

# Women and Youth Resilience Project—WAYREP



WITH FUNDING FROM  
AUSTRIAN  
DEVELOPMENT  
COOPERATION



## WAYREP BASELINE REPORT

-

## DECEMBER 2020

# Table of Contents

Authors.....	3
Acknowledgements.....	3
List of Acronyms.....	4
List of figures.....	4
List of tables.....	5
Summary table of indicators and baseline values.....	6
<b>SECTION ONE: BACKGROUND AND CONTEXT.....</b>	<b>7</b>
<b>Project Overview.....</b>	<b>7</b>
<b>Baseline Purpose and Methodology.....</b>	<b>7</b>
<b>Study limitations.....</b>	<b>10</b>
<b>SECTION TWO: Findings &amp; Analysis.....</b>	<b>13</b>
<b>Demographics.....</b>	<b>13</b>
<b>SPECIFIC OBJECTIVE: Increased self-reliance of Ugandan and refugee Women and Youth in Gulu and Arua Municipalities, Omugo Settlement. 16</b>	
<b>RESULT AREA 1: Enhanced sustainable and dignified livelihood for women and youth.....</b>	<b>18</b>
<b>Intermediate Result 1.1: Increased income opportunities for women and youth.....</b>	<b>18</b>
<b>Immediate Result 1.1.1: Women and youth have skills in business development and entrepreneurship.....</b>	<b>22</b>
<b>Immediate Result 1.1.2: Improved engagement in socio-economic networks.....</b>	<b>24</b>
<b>RESULT AREA 2: Reduced acceptance for Gender Based Violence in communities.....</b>	<b>26</b>
<b>Intermediate Result 2.1: Reduced acceptance for Gender Based Violence in communities.....</b>	<b>26</b>
<b>Immediate Result 2.1.1: Improved gender equity in households.....</b>	<b>28</b>
<b>Immediate Result 2.1.2: Women and youth have agency towards gender equality.....</b>	<b>31</b>
<b>Immediate result 2.1.3: Men demonstrate positive masculinity.....</b>	<b>34</b>
<b>RESULT 3: Enhanced support to GBV survivors.....</b>	<b>39</b>
<b>Intermediate Result 3.1: Enhanced quality of services for Gender Based Violence.....</b>	<b>40</b>
<b>Immediate Result 3.1.1: Improved capacity of formal and informal GBV service providers.....</b>	<b>41</b>
<b>Immediate Result 3.1.2: Enhanced coordination of GBV services.....</b>	<b>43</b>
<b>Result Area 4: Increased accountability of the Government of Uganda on the implementation of relevant frameworks for women and girls’ protection and rights.....</b>	<b>45</b>
<b>Intermediate Result 4.1: Increased action on implementation of relevant frameworks for the protection of women and girls by public authorities.....</b>	<b>45</b>
<b>Immediate Result 4.1.1: Communities effectively advocate for the protection of women and girls’ socio-economic rights and a life free from violence (LFFV).....</b>	<b>46</b>
<b>Immediate Result 4.1.2: Joint advocacy for the implementation of existing GBV policies &amp; frameworks by duty bearers.....</b>	<b>52</b>
<b>SECTION THREE: CONCLUSION AND RECOMMENDATIONS.....</b>	<b>53</b>
<b>Conclusion &amp; Recommendations.....</b>	<b>53</b>
<b>Annexes.....</b>	<b>57</b>
<b>Annexe 1: Summary of key informant interviews for the WAYREP baseline.....</b>	<b>57</b>
<b>Annexe 2: Survey Questionnaire.....</b>	<b>63</b>
<b>Annexe 3 : Focus Group Discussion Questionnaire.....</b>	<b>77</b>
<b>Annexe 4: Key Informant Interview Questionnaire.....</b>	<b>79</b>
<b>References:.....</b>	<b>81</b>

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## List of Acronyms

<b>ADA:</b>	Austrian Development Agency
<b>CEFORD:</b>	Community Empowerment for Rural Development
<b>CEWIGO:</b>	Centre for Women in Governance
<b>CoACT 1325:</b>	Coalition for Action 1325
<b>ER:</b>	Expected Result
<b>FGD:</b>	Focus Group Discussions
<b>GBV:</b>	Gender Based Violence
<b>GoU:</b>	Government of Uganda
<b>H/H:</b>	Household
<b>IGA:</b>	Income Generating Activity
<b>IPV:</b>	Intimate Partner Violence
<b>KII:</b>	Key Informant Interviews
<b>LAP:</b>	Local Action Plan
<b>LC:</b>	Local Council / Local Councillor
<b>LFFV:</b>	Life Free From Violence
<b>LQAS:</b>	Lot Quality Assurance Sampling
<b>M&amp;E:</b>	Monitoring and Evaluation
<b>NGO:</b>	Non-Governmental Organization
<b>PACHEDO:</b>	Partners for Community Health and Development Organization
<b>WAYREP:</b>	Women and Youth Resilience Project
<b>WPS:</b>	Women, Peace and Security

## List of figures

<b>Figure 1:</b>	Education level completion rates disaggregated by sex
<b>Figure 2:</b>	Household members engaged in IGA disaggregated by location
<b>Figure 3:</b>	Changes in income
<b>Figure 4:</b>	Rejection of IPV disaggregated by location in more detail
<b>Figure 5:</b>	Experience of IPV disaggregated by form and sex

## List of tables

<b>Table 1:</b>	Sampled Supervision Areas
<b>Table 2:</b>	Number of KIIs by location
<b>Table 3:</b>	Changes to indicators for ER 2
<b>Table 4:</b>	Survey respondents disaggregated by sex, age and location
<b>Table 5:</b>	School attendance and education level disaggregated by location
<b>Table 6:</b>	Marital status disaggregated by sex and age
<b>Table 7:</b>	Marital status by disaggregated by location
<b>Table 8:</b>	Type of IGA disaggregated by location
<b>Table 9:</b>	Type of IGA disaggregated by sex
<b>Table 10:</b>	Average weekly income disaggregated by sex and age
<b>Table 11:</b>	Change in Income disaggregated by age and sex
<b>Table 12:</b>	HH expenditure trends disaggregated by sex
<b>Table 13:</b>	HH expenditure trends disaggregated by location
<b>Table 14:</b>	Use of skills gained from trainings disaggregated by location
<b>Table 15:</b>	Use of formal and informal FS disaggregated by location
<b>Table 16:</b>	Use of formal and informal FS disaggregated by sex and age
<b>Table 17:</b>	Rejection of IPV disaggregated by sex and age
<b>Table 18:</b>	Rejection of IPV disaggregated by location
<b>Table 19:</b>	Gender Equitable Men Scale, domestic chores sub-scale disaggregated by sex and age
<b>Table 20:</b>	Gender Equitable Men Scale, domestic chores sub-scale disaggregated by location
<b>Table 21:</b>	Gender Relations Scale – Power Sub-scale disaggregated by sex and age
<b>Table 22:</b>	Gender Relations Scale – Power Sub-scale disaggregated by location
<b>Table 23:</b>	Rights and privileges of men sub-scale disaggregated by sex and age
<b>Table 24:</b>	Rights and privileges of men sub-scale disaggregated by location
<b>Table 25:</b>	Experience of IPV disaggregated by form and sex
<b>Table 26:</b>	Reporting GBV disaggregated by location
<b>Table 27:</b>	Reporting GBV disaggregated by sex and age
<b>Table 28:</b>	Where IPV was reported
<b>Table 29:</b>	Public Institutions that respondents can access on their own disaggregated by location
<b>Table 30:</b>	Entitlement to basic rights and trust in government disaggregated by location
<b>Table 31:</b>	Entitlement to basic rights and trust in government disaggregated by sex and age
<b>Table 32:</b>	Ability to access and deal with service provider alone disaggregated by location
<b>Table 33:</b>	Ability to access and deal with service provider alone disaggregated by sex and age
<b>Table 34:</b>	Response to service provision disaggregated by location
<b>Table 35:</b>	Response to service provision disaggregated by sex and age

