at household level within the settlement. Leadership is however highly male dominated with only two women leaders in the entire settlement.

A study by LWF in Lamwo settlement in June 2017 suggests that most households are headed by Men (34.7%), followed by single women at 30%, wives in polygamous relations at 16.8%, widows at 11.6% and single men at 6.8%. when all these are aggregated, women are found to head up to 58.4% of the households in the sampled areas.

CHAPTER 2

NUTRITION AND FOOD SECURITY SPECIFIC CONCERNS

2.1 Introduction

The problem tree below indicates the nutrition and food security specific needs in the two communities, the key causes and the outcomes. The biggest challenges identified with regards to nutrition and food security were the poor nutrition in terms of quality and quantity as well as inability to have food stocks last till next harvest or till next supply. The causes are many and interlinked and include the limited food distribution, lack of livelihoods, lack of farmland, particularly among refugees as shown in the problem tree below.

Nutrition Problem Tree		
Refugee community		Host community
EFFECTS <ul style="list-style-type: none">• Malnutrition• Stunting in children• Low immunity/inability to fight off simple infections• Babies born with low birth weight• Early marriage• Forced marriage• Sale of NFIs and FIs given by humanitarian agencies• Escape back to South Sudan to attempt re-entry and acquisition of more items		EFFECTS <ul style="list-style-type: none">• Malnutrition• Stunting in children• Goiter• Low immunity/Inability to fight off simple infections• Low birth weight babies• Early marriage• Forced marriage
poor Nutrition/food insecurity (inadequate in quantity & quality)		
Causes <ul style="list-style-type: none">• Inadequate food rations (quantity and quality) from WFP• Lack of funding to ensure adequate provision of food to refugees• Lack knowledge of what constitutes a balanced diet• No considerations for providing special diet for vulnerable categories like PLWHA, pregnant and lactating mothers, elderly, children, etc.• Incapacity to cultivate enough food with nutrient diversity due to settlement policy (small plots 30x30, no additional access to farm land)• Inability to afford foods not produced by the household to balance dietary needs• Total dependence on humanitarian aid/no livelihoods programmes• Embargo on selling NFIs and FIs to obtain food items not provided by aid agencies• Relaxed policy at distribution point of giving food to whoever comes with the household card has seen some men sell off food items meant for the household		Causes <ul style="list-style-type: none">• Cultural norms preventing women from eating animal protein• Inability to provide special diet for vulnerable categories like PLWHA, Pregnant and lactating mothers, elderly, children, etc.• Incapacity to cultivate enough food with nutrient diversity (rely on rain-fed agriculture, use rudimentary tools, limited household labour force)• Inability to afford foods not produced by the household to balance dietary needs• Women’s lack of control over household resources, which leads to inability to provide balanced diets

The problem tree above also shows that among the host communities, it is mainly lack of skills for agriculture and other livelihoods options, and lack of capital to set up alternative livelihoods, as well as women's lack of control over household resources and decision making power negatively affects their capacity to ensure adequate food in the home. As a result, there is a high level of malnutrition among the children, stunting and low weight for age, low immunity and they frequently succumb to minor infections. Hunger at home is also pushing girls to get

married early in the hope of having a spouse provide enough food, while families also push their daughters into early marriage in the hope of reducing on the pressure at home for food but also in the hope of getting money in form of dowry payments.

2.2 Norms surrounding breastfeeding and child nutrition

In both the host community and refugee community, there were no significant norms affecting nutrition of children, and hence breastfeeding was done the same way and for the same length of time in both male and female babies. However, because of the limited food in terms of quality and quantity, most children lack enough when time comes to start complementary feeding and they start wasting away at that stage.

Pregnant, lactating mothers or people with special needs were however not given any special considerations with regard to provision of special meals. This problem also implies then that since the mothers are poorly fed, they may breastfeed the babies but the breastmilk often lacks all the needed nutrients for healthy growth of the babies. Further, the lack of food also implies mothers frequently go hungry and sacrifice the little food for their children. However, this also has significant implications for breast milk production. Poorly fed lactating mothers often cannot produce enough milk for their babies and leads to malnutrition in babies.

2.3 Micronutrient Intake

It was noted that there are traditional norms that affect micronutrient intake by women and girls. Indeed, some norms actively deny women the right to eat goat meat, eggs, game meat, and other sources of animal protein until their mother in law dies. This was in the host community but not in the refugee community. It was also noted that men and women generally eat at the same time but men eat in a separate group and women in a separate group. Men's food is never served together with women's food and neither do they eat in the same room. This however, did not seem to have any effect on the quality or quantity of food consumed by men or women.

The absence of vegetable or backyard gardens implies households in the refugee camps are unable to meet their micronutrient needs and cannot afford to buy the same. Although cooking oil is provided, salt is not provided, neither is sugar and vitamins obtained from fruits and vegetables are lacking in the diets. While these items are available in the host community, including land for vegetable gardens, the young people who grew up in IDP camps do not know much about balancing diets nor do they make the effort to do so. As a result, they are also lacking micronutrients in their diets.

There is also large number of refugees over the age of 60 with chronic health conditions, children under 5 years, pregnant and lactating mothers, and persons with disabilities who need proper feeding and care but these needs cannot be met. Indeed a government official noted that chronic and severe underfunding has reached a point where critical life-saving help risks becoming dangerously compromised, and refugees risk ailments associated with malnutrition, a situation further compounded by the onset of heavy rains which implies transportation of food becomes a problem (government official in Lamwo). There are no considerations for providing special diet for vulnerable categories like PLWHA, pregnant and lactating mothers, elderly, children, etc. Key informants from some of the organisations that supply food to refugee communities have revealed that most of the foods they supply are mainly to supplement food they imagine is already available or accessible to refugees, but nothing is available for special needs categories like AIDS patients, pregnant women, lactating mothers and so on.

Special nutrition needs for pregnant and breastfeeding mothers including HIV/AIDS patients remain a big problem which requires special attention. Children and pregnant mothers including PLWHA are not well catered for, both from the

community and our camp itself. Children and pregnant mothers lack good nutritional food stuff. This also applies to PLWHA (UNHCR Child Protection Officer)

The inability to provide food has been majorly frustrated by lack of proper funding from donor organisations. Most importantly, they have cited the urgent need from support organisations to include special diet foods in their programs to cater for such vulnerable categories.

The fact that most of the mothers are virtually child mothers has contributed to a high ignorance about balancing diets, and also implies an inability to balance diets due to lack of resources to do so in both the refugee and host communities. Indeed discussions with young mothers in the adolescent groups indicate that most did not complete primary level and hence bore children between the ages of 13-15 years. They also confessed not knowing about balanced diets or what it involves. They further admitted that due to lack of control over resources and decision making, they feared their spouses and often could not diversify diets although their spouses often went and had meals at the market restaurants claiming their wives food is not nice or that they do not give their spouses nice meals.

It was further established that in the refugee communities, the small portions of land provided were often rocky and infertile, and although LWF provides seeds for vegetable cultivation in the backyard, the rocky and infertile soils cannot support this effort. One refugee lady had this to say

"I was here among the very first group that came to the settlement, but now we were allocated very rocky soil that cannot grow anything. Our life has been really tough these past few months. The fertile soils were allocated for community spaces and this doesn't help us at all. Right now we need food" **Female refugee in Zone 1.**

This has made access to micronutrients a significant problem for refugees since they cannot cultivate their own food, nor do they have access to funds to purchase any.

2.4 Food security related situations and needs

In the refugee community, each household according to the refugees FGD and case study interviews, is provided monthly with 2 kgs of beans and 4 kgs of maize grain per member which does last a month. Moreover, because the maize is in form of grain, the refugees are forced to sell part of the maize to raise funds to grind it into flour before they can consume it. This again implies they are left with very minimal food reserves in the home and often have only one meal a day to make the food last. Asked why no efforts are made to increase the food rations, the humanitarian agencies noted that the WFP is experiencing funding shortages, which is confirmed by the fact that only about 18% of the national call for funding to handle refugee needs has so far been met source: <http://www.eyeradio.org/support-refugees-uganda->). All humanitarian organizations within Palabek Ogili settlement reportedly work on a small budget due to limited funding which in turn affects the humanitarian response. Despite the appeals by the Government of Uganda and the UN, donors have consistently failed to respond to the calls for additional support. In 2016, the total amount of funding requested for the Uganda segment of the inter-agency South Sudan Regional Refugee Response Plan was USD 193,723,395.77 However, by the end of the year only 51.4% of the funding requirements (or \$99.6 million USD) had been met (source: <http://www.eyeradio.org/support-refugees-uganda->)

Further, due to limited livelihood options, in some cases, households are forced to sell off the limited food rations and use that to purchase medicine or other needs that are not provided by the humanitarian agencies. This further compounds the problem. The photograph below shows UNHCR distributed blankets drying outside the homes of host community members, an indication that they bought from the refugees and most likely buy other items as well.

However, even in host communities, the food shortage is evident. Most of the young farmers are not adept at farming, having grown up in the IDP camps and despise agriculture. Many are just learning to farm the land and hence cultivate small bits of land which cannot sustain them to the next harvest. Some of the host community members, women and girls inclusive, rely on casual labour, to make ends meet, and therefore may not have enough money to provide balanced nutritious and sufficient food to last to the next harvest. Such households are therefore chronically food insecure and malnourished. Women's lack of control over decision making in particular weighs them down even where they are willing to farm larger plots of land. There were reports of spouses renting out land to people from other regions and using the money to fund lavish lifestyles in bars and spending on girlfriends rather than investing for the household. Some buy motorbikes and try their luck at operating motorbike taxis, but crash the bikes within a short time and are left jobless. Others simply gamble away the little money they have. This lack of reliable livelihood sources is a strong factor in the poor nutrition in the host communities.

Women's lack of control over their own income sources is another huge factor that plays against them. These factors, plus over reliance on rain-fed agriculture, use rudimentary tools, limited household labour force all impact on the host communities significantly and many cannot produce sufficient food to last the entire season till the next harvest. However, the limited livelihood diversification options, particularly by women - whose role it is to provide food in the home, also implies inability to afford foods not produced by the household to balance dietary needs.

2.5 Community and households power structures that affect use of land and other resources.

Power in both the host and refugee communities is largely held by men. At the household level, decision making lies in the hands of men and where both partners are living together, the final decisions regarding household resource allocation lies with men, this includes decisions on food. In the refugee community, since some families came in separately and in some cases women are living on their own, food rations are given to the person who is identified as the household head. This person comes to collect food bearing the household card. This has provided some power to women to decide on food allocation in the home, including how much should be eaten, by whom, etc. However, FGD discussions revealed that in some cases where the spouses are unaccommodative of their wives, they remove the cards even if the cards are registered in the names of the woman, and they use the card to collect food and sell it off leaving the household with limited food. Indeed the police records confirm that there are cases that have been reported where the husband has sold off food items and the family has nothing to eat.



UNHCR distributed blankets meant for refugees, noted drying outside the host community homestead

2.6 Availability of food for work and cash for work opportunities within the settlements

While food for work and cash for work opportunities exist, these are very few slots and inadequate to provide for all households in the communities. Further, the lack of skills required for some of these tasks implies only a few are taken and where its casual work, again access to information is limited to a few who take up these opportunities. The absence of easily accessible employment or livelihood options is a significant problem and affects both the host and refugee communities. Women, in particular, face challenges accessing work outside the home due to

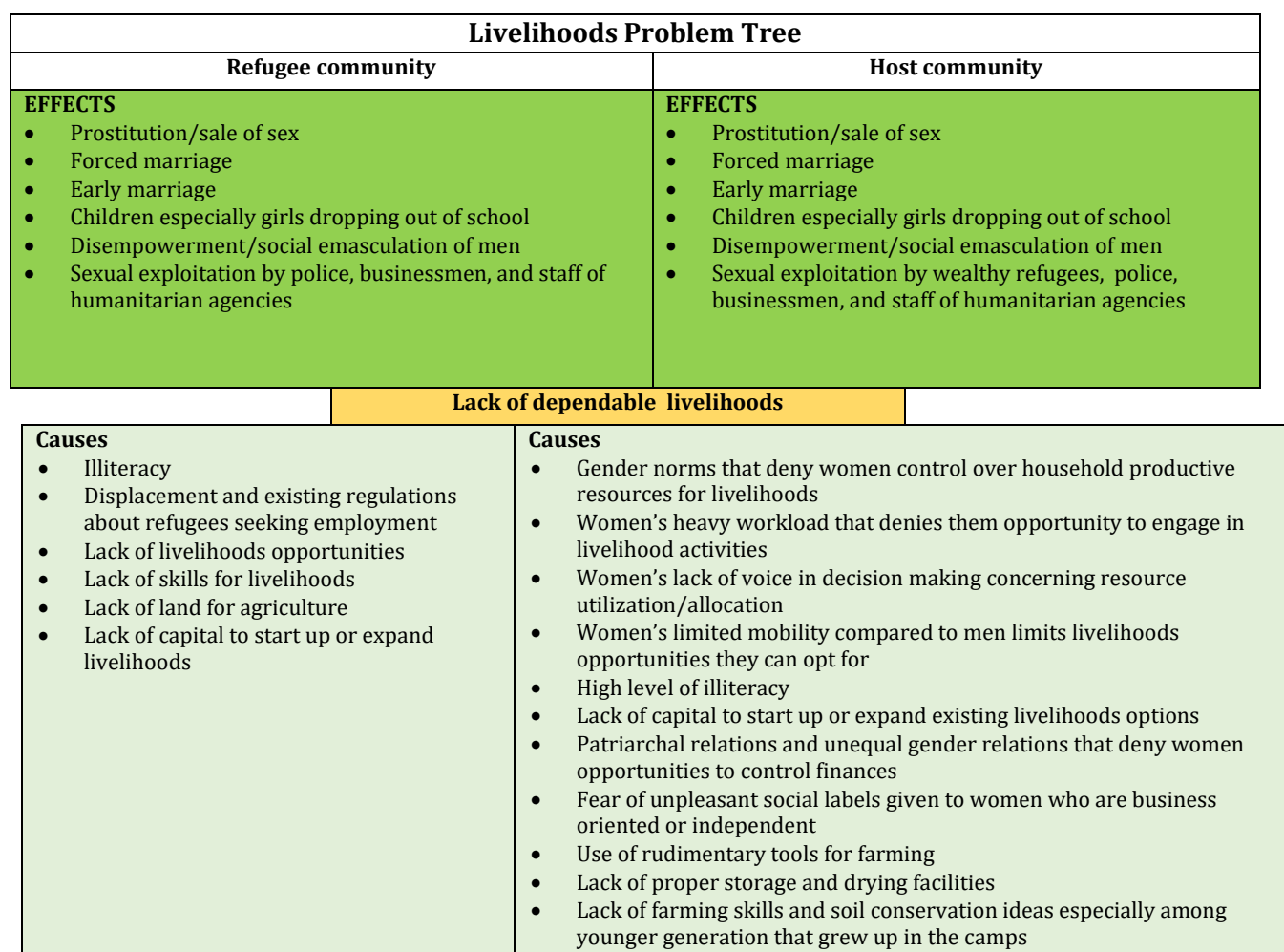
their heavy workload at home, responsibilities for child care and their limited mobility in both host and refugee communities.

CHAPTER 3

LIVELIHOODS RELATED CONCERNS

3.1 Introduction

Livelihoods needs in the host and refugee settlement were found to be immense. The key issues were lack of strong livelihood skills to engage in proper livelihoods activities; lack of capital to set up livelihoods; lack of information on opportunities; lack of land and other resources; unequal gender relations that deny women access to and control over key resources and decision making including household decisions and decisions regarding their own wellbeing. These problems affect both men and women boys and girls but are worse for women and girls as will be explained in subsequent sections. The lack of livelihoods options, the high level of vulnerability and lack of options for women in particular and the precarious nature of their lived reality has resulted into women and girls selling sex to survive, girls dropping out of school and being forced into early marriage; and a high level of pimping and sexual exploitation by humanitarian and security agencies as well as other men in the community who are considered wealthy and powerful. These are illustrated in the problem tree below.



The problem tree above indicates that there are numerous needs that have to be addressed to ensure a decent human life for the communities but also to reduce on the high level of GBV in the community. The poverty and desperation expose women and girls to GBV and eventually unwanted pregnancies, STIS/STDS, HIV/AIDS, and a host of other problems. Aside from the fact that these are gross violations of human rights, it also undermines the dignity and wellbeing of households in the area, especially refugee communities who have sought refuge in the country.

3.2 Major livelihood Resources within the settlements and host community

Resource mapping exercise identified key resources in the host communities as land, water, forests, and farm implements. It was noted that all who participated in the group discussions were illiterate or semi-literate and had no other skills to rely on for survival apart from minimal farming knowledge. This in itself seemed to be the general situation throughout the area, although a few students were identified as still in school, majority dropped out in primary due to distance to schools, lack of fees and other factors. It was also noted that many girls end up pregnant at an early age and are married off early but end up totally dependent on their spouses since they themselves lack proper livelihood sources.

Land, though plentiful in the area, and mostly fertile - is barely used by the host communities, many of whom grew up in the IDP camps and hence lack agricultural and entrepreneurial skills. A few elders in the communities are showing the younger ones how to farm, however, very few of the youth are interested in farming.

Water as a resource was noted to be available but that the population pressure in the area makes fetching water a challenge as one has to go very early in the morning to the water points and line up. At any given time, it was noted there would be more than 100 empty jerry cans lined up at the borehole. This causes delays and often impatient people end up fighting at the water sources.

In contrast, the refugee communities had a very different view. The only resources they had access to were the water points, the farm implements, and the NGOs on which they depended for everything. They felt the land they were given, amounting to 30x30 feet, was simply too small to construct a home and use for agriculture. Furthermore, since they lacked income sources, it was impossible for them to acquire land for cultivation nor were they able to sell the plot they were given to acquire better land elsewhere. Indeed some refugees in the FGDs complained that the land they were allocated was unsuitable for agriculture being small and rocky, such that even vegetables could not grow in the compound.

Although they had farm implements, these are idle and used only once in a while when hunger pushes them to look for work in the host communities or in search of firewood, as since there is no land for cultivation of their own gardens.

In all the focus group discussions it was noted that the lack of livelihoods related resources implied total dependence on the NGOs for survival which put them at huge risk since the food and non-food items distributed are inadequate and can barely meet their needs. They also noted that they had limited education and or skills that they could rely upon to eke a living. This makes them quite vulnerable as the only skills they had were for agriculture yet the land for farming is not available.

It was also noted that much as water resources are plentiful within the settlement, the high population puts pressure on these resources and fights are common at the water points inside the settlement. Those who try to search for water outside the settlement are met with hostility and often told to wait till all the host community members have fetched their own water before getting theirs. This often results in fights in which host communities gang up against the refugee women and girls.

Although firewood and forests are available, some trees have been marked for environmental conservation as rare species that take many years to mature and are endangered for example the yaa or shea butter tree. As it is not allowed to cut these trees down, both the host and refugee communities have to move further away from the community in search of trees for fuel. This is a risk and has resulted in many refugees being physically assaulted when they are away

from the protection of the settlement. Some girls have also been raped on their way back from or on their way to fetch firewood.



A tree marked for conservation in red paint implying that it should not be cut down by refugees or the host community.

3.3 Key roles of men and women in the core livelihood activities and sectors

An analysis of gender roles and division of labour indicates that women and girls do much of the work in both host and refugee communities. In the host communities it was noted that most women have a 15 hour workday while adolescent girls can have up to a 16 hour workday as they tidy up after their mothers have gone to rest. The tables below show the division of labour in the host and refugee communities

DAILY ACTIVITY CALENDAR FOR REFUGEE COMMUNITY				
Time	Women	Girls	Boys	Men
5am	Wake up Lie in bed (used to waking up early since in their home they would be heading to garden at this time)	Wake up prepare to go to school for those who are studying, others who stay home, go to the well to line up for water	Wake up and go to school if studying	sleep
6am	Line up to Fetch water	Line up to Fetch water		
7am	Prepare breakfast if they have anything to eat, if not they do other household chores	Prepare breakfast if they have anything to eat, if not they do other household chores	Wake up and sit outside Take breakfast and move to trading center or to play with friends depending on the age group	Wake up and sit outside Take breakfast and sleep under a tree or the shade Move to the trading center and sit with other men in the veranda of shops
8am	Washing clothes if soap is there Sweeping the home Washing cutlery	Washing clothes if soap is there Sweeping the home Washing cutlery		
9am	Washing clothes Bathing children	Washing clothes if soap is there Bathing children		
10am	Start preparing the day's meal	Start preparing the day's meal		
11am	Work on the little plot they have	Work on the little plot they have		
12pm				
1pm	Continue cooking	Continue cooking		
2pm	Lunch if available	Lunch if available	Lunch if available	Lunch if available
3pm	Washing cutlery	Washing cutlery	move to trading center or to play with friends depending on the age group	sleep under a tree or the shade Move to the trading center and sit with other men in the veranda of shops
4pm	Collect firewood	Collect firewood		
5pm	Collect water	Collect water		
6pm	Start preparing dinner if available	Start preparing dinner if available		
7pm	Bath time Warm meals if available and serve If nothing to eat, they make black tea and drink before heading to bed	Bath time Warm meals if available and serve If nothing to eat, they make black tea and drink before heading to bed	Dinner if available	Dinner if available
8pm	Put Children sleep	Help to tidy up and lay the beds		
9pm	Adults sleep	sleep	sleep	sleep

HOST COMMUNITY DAILY ACTIVITY CALENDAR				
Time	Women	Girls	Boys	Men
5am	Wake up Go to garden if needed	Wake up prepare to go to school for those who are studying, others who stay home, go to the well to line up for water	Wake up take a meal and go to school if studying Wake up and sit outside if not studying	Gardening work if needed
6am	continue garden work Fetch water if not at garden	Line up to Fetch water		
7am	Prepare breakfast household chores	Prepare breakfast household chores	Take breakfast and move to trading center or to play with friends depending on the age group	Gardening continues Others Wake up and sit outside Take breakfast and sleep under a tree or the shade Move to the trading center and sit with other men on the veranda of shops
8am	Washing clothes if soap is there Sweeping the home Washing cutlery	Washing clothes if soap is there Sweeping the home Washing cutlery	School for those in school Loitering in the community for those out of school	Gardening or other income generating activity for those who have gardens or income generating projects like shops, carpentry workshops, etc
9am	Washing clothes Bathing children	Washing clothes if soap is there Bathing children		
10am	Start preparing the day's meal Continue cooking	Start preparing the day's meal Continue cooking		
11am				
12pm				
1pm				
2pm	Lunch if available	Lunch if available	Lunch if available	Lunch if available
3pm	Wash cutlery and head back to the garden if needed	Washing cutlery	move back to trading center or to play with friends depending on the age group	sleep under a tree or the shade
4pm	Garden work	Garden work		
5pm	Collect firewood	Collect firewood		
6pm	Collect water Start preparing dinner if available	Collect water Start preparing dinner if available		Move to the trading center and sit with other men in the veranda of shops
7pm	Bath time Warm meals if available and serve If nothing to eat, they make black tea and drink before heading to bed	Bath time Warm meals if available and serve If nothing to eat, they make black tea and drink before heading to bed	Return from school for those in secondary Dinner if available	Dinner if available
8pm	Put Children sleep tidy up and lay the beds	Help to tidy up and lay the beds	Stories and family discussions	Stories and family discussion time
9pm	Sleep	sleep	sleep	sleep

SEASONAL CALENDAR FOR HOST COMMUNITY												
Activity	J	F	M	A	M	J	J	A	S	O	N	D
Land preparation (slashing/bush clearing and burning)	W M	W M					W M	W M				
Ploughing		W M B G	W M B G				W M B G	W M B G				
Planting		W M B G	W M B G					W M B G				
Weeding				W/ G	W/G W				W/ G	W/ G		
Harvesting						W/ G	W/ G				W/ G	W/ G
Transportation home						W/ G	W/ G				W/ G	W/ G
Drying						W/ G	W/ G				W/ G	W/ G
Winnowing/threshing/cleaning						W/ G	W/ G				W/ G	W/ G
Marketing	Men do the marketing. However, in some cases women also sell small quantities to meet own needs but the bulk is controlled by male spouses											

A look at the daily activity calendars above indicate that much of the work involves reproductive work (cooking, washing, sweeping, care for the young) in the refugee community but in the host community reproductive work in addition to productive work, mainly farm work including digging, planting, weeding, harvesting, transporting (carried in bundles on their heads) threshing, drying, etc. A few women have also taken up marketing activities to supplement the family income, while others make small cakes and other snacks for sale.

The men and boys in the host communities were noted to have a maximum of 6 hours of work during the rainy season and much less in the dry season. In some cases, they do as little as only 2 hours of work a day since most work is done by the women and girls. It was noted that men also do the digging and clearing land for farming and then leave the remaining tasks for the women.

Gender norms view reproductive tasks as strictly women's work and therefore few men help with fetching water, and usually only when the women and girls are away or unwell. Boys will only fetch their own bathing water but not for the household use except when they are still young 12 years and below, their mothers can force them to collect water but not when they become adolescents. Some men with skills for carpentry and masonry engage in these activities for livelihood and supplement with farming. However, those with such skills are very few because the only vocational schools and secondary schools where such skills are taught are over 15 km away and require one to take up residence at the school or rent in the nearby trading centers. As people find this difficult, they are likely to drop out.

In the refugee community, the women and girls were noted to have a 12 hour work day mainly doing household chores and reproductive tasks. The men and adolescent boys were reported to be totally idle and sleep in the compound or sit at the trading center from morning till evening, only returning home for meals. A few men with resources have opened up shops at the trading center and use that to eke a living. Others have been offering their labour to the humanitarian

agencies as casual workers, but such work is unreliable and difficult to get since the slots are few. Based on the fact that they have no land for farming, no farming is done apart from the minimal backyard gardening which can be done in just a few hours hence is not considered work by the refugees.

The daily and seasonal calendars above therefore show that the workload is overwhelmingly skewed against women in both the refugee and host communities. It also shows men are extremely idle and can actually be mobilised into more productive activities in the community through reskilling and targeting with behaviour change messages.

The heavy workload on women and girls is not just harmful to their health and wellbeing especially since child bearing and lactation starts at an early age and continues throughout their lifecycle, but could also hamper their efforts to engage in own economic empowerment activities in which they have full control over the outputs. As it is now, much of the productive work is done by women in the host communities but the outcomes are controlled by their spouses in cases where they are married or cohabiting. In Acholi culture, married women and children at home belong to the male household head. Therefore, he controls their labour and outputs therefrom. As such, even where a woman has made efforts to work on another farm to raise own income, it can still be confiscated if the man discovers it and if he wants to use it for himself. This unequal power relation is strongly rooted in cultural norms and strengthened by the culture of dowries made to the girl's family, which have over the years become interpreted as purchase price for wives effectively giving their spouses full control of their body and labour. These are norms that any new programme needs to address if the end result is to effectively empower women.

3.4 Local practices, norms and institutions that affect access to agricultural land and other livelihoods assets

Discussions with host communities indicated that access to land, water and other resources that are communally owned is not restricted, and are free for use. Private land however is out of bounds whether it is being used by the owner or not, except with express permission from the owners. It was however noted that women do not make key decisions on household land except where the spouse is deceased and even then, as long as she is living on clan land she is subject to the decisions of her brother's in law. Land in Acholi belongs to men and is decided upon by the man's family. While women can participate in meetings, final decisions are made by the male elders.