## Summary table of indicators and baseline values

WOMEN AND YOUTH RESILIENCE PROJECT (WAYREP)		
<b>OVERALL OBJECTIVE: Strengthened resilience of Ugandan &amp; Refugee women and youth to live a life free from violence in Uganda</b>		
<b>Specific Objective: Increased self-reliance of Ugandan and refugee Women and Youth in Gulu and Arua Municipalities, Omugo Settlement.</b>		
Result	Indicator	Value
Increased self-reliance of Ugandan and refugee Women and Youth in Gulu and Arua Municipalities, Omugo Settlement.	% of women and girls aged 15 years and older subjected to any form of intimate partner violence (IPV) in the last 12 months by an intimate partner / persons other than an intimate partner;	37%
	% of individuals reporting high self-efficacy (SADD)	75% (73% F, 77% M)
<b>RESULT 1: Enhanced sustainable and dignified livelihood for women and youth</b>		
1.1 Increased income opportunities for women and youth.	% increase in income for targeted women and youth (SADD)	0%
1.1.1 Women and youth have skills in business development and entrepreneurship	% of women and youth who have increased capability to perform economic activity (SADD)	47% (38% F, 56% M)
1.1.2 Improved engagement in socio-economic networks.	% of women and youth who are active users of financial services (disaggregated by informal and formal services) (SADD)	42% (40% F, 46% M)
<b>RESULT 2: Reduced acceptance for Gender Based Violence in communities</b>		
2. 1 Reduced acceptance for Gender Based Violence in communities	% of respondents rejecting IPV (SADD)	72% (65% F, 73% M)
2.1.1 Improved gender equity in households	% of respondents who support more gender equitable norms in the household (SADD)	42% (40% F, 44% M)
2.1.2 Women and youth have agency towards gender equality.	% of respondents with more equitable attitudes and behaviour towards gender roles (SADD)	63% (66% F, 59% M)
2.1.3 Men demonstrate positive masculinity	% of men with a more egalitarian perspective of men and women's rights and privileges	61%
<b>RESULT 3: Enhanced support to GBV survivors</b>		
3.1 Enhanced quality of services for Gender Based Violence.	# of users of GBV services in Omugo settlement, Gulu and Arua municipalities, disaggregated by services and sex and age. (SADD)	0
3.1.1 Improved capacity of formal and informal GBV service providers.	% of the people satisfied with their experience of GBV services disaggregated by service and sex and age (SADD)	46% (47% F, 53% M )
3.1.2 Enhanced coordination of GBV services.	% of reported GBV cases that were referred (SADD) by local structures to formal GBV services.	100%
<b>RESULT 4: Increased accountability of the Government of Uganda on the implementation of relevant frameworks for women and girls' protection and rights.</b>		
4.1 Increased action on implementation of relevant frameworks for the protection of women and girls' by public authorities.	# of advocacy asks that that have been implemented by GOU.	0
4.1.1 Communities effectively advocate for the protection of women and girls' socio-economic rights and a life free from violence.	% of women and girls with capacity to engage and to claim their rights with service providers and duty bearers	29%
4.1.2: Joint advocacy for the implementation of existing GBV policies & frameworks by duty bearers	# of CARE/partner-supported collective actions undertaken by organizations/ movements, to present women's and youth's demands to duty bearers	0

## SECTION ONE: BACKGROUND AND CONTEXT

### Project Overview

CARE International in Uganda is a leading humanitarian organization dedicated to fighting poverty and social injustice. It places special emphasis on investing in women and girls based on decades of experience which shows that promoting gender equality benefits communities as a whole. Funded by the Austrian Development Agency (ADA) and in partnership with CARE Austria, CARE International in Uganda is implementing the five year Women and Youth Resilience Project (WAYREP, 2019-2024).

WAYREP's overall **objective** is to **“Strengthen the resilience of refugee and Ugandan women, girls and youth to live a life free from violence (LFFV) in Uganda”**. WAYREP focuses on women and girls' empowerment within the context of some of Uganda's most pressing current challenges such as rapid urbanization, regular and high rates of displacement and migration across and within Uganda's borders and a very young and largely unemployed population. In 2020, this fragile context was further exacerbated with the outbreak of the Coronavirus pandemic (COVID 19) not only in terms of its health implications, but also in terms of its impact on livelihoods, safety and security. WAYREP is built on the hypothesis that Gender Based Violence (GBV) has two main drivers: gender inequality and poverty. This is exacerbated by displacement whether as a refugee or as an urban dweller coming from rural Uganda. WAYREP's theory of change therefore states that: if refugee and vulnerable Ugandan women and girls have access to dignified livelihood opportunities, and if the gender, social and cultural norms that perpetuate GBV are challenged and minimized, then the likelihood of resorting to negative coping mechanisms - including GBV like early and forced marriage or commercial sex - will significantly reduce and women and girls' self-reliance will increase.

The project seeks to achieve four result areas namely;

1. Enhanced sustainable and dignified livelihood for women and youth
2. Reduction of the acceptance of GBV
3. Enhanced psychosocial support to survivors of GBV
4. Increased accountability of the Government of Uganda (GoU) on the implementation of relevant frameworks for women and girls' protection and rights

The project is being implemented in Gulu Municipality (Pece and Bardege Divisions), Arua Municipality (River Oli Division, Omugo Settlement zones 4, 5, and 6) and Omugo Sub-county (in Obi, Angazi, Anufira, Duku, Boora and Ndapi Parishes).

### Baseline Purpose and Methodology

The **objective** of the baseline study is to provide the data for the project result indicators prior to WAYREP implementation i.e. at the baseline. Progress in project implementation will be measured against these baseline indicator values at later stages of the project cycle i.e. mid-term and end-line. In addition, the baseline will help to define and / or refine targets for the project indicators.

The indicators for project results and approaches to measuring them were developed by the WAYREP team drawing from CARE Monitoring and Evaluation (M&E) in-house and consultant expertise as well as external resources, such as the Compendium for Gender Scales.<sup>1</sup>

The baseline evaluation used a mixed methods approach. The WAYREP team conducted a household survey based on the Lot Quality Assurance Sampling (LQAS) methodology, using KOBO Collect software on hand-held tablets<sup>2</sup> to gather quantitative data and some Key Informant Interviews (KII) and Focus Group Discussions (FGD) for qualitative data collection.

#### Quantitative data collection

Quantitative data collection as required by LQAS methodology was conducted at household level. The LQAS approach stratified the WAYREP catchment area into Supervision Areas (SAs) where each stratum has a minimum sample size of 19 respondents. This survey used a combination of Parishes/Wards as catchment areas stratified into eight supervision areas. The SAs were drawn from the official government administrative maps of Gulu and Arua Municipalities and Omugo Settlement/Sub-county implementation sites. The 8 SAs were constituted of clusters of 2 wards within the divisions of the municipalities.

Each SA was covered by two data collectors and one supervisor. Data was collected using a survey designed by the WAYREP team with support from an independent consultant. Data collection lasted between 4 and 6 days for each team in Arua and in Gulu. Data was recorded in an online database further to a review to ensure consistency and completeness of data by the SA supervisor

**Table 1: Sampled Supervision Areas**

#	Supervision Area	Municipality/Sub-county
1	For God and Bardege Ward	Bardege Division, Gulu municipality
2	Kasubi and Kanyagoga Ward	
3	Labourline and Tegwana Ward	Pece Division, Gulu municipality
4	Vangaurd and Pawel Ward	
5	Kenya Ward	River Oli Division, Arua municipality
6	Tanganyika and Pangisa Ward	
7	Omugo settlement	Omugo sub county
8	Omugo host community	

#### Village Selection

Before data collection could begin, the team first held meetings with the authorities in the survey locations to introduce the project, the baseline exercise and the survey team. These included the

<sup>1</sup> <http://sbccimplementationkits.org/demandrnmch/wp-content/uploads/sites/2/2014/02/Compendium-of-Gender-Scales.pdf>

<sup>2</sup> The KOBO collect application had options in three languages – Acholi, Lugbara and Arabic



Community Development Office (CDO) and the Division Mayor and Division Town Clerk who also participated in the random selection of villages to be surveyed in each supervision area. Additional authorization was obtained from the District COVID-19 Task force. The CDO was supportive in providing lists of the villages for random sampling in each Supervision Area.

Household and Respondent Selection

The households that took part in the survey were randomly selected from each of the selected villages. A reference household was randomly selected from an updated list of households in villages where it existed or a village sketch map was drawn with the help of a guide (usually the Village Local Councilor 1 LC1 or representative) to identify a reference household for villages where an updated list of households did not exist. The next nearest household from the reference household (walking distance) was considered for the first survey point and thereafter the pattern followed the next nearest household for the next interview until all the five respondent categories were interviewed in that village. The five respondent categories were: 15 to 19 year old girls and young women, 20 to 30 year old women, 31 to 45 year old women, 15 to 19 year old boys and young men, 20 to 30 year old men. In households where two or more eligible respondents were found, one member was randomly selected for the interview.

In each selected village, five different categories of respondents were selected and a questionnaire administered for every respondent. A list of all eligible respondents in a household was generated from which one category was randomly selected. A list of potential respondents within the age category was made, from which a respondent was again randomly selected and then interviewed. In a situation where two or more eligible respondents were found in the selected category, one member was randomly selected for the interview. Only one respondent was interviewed per household and in each village only one questionnaire per category was completed except for villages where more than one set of interview was selected in which case the number interviewed in that village per category depended on the number of interview sets that were selected.

Qualitative data collection

The WAYREP team gathered qualitative data through Key Informant Interviews (KII) with representatives of key stakeholder groups including; policy makers, District Local Government Officials, health workers, Civil Society Organizations (CSOs), Police, Local Council Leaders. This qualitative data that was gathered was either necessary because equivalent quantitative data was difficult to find, or because it could bring extra detail and depth to existing quantitative data.

**Table 2: Number of KIIs by location**

	Location	# of Key Informants
1	Gulu Municipality	06
2	Arua Municipality	09
3	Omugo Settlement	02
4	Omugo Host	04
	<b>Total</b>	21

### Focus Group Discussions (FGDs)

Baseline data collection for WAYREP was due to start in March and April 2020. The outbreak of COVID 19 and the subsequent confinement and physical distancing measures meant that several adaptations had to be made, of which the number of FGDs the team could realistically conduct. In the end, the team was only able to conduct 4 FGDs with no more than 10 participants in each of the groups. As a result, the baseline sample size is smaller than planned and some data needs more careful consideration in future WAYREP monitoring and evaluation (M&E) exercises, when comparison with baseline values will be a key measure of progress. Two were held in Gulu, one with men only and one with women only and two were held in Arua, one with young men only and one with young women only. WAYREP partner staff who were present on the ground in both municipalities were in charge of facilitating the FGDs.

This report mostly presents quantitative survey data but incorporates qualitative data where relevant and where quantitative data was either insufficient or not available.<sup>3</sup>

### Survey preparation and training

Enumerators were trained in the LQAS methodology using a standardized manual entitled “community-based Surveys in Uganda Using Lot Quality Assurance Sampling” by STAR-E. In addition, they received training on GBV research ethics and best practice in interviewing techniques and etiquette.

Thirty-six participants from the two WAYREP partner organizations – PACHEDO in Gulu and CEFORD in Arua – took part in a 4-day training from March 17th to 20th, 2020. Each partner team comprised of two supervisors, an SA supervisor and two data collectors for each of the Supervision Areas. Trainers spent a significant portion of time reviewing and practicing conducting the survey at the training venue and in the field. Participants were provided with key insights into how to phrase specific questions in local languages (Acholi, Lugbara and Arabic) to ensure that they took cultural and other sensitivities into account whilst still being clear on the information they sought to elicit.

COVID 19 restrictions delayed data collection by 2 months. A refresher training was therefore organized to ensure that enumerators were ready to conduct the survey despite the long interruption.

## Study limitations

### Sample size

The outbreak of COVID 19 and the ensuing containment measures, namely the strict restrictions on gatherings and movement, coincided with the start of the data collection process for the baseline study. This drastically reduced the originally planned sample size for the survey, the KII and FGDs. As a result, comparing baseline data with later stages of M&E data – at mid-term or end-line for example – needs to take this into account, especially where there may be significant variances and inconsistencies. This is most especially the case with the indicator for immediate result 3.1.2 on enhanced coordination of GBV services under ER3 where only 27 respondents were provided data because the rest were found to be

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<sup>3</sup> This is mostly the case for indicators under ER 4 on GoU accountability

ineligible to answer the related questions. In this case, we cannot interpret the data as sufficiently representative of the target groups as a whole.

Expected Result 1 (ER 1) data on income

In addition to affecting sample size, the COVID 19 pandemic also has been having a devastating effect on all economies around the world and WAYREP respondents’ livelihoods were not spared. WAYREP respondent income data was collected right in the middle of COVID 19 confinement measures in Uganda, which was a time when many people could not travel to their workplaces and places of trade. As a result, income data per week is particularly low in the baseline.