HOST COMMUNITY ACCESS AND CONTROL PROFILE									
ACCESS					CONTROL				
RESOURCES					RESOURCES				
	M	W	B	G		M	W	B	G
Land					Land				
Equipment					Equipment				
Livestock					Livestock				
Farm Inputs					Farm Inputs				
Labour					Labour				
Information					Information				
Credit					credit				
Decision making					Decision making				

The access and control profile above indicates that only men have strong control over key resources and women have weaker level of control, hence the grey for women and black for men. It was explained in the FGD with host communities that even where the woman is the rightful owner of a resource or asset, the man is authorized to make all the key decisions regarding those resources - including sale of the land - due to power relations determined by

culture. As one elder noted in an FGD, *“Only very few women are able to stand their ground, once they know their rights, but considering many women do not know their rights, they often do not contest the man’s decisions”*. This therefore decries the need for urgent sensitization of communities on land rights issues and other rights issues.

A woman can, however, own land if she buys it or if it is private land allocated to her by her father or other relative. Ownership of clan/customary land is however very tenuous and dependant on the relationship cultivated with those who hold power in the clan/family. Evictions of widows, is common and is worse if her children are young or all girls since girls are rarely given clan land. Women and girls who have been chased away from their homes by in-laws can however return to their maternal relatives or paternal relatives and be given user rights to portions of clan land which they can then farm. This however depends on the generosity of the relatives and is not a guarantee in all cases..

In the refugee communities within the settlement, access to land and land ownership was seen as equitable since UNHCR and OPM control allocations and most plots have been allocated to both men and women depending on whoever is identified as a household head.

REFUGEE COMMUNITY ACCESS AND CONTROL PROFILE									
ACCESS					CONTROL				
RESOURCES					RESOURCES				
	M	W	B	G		M	W	B	G
Land					Land				
Equipment					Equipment				
Livestock					Livestock				
Farm Inputs					Farm Inputs				
Labour					Labour				
Information					Information				
Credit					credit				
Decision making					Decision making				

The above access and control profile indicates the different resources that the refugees have access and control over. It was noted in the discussions that upon arrival, regardless of gender and age, one is allocated certain minimum items including land, equipment for cultivation, household items, etc. In such cases where women are allocated plots in the settlement, women have full control over their plots but once their spouses arrive, this full control often breeds violence as men try to reassert their authority. Indeed what most men now do, where they follow their spouses into the settlement, they often register themselves as single to acquire own land away from that which the wife holds. Despite this, FGDs noted cases of men still pestering their wives for control over the wife’s plots. Although the plots cannot be sold, they provide secure living space and small cultivatable land that the households badly need. Furthermore, the plots may also open access to agricultural land in future in case the OPM eventually provides the same, and it is this expectation that breeds fights for control over the plots since each household with a plot will also be allocated agricultural land and whoever controls the household plot also controls the agricultural land and proceeds therefrom.

Access to other resources like water and forest for firewood is however restricted depending on the location. Water points within the settlement are fine and accessible but outside the settlement, host communities are hostile to the refugees and often chase them away from water points or prevent them from collecting firewood with threats of violence.

It was also noted that the refugees do not have access to credit and neither do they control credit. Usually they just sell of the little resources they have rather than obtain credit.

3.5 Variance of skill sets and engagements among men and women

In the host communities, discussions show a few men have skillsets that they can rely on, for example carpentry, masonry and brick laying. Most men however rely on agriculture more than on these skillsets due to limited opportunities for work in the area. It was also discovered that the men who had skillsets had also higher level of education, usually up to S4 or at least some secondary education. The case was very different with girls. Most of the women were primary school drop outs and did not have any formal skills to depend on for survival. Probing and further discussion revealed the cause to be rooted in cultural norms that favour boys' education over girls' leading to investing limited resources in educating boys rather than girls. Further, the fact that the secondary schools and vocational institutes are located 15 km away from the host communities, meant that commuting from home becomes impossible and hence most students rent accommodation in the vicinity of the schools, or move in with relatives in the vicinity of the schools. This however proves difficult for girls due to cultural perceptions of girls renting own rooms in the town and being associated with prostitution. The fact that these schools and vocational institutes lack boarding facilities makes it hard for girls to study there. This has contributed to a high dropout rate for girls and early marriages. Resulting in a vicious cycle of illiteracy/lack of skills/dependence on men/powerlessness. The same situation exists in the refugee communities since the norms and contexts are the same.

Indeed adolescent girls in particular as well as adolescent boys decried the need for schools and vocational institutions to be set up nearer to enable them study and gain some skills. Women and men also longed for agencies that can empower them with livelihood skills that they can rely on to support their households, rather than depending entirely on agriculture.

The decades of war in northern Uganda also resulted in a generation of young people who were born and raised in the IDP camps. This group do not know much about seasons, what works or what doesn't work well in agriculture and in the local soils. They are completely detached from the soil/farms, and linger around the community trading centers playing cards/gambling and doing odd jobs. It is this category of young people that is most in need of urgent attention and skilling. Most of them already have children of their own. The women struggle to provide for the households using sale of cakes and snacks but the men rely on gambling and odd jobs despite the fact that they have land to cultivate. For this group, agriculture is looked down upon and easy life is the norm. Some sell off their agricultural plots and use the money to buy motorbikes to use for transportation business but with no skills in financial management, these businesses collapse and they are left more destitute than before.

3.6 Local customs and the practices that restrict work opportunities

Gender related norms and practices in both host and refugee communities indicate that there is a strong segregation of work on the basis of gender. Reproductive work is mainly done by women and girls and is looked down by men. Paid work that involves domestic work is also done by women. Most men feel embarrassed to fetch water for money or do weeding for money on another person's garden. Similarly, it is taboo for a man to enter the kitchen to cook or grind millet or be seen doing what is considered women's work. Work is therefore very gender segregated. Women building, doing brick laying, or doing carpentry is also regarded as odd but tolerated. Women's work belittles men but a woman doing men's work is looked at with amusement and mildly tolerated by the community in both host and resettlement communities. Some types of practices like hunting are however forbidden to women. The most the women can do is accompany the men to cook if they are traveling far, otherwise the women stay home.

These gender segregated work spaces restrict opportunities for men but are more flexible for women. However, women find it difficult to take up work that is male dominated due to risks associated with some of the jobs and due to limited skills level since most women are illiterate and lack vocational skills like carpentry.

3.7 Availability of food for work and cash for work opportunities within the settlements

it has been noted that food for work and cash for work opportunities are available to both refugees and host communities from implementing partners that are operational in the settlements. Indeed the team was able to witness many people participate in such cases for work schemes, involving such things as cleaning the settlements, redesigning the settlements compounds and the reception centres.

“It is there but both refugees and hosts communities have access to these jobs....almost all the implementing partners within the settlement make efforts to employ both refugees and host communities” **LWF Uganda staff**

In our meeting with the youth and men in zone 2 however serious complain was raised about the food for work programme and how beneficiaries are selected. It was the contention of the refugee youths that they are normally bypassed for such opportunities. However on further investigation we establish that indeed many refugees participate in and work on food for work schemes, the only challenge is that the number of available slots is always much less compared to the number of people in need. Some of the agency staff also indicated that in many cases they do not try to verify whether the people they are employing are host community members or refugees. It is thus possible that some refugees may lose opportunities in that way.

CHPATER 4 GENDER BASED VIOLENCE AND PROTECTION CONCERNS.

4.1 Introduction

Discussions with different stakeholders in Lamwo and in Palabek settlement and host communities indicate that SGBV is an ongoing threat with intimate partner violence and sexual exploitation becoming more acute as the refugee population increases. The problem tree below highlights some of these issues.

Protection Problem Tree: SGBV and other HUMAN RIGHTS VIOLATIONS		
Refugee community		Host community
EFFECTS <ul style="list-style-type: none"> Prostitution/sale of sex Forced marriage/early marriage Pimping young girls to older wealthier men children especially girls dropping out of school unwanted pregnancies high rate of infections with STD/STI/HIV Disempowerment/social emasculation of men/psychological torture Sexual exploitation by police, businessmen, and staff of humanitarian agencies High SGBV in the community minimal reporting of GBV cases to authorities 		EFFECTS <ul style="list-style-type: none"> Prostitution/sale of sex Forced marriage/early marriage children especially girls dropping out of school unwanted pregnancies exposure to STD/STI/HIV Disempowerment/social emasculation of men/psychological torture Sexual exploitation by police, businessmen, and staff of humanitarian agencies High SGBV in the community but minimal reporting Pimping of young girls to older, wealthier men
PROTECTION RISKS		
Causes <ul style="list-style-type: none"> Illiteracy Lack of livelihoods opportunities Lack of capital to start up or expand livelihoods Ignorance of rights/laws Differences in laws/legal framework/enforcement mechanisms between host country and country of origin Lack of training and enforcement of code of conduct for humanitarian actors Cultural norms that normalize SGBV including early/forced marriage, wife beating Lack of security lights along settlement paths Long distance to schools and isolated stretches of land/bush along the way Lack of holding cells for criminals Logistical limitations in police implies lack of transport to pick up criminals, lack of capacity to keep evidence acquired from crime scenes or rape victims Corrupt police/perpetrate GBV and set perpetrators free Distance to water points, and Congestion at water points leading to fights for water isolated spots on the way to water points/firewood collection points 		Causes <ul style="list-style-type: none"> Gender norms that deny women control over household decision making and productive resources for livelihoods Women's limited income sources makes them highly dependant on others for basics vulnerable to exploitation, wife beating, and economic violence in many forms Women/girls' lack of self esteem/fear to speak up against violence distance to water points and congestion at water points leading to fights for water isolated spots on the way to water points/firewood collection points Illiteracy Lack of livelihoods opportunities Lack of training and enforcement of code of conduct for humanitarian actors Cultural norms that normalize early/forced marriage, wife beating Long distance to schools and isolated stretches of land/bush along the way Lack of holding cells for criminals at the police Logistical limitations in police implies lack of transport to pick up suspects or transport them to district headquarters for trial Hostility from host community leading to conflicts over resources like water, forest/firewood crime scenes or rape victims Corrupt police/perpetrate GBV and set perpetrators free

The problem tree above indicates that while there are a myriad of problems involved here, key factors include inadequate food, and lack of basic needs that force women and girls to engage in negative coping strategies to survive. This exacerbates their risks of vulnerability to sexual exploitation and abuse. The discussions also revealed alarming security risks within the settlement, stemming mainly from failure of humanitarian actors to meet minimum standards of SGBV prevention and response across sectors; lighting is limited only to the health center and the reception offices but not along the paths where refugees must pass at night; latrines/bathrooms at the reception centre lack locks and privacy, women and girls lack safe spaces to obtain social support or seek help in a socially appropriate and confidential manner.

Interviews with both host and refugee communities indicate that SGBV is normalized and almost expected as a natural part of being female in the community. Discussions with police indicate that a minimum of 3 rape cases are handled daily in the police post within the settlement. Problems like defilement are rampant and early/forced marriages are the norm in both the host and refugee communities, with girls as young as 13 years already living with spouses and having children.

Discussions in both the host communities and refugee communities indicate a myriad of interlinked factors work together to make protection problem so complex and deeply rooted. However, key among the factors are poverty, which push women into transactional sex and further accentuate their vulnerability to pimping and sexual exploitation; Gender norms that deny women control over household decision making and productive resources for livelihoods, Women's limited income sources makes them highly dependent on spouses and others for basics and therefore makes them vulnerable to exploitation, wife battering, and economic violence in many other forms. Further, Women/girls' lack of self-esteem/fear to speak up against violence, illiteracy and ignorance of their rights as well as distrust of police and other authorities all make it hard for women to report violence. The fear of reprisals, in addition to the risks of police turning out as bigger exploiters and violators of rights makes the situation so dire in both host and refugee communities but it is a lot worse in refugee communities where vulnerability is heightened by their refugee identity in a foreign land. Distance to water points, and congestion at water points leading to fights for water is another problem that exposes women to violence. Refugee women are victimised more at the water points that are shared with host communities, with the latter demanding first service rights in many cases. It was also noted that there are numerous isolated spots on the way to water points/firewood collection points, as well as along the road to schools which open avenues for defilement, rape and other forms of violence against women and girls from both communities. Lack of holding cells for criminal suspects at the police and logistical limitations within the police establishment within the settlement, implies lack of transport to pick up suspects and a lack of capacity to keep evidence acquired from crime scenes or rape victims. This is worsened by corrupt policemen who perpetuate GBV by setting perpetrators free. All these factors have escalated the SGBV risks in the settlement and the host communities and made life extremely difficult for women and girls in these communities. These are presented in the problem tree above and discussed in detail in the sections that follow.

District statistics also show a high prevalence of GBV cases in the general community. data collected over a three year period shows that sexual exploitation of children (defilement), rape and attempted rapes were some of the cases reported at the police stations. Within this three year period between 2015 and 2017 up to 407 cases had been reported. Further consultations with local leaders and the general community suggest that normally fewer cases are reported to Police with many, especially involving defilement of under-age girls resolved locally. In this case, such children would be denied justice and their welfare and future opportunities curtailed as many are married off young to the perpetrator.

DOCUMENTED GBV CASES FROM 2015 TO 2017

Sn	Cases	2015	2016	2017	Total
1	Defilement	169	128	65	362
2	Rape	10	11	13	34
3	Attempted Rape	-	-	2	2
4	Indecent assault	-	3	4	7
5	Un natural Offence	-	-	1	1
6	Incest	-	-	1	1
	Total				407

Source: Lamwo Police Station

The discussions with community members further suggests that the high incidences of GBV reported are really just the tip of the iceberg, many more cases go unreported since people view the police as a major problem escalating GBV. Indeed many said they prefer reporting the cases to their elders rather than the police.

Much of the protection needs are for women and girls but more for adolescent girls. Men and boys do not seem to be a target of GBV in both host and refugee communities, it is the girls and women that are most vulnerable and in need of urgent attention as well as support.

Perpetrators are known as the police, humanitarian workers, businessmen in the locality, wealthy refugee men, and host community men.

4.2 Wife Grabbing

Wife grabbing by the police, defilement, and extortion were also reportedly common in both communities and this has also affected the level of trust that the communities have towards the police, and affects their willingness to report. In the refugee men's FGD, a young man had this to say,

"My wife was grabbed by an armed police officer. He came to my home and just ordered my wife to get up and follow him or he shoots all of us. She got and went with him and I watched helplessly as the officer took away my wife. This was over over a month ago, and she has never returned. They are living together as husband and wife yet she left our small baby of 8 months here. I tried to protest but he cocked the gun and aimed it at me. I had to let her go...who would I report to when he has a gun and I do not, besides, his friends would protect him if he shot me".

The preceding quotation suggests a high level of violence against vulnerable populations, and a high level of impunity with which powerful perpetrators exact their violence on community members. Others lamented how during discos (dance party), the police and wealthier community men grab women away from spouses or partners and sleep with them with or without their consent, in many cases even without using any form of protection at all.

4.3 Early and Forced Marriage

It was also established that both refugee and host communities condone early marriage as a way to meet the needs of the young girls but also obtain income for the girl's family through dowry payments. The 2016 UDHS indicates that 24% of girls under 19 years in Acholi region are either pregnant or already have a child⁹. Indeed, discussions with the refugee and host communities reveal that early marriage is deemed a way to ensure a better future for the girl and her family. Further discussions in focus groups with refugee men and boys suggest that refugee girls marry off at a much younger age (from 13 years) than those in the host

⁹ Uganda Bureau of Statistics (UBOS) and ICF. 2017. Uganda Demographic and Health Survey 2016: Key Indicators Report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

communities who also marry early (from 15 years). These findings are further supported by findings from Ahikire and Madanda's 2011 survey that showed the leading cause for girls to drop out of school is pregnancy (34%), followed by poverty (28%) and engagement in early sex/marriage (11%). Indeed, only 51% of girls who enroll in school actually complete primary ⁷¹⁰.

The high level of poverty has also pushed many women and girls into selling sex/prostitution to make ends meet. Sadly, the people meant to protect the vulnerable women and girls are the very ones also perpetuating these crimes or exploiting the women sexually. Sexual exploitation and buying sex from refugees and some vulnerable host community girls in exchange for food rations and other needs is very common. As mentioned earlier, perpetrators identified were humanitarian workers, police, wealthy refugee men and business men in the area. Surprisingly, the host communities mentioned refugee men as being wealthier than their counterparts from the host communities and hence often use the items distributed to seduce and lure underage host community girls into sex.

It was also noted that there is a lot of pimping going on with very young girls taken into the settlements to be used as prostitutes. Apparently the pimps are well known and usually they connect the girls to humanitarian workers, police, or wealthy refugees and other people in the settlement who have resources and power. The hunger and poverty, lack of basics like sanitary pads, school fees, clothing pushes many girls into prostitution and makes them vulnerable to sexual exploitation.

4.4 Abandonment and denial of resources/economic violence

In the host communities, cases of abandonment and denial of resources are the norm and mostly women fend for themselves and their children. An interview with a 15 year old girl noted thus:

"I got pregnant while in P6 and had to drop out of school the man responsible denied responsibility although when we are alone he accepts that he knows the child is his but that he is not yet ready to be a father. My parents were so embarrassed by my mistake they abandoned me in the village and took the whole family back to Kampala. I was forced to fend for myself throughout the pregnancy and when I gave birth, I had to learn to take care of myself and my baby. Frequent requests for help that I sent to the father of the child proved futile and I gave up. I wish I could undo what I did, but it's too late, now I have no future, and my child has no future either" **Interview with child mother in Apietta**

Clearly this child needs a lot of emotional support and economic support to help her cope and fend for herself and her child but sadly there are no agencies offering such in the host or refugee communities. The need for legal aid to help abandoned mothers seek child support is simply too huge, but no organisation has come up to provide that support either. Most of the women do not know also that they can go to probation offices and seek help. Most do not have the transport resources either to do that, and hence suffer in silence.

An interview with another 16 year old mother of 2, revealed that young girls married off at an early age are extremely exploited and live in unhappy unions. She had this to say:

I make chapatti to sell and raise a profit of 4000 per day, my spouse is a shopkeeper but he doesn't provide for me or the children although he eats

¹⁰ Josephine Ahikire, and Aramanzan Madanda (2011), The Survey on Re-Entry of Pregnant Girls in Primary and Secondary Schools in Uganda (2011), MOES, FAWA, UNJPGE AND DfID, Kampala

whatever food I have prepared and spends the night at home daily. I hailed failed to grow my small business because the little income is all spent on meeting health, clothing and feeding for the household and his relatives when they visit. Although my spouse is considered wealthy in the community, he deliberately refuses to provide for as long as I am running my small business, but when I stop, he makes me suffer and denies me even basics like sugar, claiming that where I grew up we never had even sugar at home. One day he left me with some money to keep, I picked only 2000 shillings to buy food for the children since I was pregnant and had been unwell, I could not make chapatti because the smell of chapatti make me vomit so I had not made any money for a while and we depended on him for everything. When he came back he beat me so severely for that although he also ate the food I prepared using that money. I started feeling so much pain after the beating. I pleaded with him to take me to hospital but he refused, and just continued eating, I started bleeding so severely, he walked out and left me bleeding on the floor, my two children were crying helplessly. I was sure I was going to die, I asked my three year old to go call my neighbour, they took me to my relatives who came and met my medical bills. My husband never showed up at hospital.

When the girl was asked whether she reported the assault she said she was told by other women that that is a normal occurrence and that a man who doesn't beat doesn't love them. Discussions with FGDs also confirmed this general perception in both the host and refugee communities where women feel it is their role to provide without question where the man has refused to do so, and they also feel it is normal for a man to regularly beat his wife. Many therefore never report and never leave abusive marriages where they are battered frequently, as this is seen as 'normalised way of couple relationship'. Indeed the lady in the case above is pregnant again and back with the same man.

4.5 Unequal power relations and control over household resources

In the refugee communities, the food rations provided as well as the non-food items are all a source of violence, especially when other food needs not provided by the humanitarian communities are lacking. There were allegations of men grabbing foodstuff and selling or grabbing blankets and other NFIs and selling these to buy alcohol for himself or to take another girlfriend out drinking while the wife and children are deprived of basic needs. Indeed moving in the host communities, it was easy to spot NFIs like blankets and solar powered lanterns given to refugees and bearing the UNHCR marks being owned by host communities.

The powerlessness of women in marital relations and in households in general is so overwhelmingly accepted as normal that all forms of SGBV are normalised and accepted as part of the trials of being born female.

4.6 The Police context

It was noted that there are significant issues related to the police in the settlement and the host communities. Key among this is the fact that the police seem untrained in protection in humanitarian contexts and appear to be among the key perpetrators of SGBV in the area. Indeed they have been accused in all FGDs of being corrupt, accepting bribes from perpetrators, extorting money from survivors and generally making it extremely difficult to eliminate SGBV.

Further, the police have been cited in acts of wife grabbing, defilement, pimping, and sexual exploitation of women and girls in the area. Refugee men in particular expressed deep discontent at the way the police who should be protecting them are the ones exploiting them and perpetrating various acts of SGBV against the vulnerable. This appears to be a problem which affects both men and women as the male focus groups highly berated the police for handling them with an iron hand and without any respect for their human rights at all.

The problem is further compounded by the fact that the police lack cells to hold suspects in reported criminal cases and also lack transport to take the suspects to nearby towns that have cells to hold suspects till their cases are sorted. As such, the suspects both male and female sit in the same room where cases are lodged and share the same spaces at night. This is unacceptable by any standards. Female suspects need privacy and indeed police themselves confirm that in some cases due to lack of pads they are forced to release suspects that are in their menstrual periods because the whole floor ends up covered in blood stains which is humiliating for the women but more embarrassing for the police too. It is also impossible to protect the female suspects from male sexual advances and possible rape at night by male suspects since they all sleep huddled together for warmth on the floor of the police tent.



The police office/room where new cases are reported and suspects both male and female sit during day and sleep at night

Complainants who report cases also have to facilitate the police with transport to arrest the perpetrator, as well as to transport the complainant to courts several kilometres away. This delays justice but also discourages reporting and leaves room for perpetration of GBV with impunity against poorer people who cannot afford the costs of seeking justice.

The police also confirmed that they do not have facilities for keeping or collecting evidence especially in cases of rape. This implies it becomes difficult to prove rape if there is no evidence in form of semen collected and clearly matched to the perpetrators. As a result serial rapists walk free with impunity and further put more women and girls at risks.

4.7 High vulnerability among women and girls

The low literacy levels among women, the ignorance of their rights and where to report or seek help, the poverty and lack of own income, added to the poverty, and huge needs in the community, make women vulnerable to different forms of SGBV especially sexual exploitation by wealthier men in the community including humanitarian workers, who were alleged to demand for sex before releasing money or rations; while police and shopkeepers due to their higher economic status also engage in sex for money with vulnerable women and girls including refugee women desperate to feed their hungry children. Domestic violence, abandonment and denial of resources was also noted as very common because of women's lower status relative to men and the power men have over women in both refugee and host communities.

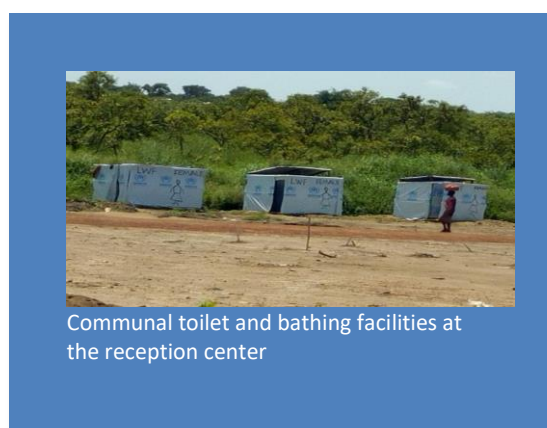
4.8 Tension and conflicts within the settlement and among host communities and factors increasing such tensions

Discussions with both the host and refugee communities indicate a simmering tension between the host and refugee communities. The host communities feel the refugees are being treated better than they are and feel offended that a refugee can be better off than a member of the host community. Indeed this tension is evident in the violence against refugees at water points and at firewood collection points.

Within the settlement itself, tensions had escalated between the different ethnic groups loyal to different sides of the warring factions in South Sudan. The camp leadership opted to separate the Dinka and send them to Adjumani and leave the Acholi, Nuer, Lutugu and other tribes that get along better in the Palabek settlement. This has helped calm tensions and provide some element of normalcy, but still sporadic fights occasionally erupts among particular ethnicities and families.

4.9 Lack of lighting

The findings indicate that lighting is limited only to the health center and the reception offices but not along the paths where refugees must pass at night. Women in particular who have sick children have to walk long stretches in total darkness to the health center when there is an emergency or when their labour starts at night. Because health maintenance is seen as women's role, in any cases women are left to move alone to take the sick to the health centers at night, which puts them at great risk. The absence of night patrols in the settlement and outside the settlement make this exposure to risk even greater. Indeed FGDs with the women indicate that a week before, a young girl had been raped as she took her brother to hospital in the night.



4.10 Lack of locks and privacy at the reception center

The findings indicate that latrines/bathrooms at the reception centre lack locks and privacy. Indeed an examination of the latrines at the reception point indicate that the doors can't be locked. Women and girls who go to bathe in the dark are therefore at risk of rape since the shelters are also far from the tents where new arrivals stay before being given a plot of their own to put up a shelter. The photo shows the location of the bath and toilet shelters which are placed near a bushy place without light and could actually expose women and girls to risks for rape in the dark

4.11 Lack of safe spaces for women/girls

It was further established that although women and girls need safe spaces and contact points where they can safely talk about their safety, their experiences, get counselling, or be advised on referral options, these are lacking in the settlement and the host communities. Indeed, much as some agencies are handling SGBV, no safe spaces or shelters have been established yet the needs are high in both the host and refugee settlement. Women and girls need safe spaces to obtain social support or seek help in a socially appropriate, safe and confidential manner and they may need protection away from abusive environments, but this has not been provided for yet the statistics at the police indicate alarming levels of SGBV reported daily.

CHAPTER 5

HEALTH RELATED CONCERNS

5.1 Introduction

The key findings indicate that the health related problems are mainly caused by poor feeding due to limited alternative food sources and over dependence on food aid from humanitarian agencies; poverty which exposes community members to STI/STD/HIV; poor hygiene and sanitation practices which increase diarrhoea and other related illnesses; poor access to clean water with associated water related infections as shown in the diagram below.