Modification of ER 2 indicators and their measurement methods

The three original indicators for the three results under the ER 2 were changed in the course of the baseline process as summarized by the table below:

**Table 3: Changes to indicators for ER 2**

Result	Original Indicator	Adapted indicator
<b>Improved gender equity in households</b>	% of women who report they are able to equally participate in household decision-making (SADD)	% of respondents who support more gender equitable norms in the household (SADD)
<b>Women and youth have agency towards gender equality.</b>	% of respondents agreeing with Gender Relations Scale items (SADD)	% of respondents with more equitable attitudes and behaviour towards gender roles (SADD)
<b>Men demonstrate positive masculinity</b>	% of respondents agreeing with Gender Norms Attitudes Scale items. (SADD)	% of men with a more egalitarian perspective of men and women’s rights and privileges (SADD)

These results, their original indicators and the method and guidance to measure them were taken from the Compendium of Gender Scales<sup>4</sup>. However, the WAYREP team made two key changes during the data analysis and baseline report writing phase. First, the indicators were rephrased to correspond more closely to the wording of the Compendium, since the latter tool was used to measure them. Second, the method of measurement for each indicator was changed and does not correspond to the guidance for calculation in the compendium.

The Compendium provides a series of statements to put to respondents to measure a number of attitudes and behaviours on the subject of gender equality. To each statement, the compendium recommends 3 response categories: Agree, Partially Agree and Don’t Agree. The WAYREP team however provided respondents with five response categories which it then merged into three as: Agree / Strongly Agree, Don’t Know, Disagree / Strongly disagree.

As a result of this non-alignment of response categories, the WAYREP team did not use the Compendium’s suggested method to calculate scores for each indicator. Instead, the percentage of agreement (i.e. those

<sup>4</sup> <http://sbccimplementationkits.org/demandrnmch/wp-content/uploads/sites/2/2014/02/Compendium-of-Gender-Scales.pdf>

who answered Strongly Agree / Agree) and disagreement (Strongly Disagree / Disagree) was used to quantify the new indicators.

Two other important factors need to be taken into account in our interpretation of the data for this result. First, although the category of “don’t know” is not reported in the baseline values, it should not be ignored either in our interpretation of certain results. If one set of statements generate a large proportion of “don’t know” answers, it could indicate that the subject at hand is particularly sensitive and therefore, the extent of agreement or disagreement to these statements needs to be somewhat tempered. In this survey, there was an unusually high proportion of “don’t knows” for the statements under the Power sub-scale of the gender relations scale in the compendium, whose statements explored power and agency in relationships, and for the ER 4 statements on government public service responsibility and citizens’ entitlements to basic rights. Secondly, it is also worth noting that for the aforementioned scale on power and agency in relationships under ER 2, a lot of the respondents were actually not in relationships or were in the youngest age category of respondents (15 to 19 years old). Therefore, it is likely that they answered in a hypothetical way, rather than based on lived experience, for this and other sub-scale statements. This should not take away from the validity of the data collected, but is important to bear in mind in comparing findings in later stages of project implementation.

## SECTION TWO: Findings & Analysis

### Demographics

**Sex and age:** The total sample size of the baseline survey was **698 persons** of which 362 (52%) were female and 336 (48%) were male. The majority of respondents, each constituting about 25% of respondents, were 20 to 30 year old males and 15 to 19 year old females and over 70% of respondents were from the urban context). Apart from the 31 to 45 year old female category which was quite weakly represented at 7% of all respondents, there was a fairly equal share of about 20 to 25% respondents from each age, sex and location.

**Table 4: Survey Respondents disaggregated by sex, age and location**

Sex and age	Rural %	Urban %	Refugee %	Total %
Females 15 to 19	22.8	26	17.6	24.5
Females 20 to 30	18.5	20.2	22	20.2
Females 31 to 45	10.9	5.8	11	7.2
Males 15 to 19	20.7	24.5	19.8	23.4
Males 20 to 30	27.2	23.5	29.7	24.8

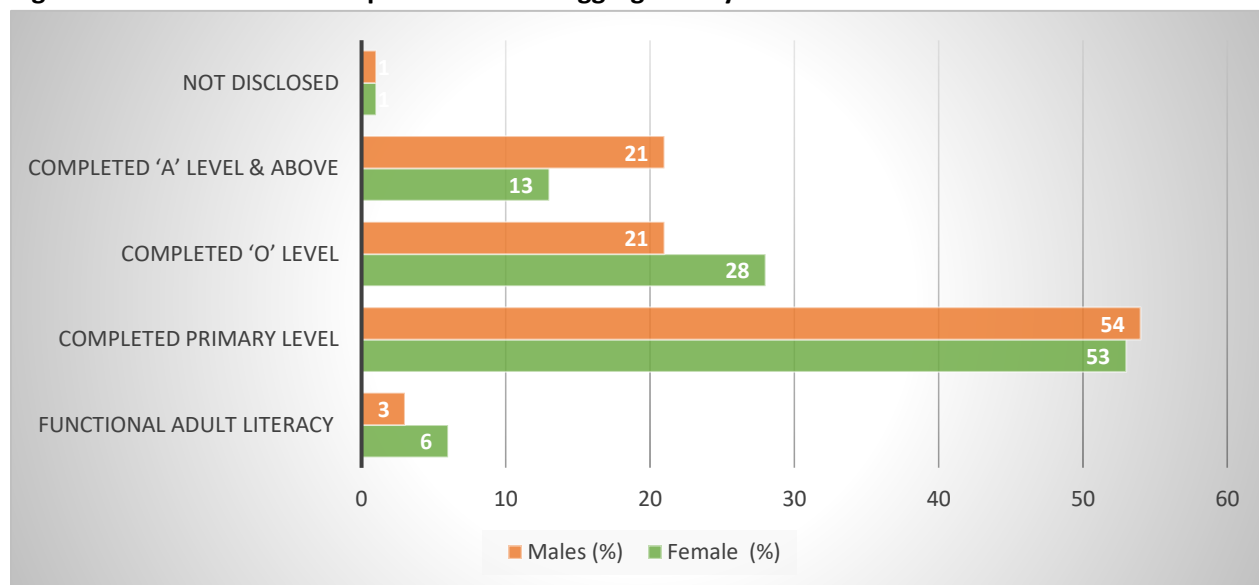
**Education:** Ninety one per cent of the respondents interviewed had attended school at some point in their life, with respondents from the urban areas being the majority of these, at 94% of all respondents. However, of these urban respondents, those who completed primary education is lower at 47%. Rural and refugee settings report better completion rates for primary level. However, the completion rates drastically drop for higher educational levels in all contexts but most drastically in the rural and refugee contexts. For example none of the respondents in the refugee context report having completed Advanced (A) level.

**Table 5: School attendance and education level disaggregated by location**

Education level	Rural %	Urban %	Refugee %	Total %
<b>Ever Attended school</b>				
Yes	79.3	94	82.4	90.5
No	20.7	6	17.6	9.5
<b>Highest level of education</b>				
Functional adult literacy	4	4	8	4
Completed primary level	78	47	75	54
Completed 'O' level	10	28	17	25
Completed 'A' level & Above	8	19	0	16
Not disclosed	0	2	0	1

The sex disaggregation reveals that although women and men report similar completion rates at primary level, more men report completing Advanced (A) level as illustrated in figure 1 below:

**Figure 1: Education level completion rates disaggregated by sex**



**Marital Status:** Fifty - five per cent of respondents reported being single with no partner and 22% reported being married. The rate of marriage is higher in the rural and refugee contexts at 52% and 35% respectively, against 14% in the urban context. Girls and young women in the 15 to 19 year old age category are 10 times more likely to be married than their male counterparts, according to data in this table.