HEALTH PROBLEM TREE	
Refugee community	Host community
EFFECTS SRHRs related <ul style="list-style-type: none"> unwanted pregnancies children especially girls dropping out of school exposure to STD/STI/HIV Forced marriage/early marriage chronic STD/STI/UTI/ high incidence of GBV susceptibility to preventable complications due to lack of attendance by trained health personnel during pregnancy and childbirth eg anaemia health related <ul style="list-style-type: none"> common occurrence of drug resistant malaria chronic illnesses due to delay in seeking comprehensive treatment anti-biotic resistance due to drug abuse/misuse/self-medication chronic STD/STI/UTI/ likelihood of very high infection rates for HIV hygiene and sanitation related ailments 	EFFECTS SRHRs related <ul style="list-style-type: none"> unwanted pregnancies children especially girls dropping out of school exposure to STD/STI/HIV Forced marriage/early marriage chronic STD/STI/UTI/ high incidence of GBV susceptibility to preventable complications due to lack of attendance by trained health personnel during pregnancy and childbirth eg anaemia health related <ul style="list-style-type: none"> common occurrence of drug resistant malaria chronic illnesses due to delay in seeking comprehensive treatment anti-biotic resistance due to drug abuse/misuse/self-medication chronic STD/STI/UTI/ likelihood of very high infection rates for HIV

HEALTH related concerns

Causes	Causes
SRHRs <ul style="list-style-type: none"> Poverty leading to vulnerability to sexual exploitation and inability to negotiate safe sex by women and girls Ignorance about SRHRs services due to no proper sensitization Fear to be seen making use of SRHs (adolescents and women especially; condom dispenser location in the middle of the market is poorly planned;) Fear of domestic violence if known to be using SRHS by spouses Cultural norms value many children and men expect wives to keep having more children Weak decision making power among women including power to make decisions regarding their health and wellbeing Weak negotiating power over safe sex among women and girls Inaccess to sanitary towels and basic hygiene materials leading to recurring UTI's Negative attitude of mid wives to pregnant women and adolescents General Health Concerns <ul style="list-style-type: none"> Inadequate drugs at the health facility Lack of ART specific clinic/ drug stock outs for ARTs Lack of awareness regarding risks of self-medication /drug resistance Inability to afford privately paid for medical care Fear and stigma surrounding STD/STI/HIV leads to delays in seeking treatment from professional staff Extremely rude staff at health center Poor nutrition leading to low immunity Cultural norms around pregnancy and latrine usage 	SRHRs <ul style="list-style-type: none"> Poverty leading to vulnerability to sexual exploitation and inability to negotiate safe sex by women and girls Ignorance about SRHRs services Fear to be seen making use of SRHs (adolescents and women especially; condom dispenser location in the middle of the market is poorly planned;) Fear of domestic violence if known to be using SRHS by spouses Cultural norms value many children Weak decision making power among women including power to make decisions regarding their health and wellbeing/negotiate safe sex Inaccess to sanitary towels and basic hygiene materials leading to recurring UTI's especially among adolescent girls Negative attitude of mid wives to pregnant women and adolescents General Health Concerns <ul style="list-style-type: none"> Inadequate drugs at the health facility Frequent drug stock outs especially for ARTs Lack of ART specific clinic Lack of awareness regarding risks of self-medication and drug resistance Inability to afford privately paid for medical care Fear and stigma surrounding STD/STI/HIV leads to delays in seeking treatment from professional staff Extremely rude staff at health center

From the above diagram, it is evident that other factors include ignorance of available services including SRH services; fear of violence due to negative attitudes and norms towards SRH services; lack of drugs at health facilities; among others. The key challenges include high rate STD/STI/HIV in both communities; drug resistant infections; malnutrition/stunting among children; complications during childbirth; skin and intestinal infections; among others. These affect men, women, boys and girls, and are discussed in greater detail below.

5.2 Cultural norms and health

One of the key problems in the host and refugee communities studied, is the issue of cultural norms that value many children and hence put women's health at risk by pushing women to have many children that are not sufficiently spaced. The lack of control over their own reproductive rights, lack of knowledge of available SRH services, and fear of violence from spouses when discovered using SRH facilities prevents many women from spacing their births or using available SRHs. Men in both refugee and host communities were reportedly very violent once they find out their wives are using any form of contraceptives. One lady had this to say in the host community:

He found my birth control pills in an envelope in my bag. I tried to pretend they were multivitamins but he took them to the neighbour who told him what they were for. I was beaten till I collapsed. I fear to try using contraceptives again. I wish there were types of contraceptives that are discrete and impossible for him to detect. I am tired of giving birth, I have 6 children and he does not provide for us, yet I also do not have a steady income and when I am pregnant I do not have energy to work in the gardens yet that is my source of livelihood. As a result, we often suffer a lot, lack of food, hunger, my children have kwashiorkor, and I just feel I need to stop having more children since I cannot provide nutritious meals for them

These findings concur with the UDHS statistics that show 40% of married women age 15-49 do not want any more children. This number rises from 4% of women with one child to 25% of women with three children to 80% of women with six or more children. The majority (85 %) of married women want to either space their next birth or cease childbearing altogether but are constrained by factors like spousal control, family expectations, lack of information, lack of funds, etc.¹¹

Clearly the need for awareness on available safe SRH services is much needed in both communities, as well as awareness on the different types of contraceptive methods. Most women only know about the IUDs and pills both of which men detect easily. Creating awareness on the value of family planning, and SRH services as well as offering discrete and possibly mobile and flexible delivery of services to clients in safe spaces might be options to explore. Strengthening women's control over their bodies and decision making capacity concerning their health is essential in this respect and can be achieved by increasing their social position and negotiation capacity through sensitization and livelihoods support.

5.3 Lack of prioritization of adolescent girl's sanitary health needs

It was further established that in host communities purchase of sanitary pads for adolescent girls is never prioritized since food and healthcare take priority. As such host community adolescent girls engage in petty trade and even exchange sex for money to purchase essentials like panties, lotion, soap and pads. In the refugee communities, much as food and other basic provisions are given by the humanitarian agencies, many women only received one pack with

¹¹ Uganda Bureau of Statistics (UBOS) and ICF. 2017. Uganda Demographic and Health Survey 2016: Key Indicators Report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

seven sanitary towels upon arrival at the settlement.¹² No additional pads were added yet these are disposable pads meant to be used and changed every 3 hours. The one pack therefore is not enough for even one cycle and they have to tear bits of cloth and use these or do without and bear the humiliation of leakages since they lack panties too. Where they use the pads they keep each pad for as long as possible which results in foul smell and chronic UTIs.

5.4 Rude medical personnel

It was further noted that nurses and mid-wives are very rude to mothers who go to deliver at the health centers or who go for ante-natal clinics. This has discouraged many women from delivering under professional care, preferring instead their own local birth attendants in the communities for both refugee and hosts.

5.5 lack of safety precautions in commercial sex/multiple partners

It was also established that women and girls who engage in commercial sex have multiple partners but never use protection due to fear and shame at being seen picking the condoms from the dispenser at the market square. The location of the dispenser is not conducive for girls and women due to perceptions around sex, and condoms use by women and the secrecy with which they engage in commercial sex activities. This has serious health implications for the women and their partners.

A visit to the local health center established a very high infection rate for STD/STI and definitely that also HIV rates are equally high considering the lack of protection and multiple sexual partners that is common place in both the settlement and the host community but worse in the host community. This is a health crisis looming and must be addressed urgently.

Although local government and other agencies are striving to provide health needs, there were reports of inadequate drugs, provision of coartem (malaria treatment) for any complaints of headaches and frequent drug stockouts for ARTs which presents a huge problem for those on ARVs and who need to stay on medication. A newspaper article published in the Monitor Newspaper of 20th September 2017, Page 1 indicated that ART drug stockouts was happening nationwide and health facilities were being encouraged to ration the drugs to those who need them¹³

Mothers who are responsible for maintaining health and wellbeing for children often face the biggest brunt of drug shortages and poor health service delivery. Indeed one mother in a in-depth interview noted

"...I always wait in fear for any family member getting sick. I dread the times they fall sick because its always a matter of life or death. There are no medicines in these health centers. They give coartem for every fever or headache without testing. I suspect they just want to get rid of the drugs. When my baby fell ill last month and they could no longer handle his illness, IRC gave me 18,000 shillings to go to Kitgum hospital. That money all got finished on transport. When I reached Kitgum I had to buy food and also buy drugs that were not available at the health facility and I had nothing. Had it not been for a good Samaritan lady to help me out, my son would have died"

This issue points towards a huge need for monitoring of services at the health centers in addition to ensuring the staff give the right prescriptions to patients. Some kind of quality assurance monitoring is needed as a rights issue. Similar remarks were received from host

¹² Interviews with humanitarian agencies including Samaritan purse that distributes these items

¹³ Tobias and Jolly Owiny, "Government rations ARTs" in the Monitor newspaper, 20th September 2017.

communities who also claimed drugs are not available at the health facilities in their neighbourhood.

5.6 Water and sanitation issues

Water and sanitation matters were also found to be an issue of concern. Much as there are boreholes providing clean water in both the host and refugee communities, the communities find it hard to line up for water, since the population per borehole is huge. Studies¹⁴ conducted between February and July 2017 in the area, show that population in palabek ogili sub-county where the study was done, stood at 9352 people and borehole coverage was 187 people per borehole at the time. The studies further suggest that 25% of the boreholes in palabek ogili were not functioning, forcing 32% of the population to utilise other unsafe water sources including rivers, ponds, valley dams, and drainage channels.

The average walking distance to a safe water source was noted to be about 1km although there are areas where people reportedly walked 3-5km, which is above UNHCR standard of 500m. it was further noted that the average amount of water collected is 4-5 jerricans per household per day, which is approximately 13 litres per person per day.¹⁵ However, these statistics were taken at a time when the total population in the area was just 9352. At the time of this study, the population of refugees alone was 32000, added to initial host population of 9352, it is clear, just how bad the pressure on water facilities is. Although agencies like OXFAM and LWF have installed new boreholes and are refurbishing older ones, as well as ferrying water to some zones using water trucks, the discussions with community members still indicates a high need for water resources especially since the refugee population is still rising.

In both communities, children wash clothes using unprotected spring water, bathe in the same water, and livestock also use the same water which is also often collected for home use including for drinking. Not all the water points are free of contamination however, one spring the consultants noted flowed next to the refugee pit latrines and bath shelters and the likelihood of contamination was high from these sources as well as from the fact that its also used for bathing, washing and livestock upstream.

In the host communities the situation is similar and communities rely on river and spring water which is unprotected for home use. Children and adults alike bathe, wash and feed livestock in the same waters. Further, kitgum region to which Lamwo belongs is prone to guinea worm infestation from contaminated waters. It is hard to determine if this particular region's waters are safe from guinea worms but the risks to health are already evident from using unprotected water sources and stagnant pools as shown in the photos below.

¹⁴ OXFAM (JULY, 2017) "Knowledge, Attitudes and Practices (KAP) on Water, Sanitation and Hygiene (WASH), Emergency Food Security and Livelihoods (EFSL) and Protection for South Sudanese Refugees in Palabek Refugee Settlement, Lamwo District", A Baseline Survey report prepared for OXFAM by FRANCIS KINTU.; OXFAM (APRIL 2017) South Sudanese Refugees Response WASH and EFSVL Rapid Assessment in Lamwo District, Uganda; UNHCR and Local Government (District Water office; Environmental Health office); LWF; UNICEF; VEDCO (February 2017) INITIAL WASH ASSESSMENT - LAMWO SETTLEMENT.

¹⁵ Ibid.



Skin infections, eye infections, and parasitic infections including bilharzia were noted as common among children reporting to the health facilities. The photos above are already a clear suggestion of where the infections are coming from.

5.7 Latrine coverage and hand washing practices

Studies conducted by OXFAM in April 2017 and again July 2017¹⁶ shows latrine coverage at 36% and hand washing facilities 6%. The studies also show that most households rely on communally shared latrines and that very few have hand washing facilities attached to the latrines, which is suggestive of poor adoption of hygiene practices and indicator that hygiene related ailments are likely to be high. The table below shows the latrine coverage in the settlement and host communities.

Ownership of latrines in the refugee settlement and host communities

Ownership	Overall	Oxfam Zones	Non-Oxfam Zones	Host Community
Communal latrine blocks	83.49	89.5	92.3	12.9
Private toilet/Latrine	10.4	3.9	3.5	74.2
Share with neighbour	6.12	6.5	4.2	12.9
Total	100	100	100	100

However, the presence of the latrines is one thing, utilization is another thing altogether. Discussions with FGD participants indicate that cultural norms and practices, ignorance and negative attitude towards the importance of using latrines and hand washing facilities prevail. For example, pregnant women and children do not use latrines due to socio-cultural norms that forbid it. As such, these categories routinely use the compound, and bushes and any vacant houses or shelter in the vicinity of their homes to dispose of fecal matter. The high rate of early marriage, high fertility/rate of pregnancy and child birth, as well as the proliferation of young

¹⁶ Ibid.

children in both the host and refugee communities are all suggestive of just how bad the problem is. It suggests that a high number of people are not using these latrines even where they exist. Discussions with men also suggest they are averse to using these latrines and are more comfortable using open spaces. These findings concur with the findings of LWF survey conducted in July 2017, which revealed that 51.1% of households in the settlement had latrines which were not in use, 28.4% had no latrines at all and only 20.5% of the households had latrines present and in use. The study further confirms that there were traces of open defecation observed in 24.2%¹⁷ of the households in the settlement. These are a health hazard once the rains set in and contamination enters the water ways.

The findings further suggest that majority of those who reported not having access to a latrine were female headed households (71%) compared to male headed households (29%). This could be attributed to the fact that traditionally the task of constructing a latrine is a reserve for men. In effect, any support by the project to construct latrines should deliberately target female headed households.¹⁸ Such gender norms regarding roles of men and women as well as expectations for men and women clearly affect not just construction and availability of private latrines but also utilization. This can have significant health related risks for the entire population especially since there are more women and children in the settlement (82%) than men.

Observation at one of the communal toilets for the settlement, located within the reception center, indicated that in a space of 3 hours, 83 people used the facility but only 4 checked or tried to use the hand washing facility for water (it was empty and there was no soap). The rest of the users, walked in and walked out without so much as a backward glance at the water dispenser. A look inside the facility also revealed no toilet paper, and that left the question, what do they use to clean themselves since no one was sighted moving with tissue. This further adds to the concerns and needs for hygiene sensitization in the communities.

There was also reportedly a high rate of hygiene related ailments reported at the health facility. Speaking to one of the health center staff that preferred anonymity, out of every 5 children brought into the center, 3 have diarrhoea related to bacterial infections or just poor hygiene practices. This is an indicator that more needs to be done to change mind-sets and encourage communities to use the latrines that are available and practice proper hand-washing and hygiene protocols especially after using toilets. However, considering the fact that access to water and soap are already a problem, the aid agencies may need to consider not just more sensitization but also increasing access to hygiene promotion items like soap.

¹⁷ LWF, Assessment Report on Water Sanitation and Health (WASH) In Lamwo Refugee Camp Settlement, July 30th, 2017

¹⁸ OXFAM (JULY, 2017) "Knowledge, Attitudes and Practices (KAP) on Water, Sanitation and Hygiene (WASH), Emergency Food Security and Livelihoods (EFSL) and Protection for South Sudanese Refugees in Palabek Refugee Settlement, Lamwo District", A Baseline Survey report prepared for OXFAM by FRANCIS KINTU.; OXFAM (APRIL 2017) South Sudanese Refugees Response WASH and EFSVL Rapid Assessment in Lamwo District, Uganda; UNHCR and Local Government (District Water office; Environmental Health office); LWF; UNICEF; VEDCO (February 2017) INITIAL WASH ASSESSMENT - LAMWO SETTLEMENT.

CHAPTER 6

CROSS-CUTTING ISSUES

6.1 Aspirations of girls/women to attain education

It was also further noted that other structural and institutional problems like poor planning for educational resources, hinders many women from accessing education. The fact that the only secondary schools are over 15km away implies girls especially whose “virtues” need to be protected to get “properly married” find it difficult to rent rooms in those trading centers around the secondary schools as the boys do. Further, cultural norms about boys being more

reliable investments than girls, implies most parents prioritize boy’s education over that of girls and hence many girls are left out of school when resources for fees become scarce. Their needs for books, sanitary materials, and other essentials also often have to be met by the girls themselves if they are to stay in school while boys are often provided for. This is the same in both host and refugee communities. Some parents go as far as arranging marriages for their daughters to men in the neighbourhood to ensure the burden of child care is reduced and also to gain resources for the household through bride wealth payments.



I am 15 years old in primary 6. I want to be a doctor one day, but I don't know if that dream can come true. My mother is behind bars, my dad remarried and I am left to fend for myself and raise my own fees. May times I am chased away from school for fees, that means I miss out on studying. I make small pancakes and sell to raise my school fees. Most girls my age are married, but I don't want that. There is no future in early marriage. Most of the girls I see pregnant are abandoned and left to suffer. I want a better future, but I think I might just be dreaming....

Other problems like poverty push girls out of school and into early prostitution by age 13, in a bid to try and earn money to get essentials like food and school requirements. Due to ignorance of available protective measures, they often get pregnant and have to fend for themselves and the new baby while the fathers are unknown or deny responsibility. Pimping of underage girls is so common that the pimps are known and sought out by the girls or even their parents to secure a good man as a source of income. Sadly the pimps always take a bigger share. All these factors affect girls' capacity to stay in school.

In addition, the boarding schools available are much further away and quite expensive and require higher grades to join, which locks out children from the host and refugee communities due to the low grades they obtain in national exams and poverty.

It was also noted that in both primary and secondary schools, there is a severe lack of facilities. Students study under trees and as such, in the rainy season do not study at all. Teachers are underpaid or not paid at all and hence lack motivation to teach. School text books are not there and hence study becomes extremely difficult moreover, back home the students are often too tired after the days chores and the long walk back from school especially for the girls in secondary who return to help mothers with reproductive roles. Good education facilities thus remain a very big need in the settlement.

The lack of lighting at home presents another problem that affects children's reading and revision at home. Although solar lanterns were given to refugee families, these items are usually the first to be sold off cheaply to meet food needs for the families. The host communities do not

have these luxuries for lighting and hence sleep as soon as everyone has slept to conserve the candles and paraffin in the oil lamps. All in all, so many factors affect their capacity to compete on an equal footing with children from other communities that are closer to the urban centers.

The absence of vocational and adult literacy in the area is another limiting factor that prevents those who wish to obtain skills for self improvement and basic numeracy or literacy. Many women expressed a strong desire to learn how to read and write, do basic math and be able to manage their finances better. Most noted that they do rudimentary planning and budgeting but are sometimes cheated when it gets to big money and this could be avoided with basic numeracy and literacy classes. They noted that their illiteracy affects their self-esteem and lowers their confidence to seek out loans or access information that can help empower them socially and economically. It also locks them out of political participation since only educated leaders and employees are required to such positions. Interactions with males in the youth focus groups also indicated a huge interest among young people for vocational skills training, but no clear support has come through as of the time of the assessment.

6.2 Aspiration for participation in social and political processes

Discussions with host and refugee women and girls showed huge interest in enhanced and effective participation in social, political and economic life of the community. One woman from the refugee settlement had this to say

"...I never went to school but I have intelligence and I have leadership capacity. When I speak among other women they listen to me because I speak words with maturity and wisdom...but I am not educated and I don't have money to make the changes they need in their lives, and when I tried to seek selection for position of office bearer I was told they only wanted people who can read and write..."
women's FGD participant in the refugee settlement.

Other women in the FGD echoed her submission noting that fear, lack of confidence, lack of education, and lack of financial power as well as cultural norms about women's place in social hierarchy prevents them from seeking political, social leadership and active participation in decision making processes. They noted that in their culture (predominantly Acholi), women and girls are expected to take a backseat when important decisions are made at household and community level. In the host community, the viewpoints were similar. Indeed FGD discussions in both male and female groups noted that a woman's place is lower than that of a man in the society and as such, participation in social and political processes are greatly moderated by these norms and beliefs.

It was noted that factors that help women attain political and social participation and gains there-from include networks and connections with highly placed leadership, for example wives of leaders are more influential than those whose spouses are unknown. Further, education and wealth also play a key role. Those women that can read, write or have more money are more powerful and hence more influential in the community. Also, women that are elderly and still strong and able to reason are respected and their voices are often heard but beyond a certain age, when infirmity makes it hard for them to move around much, they are often forgotten and their influence ceases.

The discussions show that several things can be done to enhance women's participation and gains from social and political participation. Intensive sensitization targeting men, leaders, and women themselves to change attitudes and practices can help change the status quo. One FGD participant noted for as long as you continue targeting women with your messages of emancipation, and you ignore the men, you are wasting time. *"It is the men who control power and they need to see the need to relinquish some power to women, otherwise, we shall continue being beaten and denied power or resource control"*. Clearly this echoes the need to engage more

men in the community as allies to change mindsets of other men, but also as role models negotiating change through exemplary means. The participants noted that male elders, cultural leaders, religious leaders and political male leaders are very influential and are the custodians of power and maintenance of tradition in both communities. If these can be targeted with mindset change messages then the changes start at the top and trickle down in a sustainable manner.

It was also noted that economically empowering women is also essential to enable them actualise their dreams of being financially and socially independent and active agents able to determine their own wellbeing and future. This will help improve women/girls' position in society and power to make changes in their lives; make key decisions that affect their lives (SRHR, family planning, decisions on own incomes, etc); increase their choices and options in life, have more rights and responsibilities that are presently not available to them as a result of cultural/social norms/expectation; be treated with respect as human beings equal to men and be protected from norms, attitudes and practices that promote SGBV.

It was noted further that adult literacy, basic numeracy classes would help strengthen women and girl's self-esteem and confidence levels as well as empower them to influence social and political processes from an informed perspective and with more confidence.

The women noted that many of them have limited understanding of law, their rights or who to report to in case those rights are violated. They constantly expressed fear of the police and distrust of the security structures in place, which makes reporting difficult and hence many times they keep silent and suffer in silence when their rights are violated. In the host communities, the LC structures were also mentioned as very corrupt and hence few people reported unless grievous harm had been committed against their bodily integrity or in terms of assets. This level of distrust of the security and judicial system as well as ignorance of rights needs to be addressed through community sensitization of referral pathways, who to report to for what problems, and also awareness of rights issues. Security and judicial staff also need to be sensitized and re-sensitized about human rights issues, and their role in protection of rights not violation of the same. Negotiations also need to be entered into with the district and settlement leadership to ensure respect of human rights are upheld as much as possible in these two communities.

6.3 Aspiration for participation in and gains from economic activities

The community discussion with male and female participants showed that women contribute a lot to the economic development of the home and the community. It was however noted that despite these contributions they do not control resources or gains therefrom. One man from the host community noted that he and his wife had a farm and that their sesame garden raised over 5 million shillings in the previous season. He admitted that the sesame was largely a result of his wife's effort since apart from clearing the garden, he had done nothing more except wait to sell the outputs. She had done all the work including transporting it home after it was dried and threshed in the garden. Asked how much he had given his wife from the proceeds of his sales, he responded

"there is no need to give a woman money. When you give a woman money she becomes spoilt and when there is no money she leaves you for another man with money, so better to keep her used to poverty and used to begging from a man. Women are like children, they need to be controlled and disciplined regularly..."

men's FGD participant in the settlement

After listening to him, the other men in the FGD laughed and agreed with him that women need to be controlled and denied money to prevent them getting out of hand. This indicates that this is the generally accepted view that men have of women in the community and generally how women are treated in the community. Indeed, discussions with women revealed that they are

never given money from the sale of proceeds from their own work, as long as one is married they are the property of the spouse and thus subject to their authority and providence. One woman said

“my husband owns a shop but although I sell in the shop sometimes, am not allowed to touch the money to buy essentials at home. His money is used for big investments according to him, but instead I see him drinking it away. I have to struggle selling firewood and snacks to provide food for him and the children as if he does not earn income of his own. If only I had a stable source of income, enough to set me up somewhere far away, I would leave with my children” **women’s FGD participant in host community**

Similar views were raised by other women in the host community discussions. They young adolescent girls already married also felt even more powerless because their spouses were very intimidating and controlled them more due to the age differences and the fear that the young girls exhibited.

In the refugee communities, much as the women also decried the lack of contribution from spouses, they at least had a steady source of food from humanitarian agencies, although the food was inadequate to help them survive. They also decried the lack of income generating enterprises and skills to enable them supplement what is provided by the agencies since these provisions were just a bare minimum and totally inadequate for a decent human life. One female respondent noted:

“back home, I would work for others in the community on their farms and earn personal income to supplement what my spouse failed to provide. Here the host communities are hostile and I fear working for them. I sold off some items like the solar lights to meet my son’s medical bill and last month I sold off my blanket to buy more food for the children. It’s a harsh life, its so cold and rainy but I have no blanket, I left the children to have their blankets for warmth but if this hunger continues, they will have to share blankets so that I sell another blanket to raise food and medicine.” **women’s FGD participant in refugee community**

Her views were echoed in the FGD by both adolescent girls and women arguing that there are no options for livelihoods and that where opportunities exist, men are usually targeted since women get the information late or the jobs are culturally tagged as male jobs. The women also decried the lack of skills for livelihoods which they argued makes it hard for them to cope in a refugee environment. They noted that if they could be given skills and helped to set up income generating enterprises as female groups in the settlement and if aid agencies bought from them to supply the settlement and neighbouring communities, their lives would change. Asked what kind of skills they would prefer, they noted soap making, pad making, basic baking, tailoring and making table clothes, as well as hairdressing. Most of them preferred enterprises that they could do easily and combine with their reproductive activities. Similar views were raised by the host community women and girls regarding choice of skills to be taught. Both host and refugee women/girls also wanted basic numeracy and literacy as well as financial literacy skills to help them grow their enterprises and access more opportunities.

Clearly the host and refugee women show amazing resilience in the face of what they are going through. They have a strong need to provide for themselves and their households and need support to make that possible. They however mentioned during FGDs that men need to be sensitized and perhaps also targeted with interventions especially in the refugee community where the men no longer do anything, seem frustrated with life and use any excuse to turn violent on the women in their lives. This implies that the men would be a threat to the projects if they are not sensitized and also provided with a means to become busy; given counselling, and

helped to understand they need to support their wives project's to ensure the wellbeing of their households.

Host community women also felt men need to be targeted with behaviour change and mindset change programmes to reduce the level of violence against their wives but also to prepare them for any programmes that target women with economic empowerment. This will reduce the risk of violence against women escalating if and when the women gain economic empowerment programmes.

6.4 Other agencies working the area

Although there are several agencies working in the community with the refugees, these are focused on relief for the refugees. For example UNHCR, SAMARITANS PURSE, LWF, IRC, OXFAM, among others are all aid agencies mainly focused on provision of support and protection to the refugees, but none is focused specifically on women and girls and none is delivering services to women as a group but rather to all refugees in general. This implies the specific practical and strategic interests of women are largely ignored in favour of life saving emergency food and basic items distribution like blankets, food, basins, etc. No agency specifically targets host community women or works in the host community in general, yet good practices in refugee settlement interventions suggest that at least 30% of the intervention should be with host communities¹⁹. In terms of services the gaps are huge in both communities. The needs for livelihood, food, SGBV, legal aid, water and sanitation, health, and education are very large. The needs outweigh what is being done by different agencies and specific needs for women and girls on livelihoods, SGBV and SRHR issues remains a priority in both host and refugee communities. As mentioned earlier sections, the funds constraints and area of specialization of these agencies implies they are limited in terms of the work they do and in which areas.

6.5 The proposed intervention

The proposed intervention focusing on supporting women and girls in the area of promoting food security, nutrition, livelihoods, sexual and reproductive health and rights and protection from SGBV is much needed and indeed priority in the two communities. The problem related to the approach is the potential resistance from men and the likelihood of increasing the incidence of SGBV on women if strategies are not put in place to protect women from violence by targeting men and involving men and male leaders in the project. This has to be a priority consideration. There is need to make men allies in women's empowerment (including training some as male champions for women), make them a part of the programme and make them see the relevance in empowering women and a strategy for better wellbeing of households in general. The entire community is likely to support the programme since the needs are many and they themselves expressed the need for the exact services identified initially by the CLWF.

¹⁹ Discussions with Lamwo district officials, September 2017

CHAPTER 7

KEY CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusion

It is clear from the findings that in terms of rights, resources and voice, women and girls fare worst off compared to boys and men at the community and household levels in both the host and refugee communities. Key assets and resources at community and household level are held by men and key decisions are made by men with minimal if any contributions from women. Generally, both communities exhibit a highly patriarchal structure with women and girls at the bottom of the hierarchy and men and boys higher placed and better placed to tap into existing opportunities than their female counterparts.

The heavy contribution that women make towards the household and community wellbeing includes reproductive, productive and community roles that are pivotal to the survival of the members. In terms of workload, women and girls are overburdened with a workday ranging between 12-16 hours compared 2-6 hours for men and boys. This affects women's health and wellbeing and also affects their capacity to participate in and enjoy the benefits from economic, social and political engagements. Sadly however, despite their huge contribution to farm labour and other domestic work, women do not control the outcomes from their labour and do not have a say on resource allocation decisions including resources they helped to bring to the household. We note however that for women who are single or living in female headed households, they take most decision for their households and have some powers to make decisions on resource allocations.