**Table 6: Marital Status disaggregated by sex and age**

Marital Status	Females % 15 – 19	Females % 20 – 30	Females % 31 – 45	Males % 15 – 19	Males % 20 – 30	Total %
Single no partner	71	15	20	91	48	55
Single no regular partner	4	4	0	2	6	4
Single with regular partner	6	4	0	4	14	7
Married	10	55	48	1	18	22
Co-habiting	8	18	18	1	12	10
Widowed	0	2	12	0	0	1
Divorced/separated	1	2	2	1	2	1

**Table 7: Marital Status by disaggregated by location**

Marital status	Rural %	Urban %	Refugee %	Total %
Single no partner	31	59	61	55
Single no regular partner	9	4	0	4

Single with regular partner	3	8	0	7
Married	52	14	35	22
Cohabiting	1	13	0	10
Widowed	1	1	4	1
Divorced/separated	3	1	0	1

**Household (HH) size:** The average HH size of the respondents is seven however, this varies across locations (Rural =7, Urban= 5 and refugee = 9). More men are HH heads, heading 65% of all surveyed HHs, especially in the rural context (87%). Women are the majority household heads in the refugee context (74%) but a minority in the urban context (32%).

**Religion:** Nearly half of all respondents and nearly all rural respondents are Catholic (49% and 99% respectively). Moslem respondents represent 24% of all respondents and are concentrated in urban areas (32%). Protestant/Anglicans account for 19% of respondents and are highly concentrated in the refugee settlements (51%).

## SPECIFIC OBJECTIVE: Increased self-reliance of Ugandan and refugee Women and Youth in Gulu and Arua Municipalities, Omugo Settlement.

The original indicator for the specific objective was: percentage of women and girls aged 15 years and older subjected to sexual violence in the last 12 months by an intimate partner /persons other than an intimate partner. The baseline value for this indicator was 4%.<sup>5</sup>

The reported levels of “any form of intimate partner violence (IPV)” as per the survey’s wording are higher, and should be noted. An average of 37% of women and girls and 20% of men and boys reported having been subject to a form of IPV and for both sexes, the older age categories are most affected: 44% of the women reporting IPV are in the 20 to 45 age groups, and 31% of the men reporting IPV are in the 20 to 30 age group. There is quite a marked variance across the locations with rural respondents reporting the highest levels of IPV at 65% of all respondents, followed by urban respondents at 25% and finally, refugee respondents reporting the lowest levels of IPV in the last year, at 5%.

These higher levels of non-sexual violence specific forms of IPV should take precedence in what WAYREP targets to help reduce. As a result of this baseline finding, the first indicator for the WAYREP Specific Objective has been changed to:

**Adapted Indicator 1:** Percentage of women and girls aged 15 years and older subjected to any form of intimate partner violence (IPV) I the last 12 months by an intimate partner / persons other than an intimate partner.

**Baseline value:** 37%

**Indicator 2:** Percentage of individuals reporting high self-efficacy (SADD)

**Baseline value:** 75% (73% women, 77% men – 95% refugee, 76% urban, 53% rural).

For the purposes of the MEAL Plan, the WAYREP team defined self-efficacy as “an individual's belief in their capability to achieve their goals and/or complete tasks”. However, it is part of the WAYREP learning agenda to gather more detail on what respondents themselves define as self-efficacy. In the meantime, self-efficacy was measured by asking respondents whether they strongly agreed, agreed, disagreed or strongly disagreed with the following statements:

1. I will be able to achieve most of the goals that I set for myself.
2. When facing difficult tasks, I am certain that I will accomplish them.
3. I am confident that I can perform effectively on many different tasks.
4. Compared to other people, I can do most tasks very well.
5. I will be able to successfully overcome many challenges.

The baseline value was calculated as the average of all “agree” and “strongly agree” responses. There was no significant difference between men and women or between different age groups in terms of self-efficacy, although men still typically reported slightly higher levels of self-efficacy. An interesting

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<sup>5</sup> This indicator is a CARE International Global Indicator 12 and is also the second indicator for SDG target 5.2 (“Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”) for SDG 5 “Achieve gender equity and empower all women and girls.”



observation though from the findings is that refugee context respondents reported a systematically and relatively significant higher level of self-efficacy compared with their rural and urban counterparts: 95% of all refugee respondents reported high self-efficacy, against 76% urban and 53% rural respondents.

**Recommendation 1: Further explore self-efficacy especially with regard to refugee context respondents (Specific Objective Indicator 2)**

The high reported level of self-efficacy across respondent groups, and particularly in the refugee context merits further consideration. The WAYREP learning agenda intends on exploring how self-efficacy is defined and developed in the WAYREP target group contexts, and how organizations like CARE, working with vulnerable persons can help support and sustain it. One way to learn more about self-efficacy, and what respondents define as self-efficacy is to break down what we mean by “tasks” and “goals” and “challenges” in the five statements in the data collection tools and adapt them accordingly. There is also further guidance on gathering data for self-efficacy in the CI GEVV supplementary indicator guidance [here](#). The MEAL Plan should be adapted accordingly.

## RESULT AREA 1: Enhanced sustainable and dignified livelihood for women and youth.

### Intermediate Result 1.1: Increased income opportunities for women and youth

**Indicator:** Percentage increase in income for targeted women and youth (SADD)

**Baseline value:** 0

Given that this indicator measures a percentage increase in income that would occur as a result of WAYREP interventions, the value at baseline is zero. **The baseline average weekly income is 16 USD** (12 USD for women, 20 USD for men) and includes the 399 respondents who reported zero income. To measure income at the baseline, the survey gathered data on respondents' income generating activities (IGA), estimations of weekly income and HH expenditure. As stated in the 'Study Limitations' section of this report, this data was collected at the time when the GoU had introduced measures of confinement and restriction of movement in the wake of the COVID 19 pandemic outbreak. The survey included questions on how such measures affected income and working hours. Key findings are summarized below.

#### Average weekly income

The reported average weekly income per person of all 698 respondents is **11 USD** (UGX 40,865) and the average amount of hours worked per week is **6.9 hours**. This average income figure should be interpreted with caution though, and figures calculated for this baseline may not be fully reliable due to a number of factors. Seasonal farmers, for example, would gain income in only certain parts of the year and not others, because of the seasonal nature of their job. And so, the timing of the survey can make all the difference. It is not clear also whether respondents were giving gross or net figures, or whether they all felt they could freely divulge their income to enumerators. Finally, some income estimates include remittances and gift.