Women were generally noted to be having higher levels of illiteracy, lower self-esteem, and lack of finances which affect their confidence and willingness to participate in social, political affairs of the community in both host and refugee settlements. Further, the negative cultural norms, strong patriarchal norms plus internalisation of social norms that relegate them to a lower position relative to men implies many women cannot compete with men for social and political positions and as such have less influence over decisions that affect their lives at both household and community levels (including those of a reproductive nature) Decisions including health related decisions that affect the lives of women and girls are usually made by the men in their lives, for example decisions on spacing of children and when to stop having children.

Women were generally noted as having triple roles in both the host and refugee communities, and as a result are overwhelmed with multiple tasks and limited resources. They lack livelihood skills, lack income, lack access to finances/credit to set up income generating enterprises, and are faced with negative cultural environment that creates hurdles for them every step of the way. Their lack of control over resources and decisions as well as their generally lower position relative to men implies they lack power in the community and are often exploited by the men in their lives, to generate resources that they do not control and rarely benefit from. Empowering women socially and economically would help transform these gender imbalances and enable them meet their practical needs but also improve their social standing and capacity to influence political and social processes/decisions that affect their lives fully. This has to be combined with community sensitization targeting men and leaders in the community especially cultural leaders who are custodians of culture and therefore are most interested in holding onto existing gender norms.

The findings show that despite the huge needs, there are no women organisations currently running programmes specifically for women and girls. This needs to be rethought, since the plight of women and girls as seen in the previous sections, is phenomenal and needs urgent attention. Although there are huge gender related risks to targeting women with key interventions, these risks can be downplayed by ensuring that men are brought on board from the start to appreciate the programmes targeting women and to support these programmes.

Most of the identified problems stem from negative cultural norms and can be addressed through intensive sensitization targeting men, leaders, and women themselves to change attitudes and practices can help change the status quo. Empowering women is also essential to enable them actualise their dreams of being financially and socially independent and active agents able to determine their own wellbeing and future. This will help improve Women/girls' position in society and power to make changes in their lives; make key decisions that affect their lives (SRHR, family planning, decisions on own incomes, etc); increase their choices and options in life, have more rights and responsibilities that are presently not available to them as a result of cultural/social norms/expectation; be treated with respect as human beings equal to men and be protected from norms, attitudes and practices that promote SGBV

Disposable pads should not be an option in a situation where funds to procure them and distribute them in sustainable manner are not available. It is much cheaper and sustainable to secure good quality re-useable pads like afri-pads and distribute these instead, and ensure they have soap to wash the pads and to maintain hygiene. The environmental implication of using disposable pads in the refugee contexts are also terrible. The disposable pads take years to get degraded and we are talking of thousands of women in a small settlement, disposing pads by throwing not incinerating, this has serious environmental problem. Introducing re-useable pads is not only environmentally friendly but also forced the users to exercise hygiene and hence reduces the rate of UTI problems.

Overall, the needs in the host and refugee communities are overwhelming and sadly the limited funding from international aid agencies has also left both host and refugee communities in a pitiable state with limited access to food, limited livelihoods options, limited marketable skills, limited access to capital for investments, and poverty so severe that it has pushed them into living below the level of human dignity, in many cases. Access to water and health services, legal aid and other support services for seeking justice are all difficult to gain especially by women. All these problems tend to push women to adopt coping strategies that endanger their health and wellbeing, for example many have resorted to prostitution while some are being sexually exploited and pimped to survive. This situation is unacceptable and must be addressed with urgency.

7.2 Key Recommendations for Interventions

- **Nutrition/ Food security**
 - Sensitization on nutrition and balanced diets
 - Livelihood programs to diversify income sources for both men and women
 - Skills building and economic empowerment programmes to empower women and youth with skills and enterprises to survive on
 - Scale up sensitization and support for kitchen gardens
 - Food rations to refugees should include dietary diversity
 - Speed up process to allocate agricultural land to refugees
 - Women's social and economic empowerment to strengthen their voice, rights, and access to resources
- **Livelihoods**
 - Support for intensive farming
 - Livelihood programs to diversify income sources
 - Adult literacy classes
 - Vocational/Skills building (tailoring, baking, brick laying, construction, poultry, candle making, soap making, etc)
 - support to start up income generating enterprises thereafter
 - Mobilize beneficiaries into groups for ease of operation of enterprises, joint sale, etc

- Tag VSLA programmes to each group to empower the members to expand their enterprises and diversify where possible
- Allocate farm land to refugees
- **Protection**
 - Livelihood programs to diversify income sources
 - Women's economic and social empowerment programs
 - Train humanitarian workers on rights, law, protection issues
 - Logistical Support to police – construction of prison cells, armoury, transport, to aid prosecution of perpetrators
 - Sensitize communities on rights, referral pathway and legal framework in Uganda
 - Construct safe spaces/shelters for GBV survivors
 - Support GBV survivors to seek support and other services needed
 - Community policing should be set up to help identify at risk groups, support vulnerable groups to seek help and sensitize others to change mindsets
 - Have schools within the refugee and host communities or at least within easy reach of both communities
 - Provide basics like books, pads etc to adolescents to prevent exploitation
 - Security lights in dark spots/isolated spots
 - Introduce case management for GBV, develop and create awareness on referral pathways, provide support to survivors to seek redress
- **Health**

SRHRs

 - Livelihoods programmes to reduce vulnerability to sexual exploitation
 - Sensitization and awareness raising to reduce inability to negotiate safe sex by women and girls
 - Provide SRHR services and provide Awareness about SRHRs services
 - Improve access to SRHR services by youth through youth friendly services, changing the location of the condom dispenser, make available female condoms, etc
 - Sensitize men about women's needs for SRHR and provide safer and discrete family planning options for women e.g injectables²⁰
 - Provide sanitary towels and basic hygiene materials to prevent hygiene related complications that have been leading to recurring UTI's
 - Sensitize and retrain health service providers to change attitudes to clients especially regarding attitude of mid wives to pregnant women and adolescents

General Health Concerns

 - Restock drugs at the health facility
 - Set up ART specific clinic
 - Sensitization about and awareness regarding risks of self-medication and drug resistance
 - Privacy at STD clinics
 - Construction of latrines and encourage communities to use them
 - Community sensitization to demystify norms around pregnant women and latrine usage

²⁰ Note that family planning has not been accessible to refugees in the past and they are just adopting it now. Although the host communities have had longer access, the challenge in both communities remains negative cultural norms that promote and value many children and discourage use of contraception. Further, women's lack of control over their bodies affects their capacity to make decisions regarding contraception. As such, any measures will initially have to be adopted in a manner that enhances safety of the woman and thus discrete methods are probably a better option in the beginning, used with the consent of the woman herself.

- **Cross-Cutting Issues**

Strengthen women's and girls' social, political and economic options through

- Stronger voice for women in community affairs through participation in leadership – reserve slots for women on refugee councils and support women to take up community leadership opportunities in both communities
- Strengthen women's access to resources through grants, livelihoods/skills building programmes, VSLA, etc
- Strengthen women's economic capacity through development of group projects and value addition support as well as marketing support and buying from the women. Projects for soap making, cooking oil making, etc and buying from the women to supply to the refugee communities would greatly enhance their options
- Strengthen girl child access to education and retention in school through sensitization, direct support to education sector through setting up education facilities especially for secondary and vocational students.
- Sensitization against early and forced marriage and addressing the root causes of early and forced marriage which include changing social norms and attitudes, addressing poverty, curbing defilement, addressing problems of distant schools, addressing the lack of sanitary and scholastic materials, etc
- Stronger programmes and coordination efforts on GBV and protection concerns
- Encourage household shared responsibility and shared decision making/control over resources through sensitization and supportive structures to enforce women's claims over household assets

References

David Deng & Rens Willems (March 2016), Sexual and Gender-Based Violence (SGBV) in Unity State, Sudan POLICY BRIEF Intersections of Truth, Justice and Reconciliation in South Sudan, University for Peace, The Hague

GOU (2012), State of Uganda's Population 2012, GOU, Kampala; Republic of Uganda (2007), Peace, Recovery and Development Plan, Republic of Uganda, Kampala

Josephine Ahikire, and Aramanzan Madanda (2011), The Survey on Re-Entry of Pregnant Girls in Primary and Secondary Schools in Uganda (2011), MOES, FAWE, UNJPGE AND DfID, Kampala

LWF, Assessment Report on Water Sanitation And Health (Wash) In Lamwo Refugee Camp Settlement, July 30th, 2017

OXFAM (APRIL 2017) South Sudanese Refugees Response WASH and EFSVL Rapid Assessment in Lamwo District, Uganda

OXFAM (JULY, 2017) "Knowledge, Attitudes and Practices (KAP) on Water, Sanitation and Hygiene (WASH), Emergency Food Security and Livelihoods (EFSL) and Protection for South Sudanese Refugees in Palabek Refugee Settlement, Lamwo District", A Baseline Survey report prepared for OXFAM by FRANCIS KINTU

Tobias and Jolly Owiny, "government rations ARTS" In The Monitor Newspaper, 20th september 2017.

Uganda Bureau of Statistics (UBOS) and ICF, (2017) Uganda Demographic and Health Survey 2016: Key Indicators Report . Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF

UNHCR and Local Government (District Water office; Environmental Health office); LWF; UNICEF; VEDCO (February 2017) INITIAL WASH ASSESSMENT - LAMWO SETTLEMENT.

UNHCR, UGANDA EMERGENCY UPDATE ON THE SOUTH SUDAN REFUGEE SITUATION INTER-AGENCY UPDATE | 26TH JULY – 1ST AUGUST 2017

UNHCR FACTSHEET FOR UGANDA, JULY 2017

Refugee watch, south Sudanese refugees in crisis as funding dries up, source: <http://www.eyeradio.org/support-refugees-uganda->).

World vision report on child marriages in Uganda, Source: <https://www.worldvision.org> – accessed 30/09/2017

APPENDIX A

CASE STUDY GUIDE

1. Briefly tell us about yourself, (your name, hopes, aspirations, family size, position in the family, etc)
2. What rights and responsibilities do you feel you have in your home and in your community (probe, do they feel secure compared to others, if yes why, if no why not?)
3. What roles do you perform at home and in the community (reproductive, productive, community roles)
4. what are the implications for the different roles (with regard to general fatigue, physical and mental wellbeing, economic, social and political opportunities/challenges)
5. what livelihood sources do you rely on and are you able to meet your basic needs based on incomes therefrom?
6. do you feel you have access to the different resources you need for your different economic activities and to help you progress (information, financial, land, education, health, etc)
 - a. if yes, what makes this possible
 - b. if no, why? And who has access to those resources
 - c. how does this affect them
7. do you have control over decisions regarding key resources you need for your different economic activities?(decision making, information, financial, land, education, health, etc)
 - a) if yes, what makes this possible
 - b) if no, why? And who controls those decisions
 - c) how does this affect them
8. What do you need to improve your performance and benefits from productive roles e.g. have higher yields, have food security, earn more money, invest, etc)
9. What factors affect your social, economic and political participation? And why or how
10. How can your participation and gains therefrom be enhanced?
11. What can help improve your position in society and power to
 - a. make changes in your lives,
 - b. make key decisions that affect your lives (SRHR, family planning, decisions on own incomes, etc)
 - c. increase your choices and options in life,
 - d. have more rights and responsibilities that are presently not available to you as a result of cultural/social norms/expectations
 - e. be treated with respect as human beings with equality of opportunity and access to services
 - f. Be protected from norms, attitudes and practices that promote SGBV
12. What are the key needs that you feel if addressed could enable you to progress in life and achieve your goals and aspirations
13. What services are currently available and being offered in your community (by who)
14. What gaps exist in services currently being offered in your community to address your needs
15. What other services/interventions can be implemented

Sector specific questions:

Nutrition

1. How are gender and social position connected to malnutrition?
 - a. What are the special nutritional needs of
 - i. pregnant and breastfeeding women,
 - ii. people with HIV/AIDS and
 - iii. other vulnerable groups?
2. Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently?
3. Are a lot of women having trouble breastfeeding? Are girl and boy babies breastfed differently?
4. Do boys and men have the skills to prepare food for themselves?
5. How are children fed when they are at school?
6. Can households get sources of micronutrients?

Food security

7. What community and household power structures affect the use of food, land and other productive resources? Who (in the community and the household) controls these resources?
8. How do women and men get food locally? Do they have equal access to the local market?
9. Can both women and men get cash and food-for-work opportunities, credit and agricultural materials and services?
10. How self-sufficient are households in particular crops?
11. Do women, men, girls and boys have trouble getting food aid or reaching the local market or farmland because of weapons, land mines or other dangers?

Livelihoods

12. What main livelihood assets (land, seed, livestock, equipment, access to markets) does the community need? How has the emergency affected these?
13. What livelihood assets do women and men control? Has the emergency affected who controls what?
14. What types of agriculture, farming, fishing, trade and food supply existed before the emergency? What role did women and men play in these sectors?
15. What local practices affect ownership and distribution of agricultural land? What are women's property and inheritance rights?
16. What skills do women have? What skills do men have? What training does each group need?
17. What tasks do local customs forbid women or men to do?
18. How much time do women, men, girls and boys spend on unpaid work (fetching water, cooking, collecting firewood, caring for children, washing clothes etc.)?

Protection

19. What are the specific protection needs of women, men, boys, and girls? What are the continued risks for each group (e.g. vulnerability to conscription)?
20. What factors increase tensions and civilian casualty numbers, and how do they affect women, men, boys and girls? How does the spread of weapons affect women, men, boys and girls?
21. How do human rights and humanitarian law violations affect women, men, boys, and girls differently?
22. How does military presence affect the risks of SGBV for women, men, boys and girls?
23. Can people safely report and seek redress for violations of humanitarian law? (This includes SEA by peacekeepers and humanitarian workers.)
24. What are the community's laws and customs on abductions, trafficking in humans, sex work, slave-like practices, SGBV, early/forced marriages and property rights? How do these affect women, men, boys and girls differently?