#### **Respondents in urban and rural settings report earning more income than those in refugee settings.**

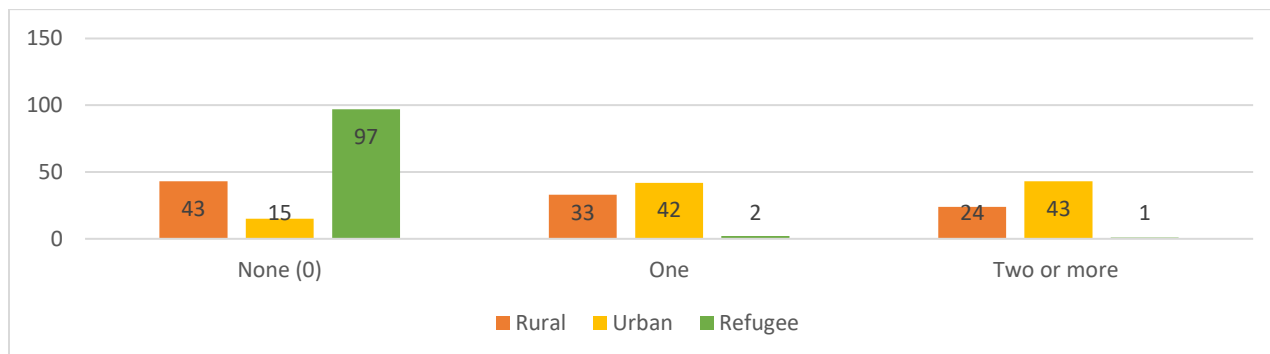
Respondents in the rural communities report earning 24.9 USD per week while those in the settlement and urban context report earning 14.9 USD and 26.6 USD respectively. **Across all age categories, women earn less than men.** Our data indicates that female respondents aged 15 to 45 years earn an average of about 12 USD a week against 20.2 USD a week for all male respondents 15 to 30 years of age even though they report almost identical hours worked per week.

**Table 10: Average weekly income by sex and age**

Parameter	Females 15 - 19	Females 20 – 30	Females 31 - 45	Males 15 - 19	Males 20 - 30	Total
<b>Average hours worked</b>	5.6	7.9	6.5	5.9	8.6	6.9
<b>Average hours by sex</b>		6.7		7.25		
<b>Average weekly income (USD)</b>	12	11.2	13.6	12.2	28.2	16
<b>Average income by sex</b>		12.3		20.2		

### HH engagement in IGAs

**Figure 2: Household members engaged in IGA by location (%)**



Overall, **twenty nine per cent of all respondents reported having no HH member engaged in an IGA, and these were mostly in the refugee context.** Thirty six per cent of all respondents report having one HH member and 35% reported having two or more HH members engaged in an IGA, and most of these respondents are from the urban locations as illustrated in the figure above.

**Table 8: Type of IGA disaggregated by location**

IGA Category	Rural %	Urban %	Settlement %	Total %
Agricultural	27	9	10	15
Non Agricultural	63	73	60	65
Other (aid, begging, remittances)	10	18	30	19

**Table 9: Type of IGA disaggregated by sex**

IGA Category	Females %	Males %	Total %
Agricultural	13	14	13
Non-agricultural	68	73	71
Other (aid, begging, remittances)	19	14	16

**Among the respondents that report earning an income, a majority of 65% of them do so from a non-agricultural activity,** such as petty trading or riding boda–bodas. Most respondents working in the non-agricultural sector are in the urban locations and there is no significant difference between women and men overall engaging in non-agricultural IGAs although men take a slight lead at 73% against 68% of women.

A WAYREP market assessment conducted in the inception phase of the project did indicate, however, that there is still a relatively high demand for small-scale commercial farming amongst WAYREP target groups. The lack of agricultural activity could be explained by a lack of access to land and land ownership, in the urban and refugee context in particular, and by a lack of interest by the younger generation in engaging in this type of work.

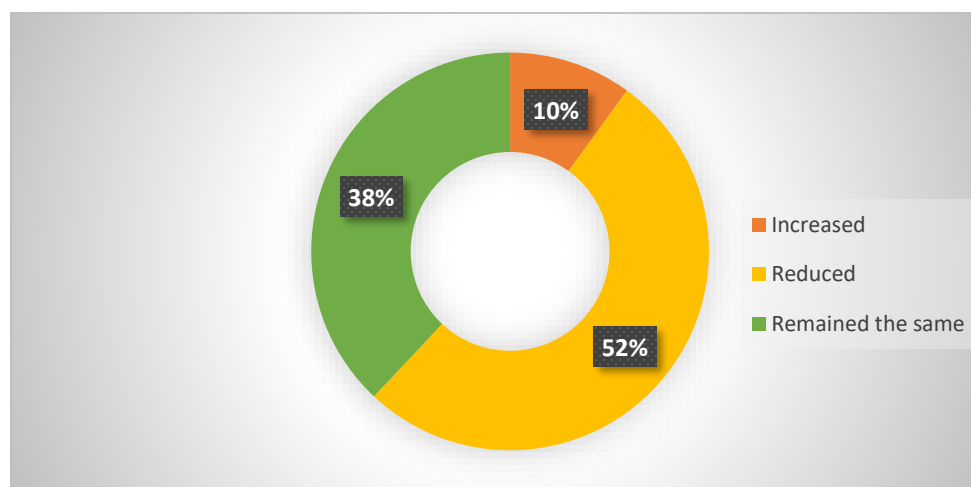
The data indicates that 30%, 18% and 10% of respondents in the settlement, urban and rural areas respectively depend on other sources of financial support such as remittances and charity. Female respondents report to depend slightly more on these other sources of financial support than their male counterparts.

Change in Income

Respondents were asked about change in income earned each week over the past 12 months. Ten per cent reported an increase, **52% a reduction** and 38% indicated their income remained the same. A significant majority of rural respondents - 79% - reported a reduction in their income. The reduction of income is attributed to COVID-19 confinement measures which prevented respondents from accessing their usual areas of work and trade. Other reasons that contributed to income reduction included lack of access to capital and reduced demand for products.

Of the 10% that reported an increase in income, 24% report that this is due to having started a new IGA, 18% to a new skill and 12% to better quality products.

**Figure 3: Changes in income**



**Table 11: Change in income disaggregated by age and sex**

Change in Income	Females	Females %	Females %	Males	Males	Total
	% 15 - 19	20 – 30	31 - 45	% 15 - 19	% 20 -30	
<b>Increased</b>	10	6	4	16	15	51
<b>Reduced</b>	61	60	22	42	72	257
<b>Remained the same</b>	64	28	6	52	35	185

Reason for income increase						
Started a new IGA	3	3	1	2	3	12
Using new skills	3	2	1	2	1	9
Improved quality of product or service	2	0	0	2	2	6
Increased supply of product or service	1	0	1	3	0	5

### Household expenditure

**Most household expenditure is allocated to food and healthcare, across all WAYREP project locations and with no significant variations between men and women.** Food accounts for the highest percentage -29% - of household expenses among respondents overall. For urban and refugee respondents, housing and firewood are also considerable expenses, respectively. Only a small minority of respondents report making any investments (2%) or savings (3%) with their income, which indicates that respondents overall have insufficient disposable income to do so.

**Table 12: HH expenditure trends disaggregated by sex**

Expenditure	Female (%)	Male (%)	Total (%)
Food	30	28	29%
Health	17	18	17.5
Clothing	9	11	10
Water	10	8	9
Housing	9	8	8.5
Lighting/ firewood	9	8	8.5
Transport	4	4	4
Education	4	3	3.5
Saving	2	4	3
Asset Purchasing	2	3	2.5
Investment in small business	2	3	2.5

**Table 13: HH expenditure trends disaggregated by location**

Expenditure	Rural %	Urban %	Refugee %	Total %
Food	37	28	18	29
Health	21	18	13	18
Clothing	12	7	22	10
Water	6	12	1	9
Housing	3	10	5	9
Lighting/ firewood	1	9	10	9

Transport	3	4	7	4
Education	4	3	7	3
Saving	3	3	3	3
Asset Purchasing	3	2	2	2
Investment in small business	3	2	2	2

**Recommendation 2: Future data collection on income should be more carefully administered (Intermediate Result 1.1)**

It is a challenge to gather reliable figures for this data point because questions on income can be interpreted differently. **Questions on income should therefore be made clearer** e.g. are we collecting net or gross income? on daily, weekly or yearly income? And **enumerators should be well trained to be able to probe respondents** on how they are making their income estimations, to make sure that they are not skewing results unnecessarily. For example, seasonal farmers could report significantly different weekly income depending on the time of year during which they are asked the question and enumerators should be able to spot potential outlier data such as this, and probe the respondent accordingly to provide a more aggregate estimate of income.

**Immediate Result 1.1.1: Women and youth have skills in business development and entrepreneurship**

**Indicator:** Percentage of women and youth who have increased capability to perform economic activity  
**Baseline Value:** 47 % (38% F, 56% M)

To measure this indicator, respondents were asked the extent to which they agreed (agree to a large extent, agree to some extent, does not agree much, does not agree at all) with the following 7 statements:

1. I used skills from the training to develop an IGA
2. I developed a business plan for my IGA
3. I am confident in calculating my operating costs and profits
4. I use a system of financial record-keeping to manage my IGA
5. I am able to improve the quality of my product or service since doing the training
6. I am able to increase the scale of my product or service
7. I am able to increase the price I charge for my product or service

The baseline value for this indicator was calculated as the average of all respondents aged 20 to 30 who responded “agree to a large extent” and “agree to some extent” to these statements. The survey data does not include data for the female 15 to 19 age group category. The data for the men in that category is therefore not taken into account for comparability purposes.

**Recommendation 3: Future monitoring of WAYREP should collect data for the younger age group for girls aged 15 to 19 years old for this indicator.**

**Table 14 Use of skills gained from trainings disaggregated by sex and age**

	Women 20 – 30 (%)	Men 20 – 30 (%)	Total
<b>1. I have used skills from the training to develop an IGA</b>			
Yes, to a large extent	16.7	25	25
Yes, to some extent	0	50	16.7
Not much	33.3	25	25
Not at all	50	0	33.3
Average YES	16.7	75	
<b>2. I have developed a business plan for my IGA</b>			
Yes, to a large extent	16.7	25	16.7
Yes, to some extent	50	50	41.7
Not much	-	-	-
Not at all	33.3	25	41.7
Average YES	66.7	75	
<b>3. I am confident in calculating my operating costs and profits</b>			
Yes, to a large extent	16.7	50	25
Yes, to some extent	33.3	50	41.7
Not much	-	-	-
Not at all	50	0	33.3
Average YES	50	100	
<b>4. I use a system of financial record-keeping to manage my IGA</b>			
Yes, to a large extent	16.7	25	16.7
Yes, to some extent	16.7	50	25
Not much	-	-	-
Not at all	66.7	25	58.3
Average YES	33.4	75	
<b>5. I am able to improve the quality of my product or service since doing the training</b>			
Yes, to a large extent	16.7	0	18.2
Yes, to some extent	16.7	33.3	18.2
Not much	16.7	33.3	18.2
Not at all	50	33.3	45.5
Average YES	33.4	33.3	
<b>6. I am able to increase the scale of my product or service</b>			
Yes, to a large extent	16.7	0	9.1
Yes, to some extent	16.7	33.3	27.3
Not much	16.7	33.3	18.2
Not at all	50	33.3	45.5
Average YES	33.4	33.3	
<b>7. I am able to increase the price I charge for my product or service</b>			
Yes, to a large extent	-	-	-
Yes, to some extent	33.3	0	27.3
Not much	16.7	33.3	18.2
Not at all	50	66.7	54.5
Average YES	33.3	0	
<b>TOTAL average YES</b>	<b>38</b>	<b>56</b>	<b>47</b>

## Immediate Result 1.1.2: Improved engagement in socio-economic networks.

**Indicator:** Percentage of women and youth who are active users<sup>6</sup> of financial services (disaggregated by informal and formal services) (SADD)

**Baseline value:** 42% (40% women, 46% men)

To measure respondents' engagement in socio-economic networks, respondents were asked whether they had actively used either informal<sup>7</sup> or formal<sup>8</sup> financial services, or both or neither, in the last 30 days from when the interview was administered.

Findings are summarized in the two tables below:

**Table 15: Use of formal and informal FS disaggregated by location**

	Rural (%)	Urban (%)	Refugee (%)	Total (%)
<b>Formal Financial Services</b>				
<b>Yes</b>	2	30	0	29
<b>No</b>	78	70	100	71
<b>Informal Financial services</b>				
<b>Yes</b>	41	43	40	43
<b>No</b>	59	57	60	57
<b>Active Use of Either Formal or Informal Financial Services</b>				
<b>Yes</b>	40	43	40	42
<b>No</b>	60	57	60	58

**Table 16: Use of formal and informal FS disaggregated by sex and age**

	Females (%) 15 – 19	Females (%) 20 – 30	Females (%) 31 – 45	Males (%) 15 – 19	Males (%) 20 – 30	Total (%)
<b>Active Use of Formal Financial Services</b>						
<b>Yes</b>	0	16	27	50	44	29
<b>No</b>	100	84	73	50	56	71
<b>Average "Yes" by sex</b>	14			47		
<b>Active Use of Informal Financial Services</b>						
<b>Yes</b>	53	40	33	47	46	42
<b>No</b>	47	60	67	53	54	58
<b>Average "Yes" per sex</b>	42			53		
<b>Active Use of Either Formal or Informal Financial Services</b>						
<b>Yes</b>	44	36	39	45	48	<b>42</b>
<b>No</b>	56	64	61	55	52	58
<b>Average "Yes" per sex</b>	40			46		

<sup>6</sup> Active usage – refers to having used a financial service in the 30-day period prior to the survey (with or without ownership)

<sup>7</sup> Financial services provided by an institution/individual which is not regulated or supervised such as savings groups, Village Savings and Loan Associations (VSLAs), rotating savings and credit associations (ROSCAs), community-based money lenders and burial societies; family/friends are not regarded as informal service providers

<sup>8</sup> Financial services provided by formal financial service providers who are regulated or supervised i.e. including commercial banks, microfinance institutions (including deposit taking institutions), savings and credit cooperatives (SACCOs), credit institutions, cooperatives, mobile money service providers, insurance service providers, pension funds, capital markets, forex bureaus and money transfer institutions such as Western Union and MoneyGram



Forty two per cent of all respondents report actively using either formal or informal FS in the last 30 days from the time of their interview with the WAYREP team. Of these, slightly more of them are men (46% men and 40% women) and from urban areas (43% from urban areas, and 40% for rural and 40% for settlement). **Young women in the 15 to 19 age group reported no use of formal financial services at all whereas half of their male counterparts reported that they had. All respondents in the refugee context also reported no use of formal financial services.**

**Recommendation 4: Focus on improving knowledge and understanding and accessibility to formal financial services especially amongst young women, and particularly in the refugee context (Immediate Result 1.1.2)**

WAYREP Result 1 activities should include a focus on building women's knowledge and understanding of formal financial services, and how to access them as they are only a minority of 14% to report using them, especially the youngest age group which reports no use at all of formal financial services. Having said this, there are limits to what WAYREP interventions alone can achieve in this respect, given that: first, a key reason why women do not access formal FS is because they do not or cannot meet some of the conditions for eligibility (e.g. minors cannot open account) and second because WAYREP activities are more focused on informal FS such as Village Savings and Loans Associations (VSLAs).