APPENDIX B

FGD TOOL WITH MULTIPLE TOOLS INCORPORATED

PARTICIPATORY TOOL 1: Problem /Solution (Prioritization) Ranking matrix

In this exercise, the goal is to ensure that as many problems/needs as possible are identified and ranked according to significance and urgency of need. For this exercise, follow the steps below:

- list all problems/needs identified by the FGD
- Number them 1-....
- Plot the numbers into the matrix as indicated below
- Ask the participants to compare each problem with another till every problem has been compared to each of the others, to determine which of the two problems in each comparison, is more significant
- At the end of the comparison count the number of times each problem has been identified as more significant, and write down the frequency next to the problem in the list
- Note down the three most significant problems and confirm with them if that is what they consider as most

	1	2	3	4	5	6
1						
2						
3						
4						
5						
6						

pressing problem. The problem that appears most often is the most significant

- Ensure everyone participates (particularly ensure that the marginalized groups like PWDs, PLWHA, young or newly married women, etc all express themselves)
- For each of the three identified priority needs, list three strategies to address the problem/need
-

PARTICIPATORY TOOL 2A: Daily activity matrix

Ask participants to brainstorm on and do the following exercise to determine daily and seasonal work distribution

Time	Tasks done by women	Tasks done by men	Tasks done by girls	Tasks done by boys
04:00 am				
05:00 am				
06:00 am				
07:00 am				
08:00 am				
09:00 am				
10:00 am				
11:00 am				
12:00 pm				
01:00 pm				
02:00 pm				
03:00 pm				
04:00 pm				
05:00 pm				
06:00 pm				
07:00 pm				
08:00 pm				
09:00 pm				
10:00 pm				
11:00 pm				
12:00 am				

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PARTICIPATORY TOOL 2B: Seasonal calendar

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Based on the tables filled above, ask participants to answer the following questions

1. What contributions do men, women, boys girls make to the economic wellbeing of the family (probe for reproductive roles, productive roles, community roles)
2. What benefits come out of these contributions to the family/community
3. Who benefits from these contributions in terms of increased incomes, or development interventions and services?
4. Who does not gain from these contributions and why?
5. How does this work distribution affect you in terms of
 - General wellbeing – fatigue, health, etc
 - capacity to participate in social, economic and political activities?
6. What can help women/girls perform their reproductive roles better? e.g save on time during household chores, do the roles better/more efficiently or effectively, feel safe while performing these roles, have access to health or other services needed for health and wellbeing, have more time to rest, etc.)
7. What do women and girls need to improve their performance and benefits from productive roles e.g, have higher yields, have food security, earn more money, invest, own resources/assets etc)
8. How have the usual gender roles and responsibilities changed since arriving in the Settlement (for refugees) or after the LRA war for host communities?

PARTICIPATORY TOOL 3: Access to and control profile

ACCESS					CONTROL				
RESOURCES					RESOURCES				
	M	W	B	G		M	W	B	G
Land					Land				
Equipment					Equipment				
Livestock					Livestock				
Farm Inputs					Farm Inputs				
Labour					Labour				
Information					Information				
Credit					credit				
Decision making					Decision making				
others					others				

1. What factors account for the distribution of resource access and control as shown above
 - What rights and responsibilities do women, men, boys and girls have with regard to the different resources?
 - Who has access to which resources/services (information, financial, land, education, health, etc)?
 - What are the beliefs about men or women that limit access to these resources and assets?
 - How does this affect them and others in terms of opportunities, wellbeing, etc?
 - Who has control over which resources (decision making, information, financial, land, education, health, etc)
 - How does this affect them and others in terms of opportunities, wellbeing, etc
2. Is the distribution above equitable?
3. How can women and girls be supported to have more control over key resources?

4. What can help improve Women/girls' position in society and power to
 - make changes in their lives,
 - make key decisions that affect their lives (SRHR, family planning, decisions on own incomes, etc)
 - increase their choices and options in life,
 - have more rights and responsibilities that are presently not available to them as a result of cultural/social norms/expectations
 - be treated with respect as human beings equal to men
 - Be protected from norms, attitudes and practices that promote SGBV

FGD general questions

1. What rights and responsibilities do men, women, boys and girls have
2. how does this distribution of rights/responsibilities affect the different groups (with regard to general fatigue, physical and mental wellbeing, economic, social and political opportunities/challenges, etc)
3. What aspirations do girls/women have for participation in political life, and Social life in the community
 - a) what factors help women attain political and social participation and gains there-from
 - b) what factors hinder women from participating in and getting gains from political and social participation
 - c) what can be done to enhance women's participation and gains from political participation
4. What aspirations do girls/woman have for participation in productive activities and attaining economic progress
 - a) what factors help women attain economic gains from participation in productive activities
 - b) what factors hinder women's productivity and economic advancement
 - c) what can be done to enhance women's participation and gains from economic productivity
5. What can help improve Women/girls' position in society and power to
 - a. make changes in their lives,
 - b. make key decisions that affect their lives (SRHR, family planning, decisions on own incomes, etc)
 - c. increase their choices and options in life,
 - d. have more rights and responsibilities that are presently not available to them as a result of cultural/social norms/expectations
 - e. be treated with respect as human beings equal to men
 - f. Be protected from norms, attitudes and practices that promote SGBV
6. What available CSOs/NGOs or other agencies exist in this community
 - a. What services do they offer
 - b. Who are the target beneficiaries
 - c. What gaps exist in services they offer
 - d. What needs to be strengthened in terms of interventions or services
 - e. What needs to be changed
 - f. What other services/interventions can be implemented
7. The proposed intervention focuses on supporting women and girls in the area of promoting food security, nutrition, livelihoods, sexual and reproductive health and rights and protection from SGBV. In this regard
 - a. What gains do you see from this approach
 - b. What problems do you see related to this approach
 - c. Where do you think the problem arises from
 - d. Who are likely to resist the program most and why
 - e. Who are likely to support the program and why
 - f. How can we ensure all community members support the programme

Sector specific questions:

Nutrition

- How are gender and social position connected to malnutrition?
 - What are the special nutritional needs of pregnant and breastfeeding women, people with HIV/AIDS and other vulnerable groups?
- Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently?
- Are a lot of women having trouble breastfeeding? Are girl and boy babies breastfed differently?
- Do boys and men have the skills to prepare food for themselves?
- How are children fed when they are at school?
- Can households get sources of micronutrients?

Food security

- What community and household power structures affect the use of food, land and other productive resources? Who (in the community and the household) controls these resources?
- How do women and men get food locally? Do they have equal access to the local market?
- Can both women and men get cash and food-for-work opportunities, credit and agricultural materials and services?

- How self-sufficient are households in particular crops?
- Do women, men, girls and boys have trouble getting food aid or reaching the local market or farmland because of weapons, land mines or other dangers?

Livelihoods

- What main livelihood assets (land, seed, livestock, equipment, access to markets) does the community need? How has the emergency affected these?
- What livelihood assets do women and men control? Has the emergency affected who controls what?
- What types of agriculture, farming, fishing, trade and food supply existed before the emergency? What role did women and men play in these sectors?
- What local practices affect ownership and distribution of agricultural land? What are women's property and inheritance rights?
- What skills do women have? What skills do men have? What training does each group need?
- What tasks do local customs forbid women or men to do?
- How much time do women, men, girls and boys spend on unpaid work (fetching water, cooking, collecting firewood, caring for children, washing clothes etc.)?

Protection

- What are the specific protection needs of women, men, boys, and girls? What are the continued risks for each group (e.g. vulnerability to conscription)?
- What factors increase tensions and civilian casualty numbers, and how do they affect women, men, boys and girls? How does the spread of weapons affect women, men, boys and girls?
- How do human rights and humanitarian law violations affect women, men, boys, and girls differently?
- How does military presence affect the risks of SGBV for women, men, boys and girls?
- Can people safely report and seek redress for violations of humanitarian law? (This includes SEA by peacekeepers and humanitarian workers.)
- What are the community's laws and customs on abductions, trafficking in humans, sex work, slave-like practices, SGBV, early/forced marriages and property rights? How do these affect women, men, boys and girls differently?

APPENDIX C

KEY INFORMANT TOOL

1. What rights and responsibilities do men, women, boys and girls have? How have these responsibilities changed as a result of the crisis?
2. What role divisions exist in this community and what are the implications for the different groups (with regard to general fatigue, physical and mental wellbeing, economic, social and political opportunities/challenges)?
3. Who has access to which resources/services (information, financial, land, education, health, etc) and how does this affect them?
4. What beliefs about men and women determine who has access to resources/services?
5. Who has control over which resources (decision making, information, financial, land, education, health, etc) and how does this affect them?
6. What contributions do men, women, boys girls make to the economic wellbeing of the family/community (probe for reproductive roles, productive roles, community roles)?
7. Are the gains shared from this contribution commensurate with the efforts and time they put in?
8. What factors affect women's social, economic and political participation?
9. What factors could help support women's participation?
10. How can their participation and gains therefrom be enhanced?
11. What do women and girls need to improve their performance and benefits from productive roles e.g. have higher yields, have food security, earn more money, invest, etc)?
12. Are there local women's organizations and movements advancing women's rights or assisting in humanitarian emergencies that can included and strengthened through this intervention?
13. What can help improve Women/girls' position in society and power to
 - g. make changes in their lives,
 - h. make key decisions that affect their lives (SRHR, family planning, decisions on own incomes, etc)
 - i. increase their choices and options in life,
 - j. have more rights and responsibilities that are presently not available to them as a result of cultural/social norms/expectations
 - k. be treated with respect as human beings equal to men
 - l. Be protected from norms, attitudes and practices that promote SGBV
14. What available CSOs/NGOs or other agencies exist in this community
 - a) What services do they offer?
 - b) Who are the target beneficiaries?
 - c) What gaps exist in services they offer?
 - d) What needs to be strengthened in terms of interventions or services?
 - e) What needs to be changed?
 - f) What other services/interventions can be implemented?
15. The proposed intervention focuses on supporting women and girls in the area of promoting food security, nutrition, livelihoods, sexual and reproductive health and rights and protection from SGBV. In this regard
 - a) What gains do you see from this approach?
 - b) What problems do you see related to this approach?
 - c) Where do you think the problem arises from?
 - d) Who are likely to resist the program most and why?
 - e) Who are likely to support the program and why?
 - f) How can we ensure all community members support the programme?

Nutrition

- How are gender and social position connected to malnutrition?
 - What are the special nutritional needs of pregnant and breastfeeding women, people with HIV/AIDS and other vulnerable groups?
- Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently?
- Are a lot of women having trouble breastfeeding? Are girl and boy babies breastfed differently?
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- Do women, men, girls and boys have trouble getting food aid or reaching the local market or farmland because of weapons, land mines or other dangers?

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- What livelihood assets do women and men control? Has the emergency affected who controls what?
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- What local practices affect ownership and distribution of agricultural land? What are women's property and inheritance rights?
- What skills do women have? What skills do men have? What training does each group need?
- What tasks do local customs forbid women or men to do?
- How much time do women, men, girls and boys spend on unpaid work (fetching water, cooking, collecting firewood, caring for children, washing clothes etc.)?

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- What are the specific protection needs of women, men, boys, and girls? What are the continued risks for each group (e.g. vulnerability to conscription)?
- What factors increase tensions and civilian casualty numbers, and how do they affect women, men, boys and girls? How does the spread of weapons affect women, men, boys and girls?
- How do human rights and humanitarian law violations affect women, men, boys, and girls differently?
- How does military presence affect the risks of SGBV for women, men, boys and girls?
- Can people safely report and seek redress for violations of humanitarian law? (This includes SEA by peacekeepers and humanitarian workers.)
- What are the community's laws and customs on abductions, trafficking in humans, sex work, slave-like practices, SGBV, early/forced marriages and property rights? How do these affect women, men, boys and girls differently?

APPENDIX D

RESOURCE MAPPING TOOL

This exercise is to be conducted with a mixed group of community members

- Work with the participants to draw a community map and highlight key resources in the community (schools, health units, community centers, water sources, etc)
- Ensure everyone participates
- Identify who can access those resources
- Who controls decisions regarding those resources
- How does that affect others' capacity to use the resource
- What factors aid access to the resource and utilization (probe, do marginalized groups easily access the resource and utilize it)
- What other factors hinder people from using the resources (probe for money, position, gender, social norms/codes of conduct, distance/location, opening ours, staffing/attitude, etc)
- What other services or resources are needed and why?
- Where should these be located
- Who should control or have greater say on the management and daily functioning of the service

APPENDIX E**CATEGORIES OF PEOPLE INTERVIEWED FOR KIIs**

UNHCR STAFF – PROTECTION OFFICER (SETTLEMENT)	1
OPM STAFF – DEPUTY CAMP COMMANDANT (SETTLEMENT)	1
IRC STAFF – TEAM LEADER (SETTLEMENT)	1
LWF FIELD AND PROGRAMME STAFF (SETTLEMENT)	4
SAMARITAN PURSE – FIELD OFFICER (SETTLEMENT)	1
AVSI – PROTECTION OFFICER - (SETTLEMENT)	1
POLICE – AT SETTLEMENT POST - (SETTLEMENT)	1
HOST COMMUNITY LEADERS (4 FEMALE/5 MALE)	9
REFUGEE ELDER (MALE)	1
REFUGEE COMMUNITY LEADERS (1 FEMALE 3 MALE)	4
HEALTH STAFF (1 AT REFUGEE AND 1 AT HOST FACILITY)	2
LAMWO DISTRICT AGRICULTURE OFFICER	1
LAMWO DISTRICT GENDER OFFICER	1
LAMWO DISTRICT COMMUNITY DEVELOPMENT OFFICER (DCDO)	1
LAMWO DISTRICT PROBATION OFFICER	1
TOTAL	30