## RESULT AREA 2: Reduced acceptance for Gender Based Violence in communities

### Intermediate Result 2.1: Reduced acceptance for Gender Based Violence in communities

**Indicator:** Percentage of respondents rejecting Intimate Partner Violence (IPV)

**Baseline Value:** 71.6% (65% women, 73% men)

To measure the acceptance and rejection of IPV in the WAYREP project locations, respondents were asked if it was justified for a man to beat his spouse in the five following circumstances:

- If she goes out without telling him
- If she refuses to have sex with him
- If she argues with him
- If she neglects the children
- If she burns the food

“No” answers indicate a rejection of IPV and the baseline value is an average of all “no” responses, disaggregated by sex<sup>9</sup>.

**Table 17: Rejection of IPV disaggregated by sex and age**

	Females % 15 – 19	Females % 20 – 30	Females % 31 – 45	Males % 15 – 19	Males % 20 – 30	Total %
<b>If she goes out without telling him</b>						
<b>Yes</b>	34.7	30.5	44.0	28.4	20.5	29.5
<b>No</b>	65.3	69.5	56.0	71.6	79.5	70.5
<b>If she refuses to have sex with him</b>						
<b>Yes</b>	18.1	26.2	36.0	9.9	15.2	18.4
<b>No</b>	81.9	73.8	64.0	90.1	84.8	81.6
<b>If she argues with him</b>						
<b>Yes</b>	28.7	34.0	38.0	25.9	25.1	28.9
<b>No</b>	71.3	66.0	62.0	74.1	74.9	71.1
<b>If she neglects the children</b>						
<b>Yes</b>	46.4	48.6	52.0	33.5	34.5	41.3
<b>No</b>	53.6	51.4	48.0	66.5	65.5	58.7
<b>If she burns the food</b>						
<b>Yes</b>	22.8	29.3	30.0	13.0	15.8	20.6
<b>No</b>	77.2	70.7	70.0	87.0	84.2	79.4
<b>Rejection of IPV per age</b>	69.86	66.28	60	77.86	77.78	
<b>Rejection of IPV per sex</b>	65.38			77.82		
<b>Overall rejection of IPV</b>	71.6					

<sup>9</sup> This is the [CARE International Global Indicator 10](#)

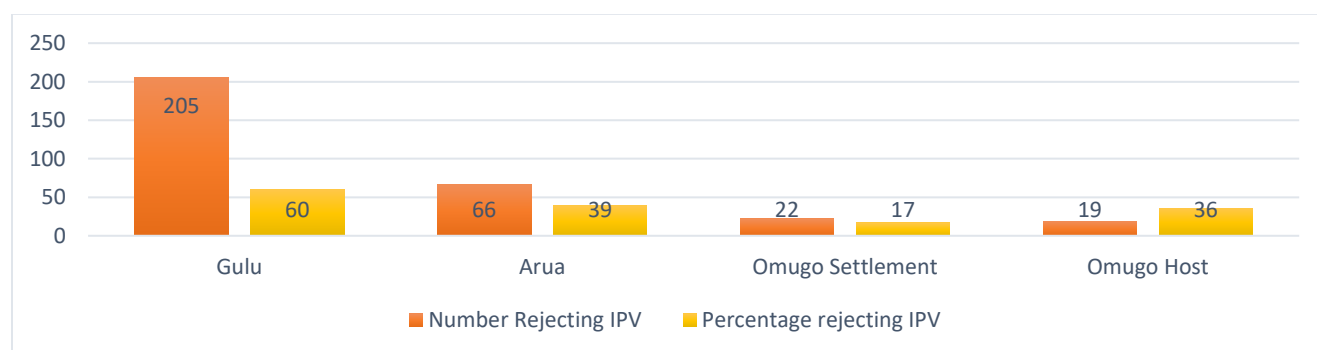
The results in the table above show that there is a fairly healthy level of rejection of IPV at an average of 72% amongst all respondents, with **male respondents reporting higher rates of IPV rejection** across age groups and scenarios where IPV might occur even though men are more likely to be IPV perpetrators than women. The most rejected justification for IPV is “If she burns the food” and the most accepted justification for IPV is “If she neglects the children”. The data also reveals that the younger the respondent, the more readily he / she rejects IPV, especially where female respondents are concerned.

**Table 18: Rejection of IPV disaggregated by location**

	Rural %	Urban %	Refugee %	Total &
<b>If she goes out without telling him</b>				
<b>Yes</b>	40.2	24.4	47.3	29.5
<b>No</b>	59.8	75.6	52.7	70.5
<b>If she refuses to have sex with him</b>				
<b>Yes</b>	32.6	10.7	47.3	18.4
<b>No</b>	67.4	89.3	52.7	81.6
<b>If she argues with him</b>				
<b>Yes</b>	40.2	21.5	59.3	28.9
<b>No</b>	59.8	78.5	40.7	71.1
<b>If she neglects the children</b>				
<b>Yes</b>	48.9	37.4	54.9	41.3
<b>No</b>	51.1	62.6	45.1	58.7
<b>If she burns the food</b>				
<b>Yes</b>	48.9	10.8	46.2	20.6
<b>No</b>	51.1	89.2	53.8	79.4
<b>Average rejection per location</b>	57.84	79.04	49	

Overall, there is a **higher rejection of IPV in the urban context**, presumably because of greater GBV sensitisation efforts in urban areas. An average of 79% urban respondents reject IPV against 49% of refugee and 58% of rural respondents.

**Figure 4: Rejection of IPV by location in more detail**



Amongst the urban locations, Gulu municipality outperforms Arua with 77% of all respondents in Gulu (205 out of 265) rejecting IPV, against 63% of all respondents in Arua (66 out of 105). Possible explanations are that there have been greater GBV awareness-raising efforts in Gulu municipality but it could also be down to the greater number of respondents in Gulu to whom this survey was administered (265 respondents in Gulu vs 105 in Arua).

### Immediate Result 2.1.1: Improved gender equity in households

**Indicator:** % of respondents who support more gender equitable norms in the household (SADD)

**Baseline value:** 42% (40% women, 44% men)

To gather information on respondent attitudes and opinions on gender equitable norms, the survey asked respondents whether they agreed or disagreed with 5 statements which were taken from the domestic chores sub-scale in the Gender Equitable Men (GEM) scale of the Compendium of Gender Scales:

1. Changing diapers, giving children a bath and feeding kids is only the mother’s responsibility.
2. A woman’s role is taking care of her home and family.
3. The husband should decide to buy the major household items
4. A man should have the final word about decisions in his home
5. A women should obey her husband in all

The compendium of gender scales provides a scoring method which is based on the three following response options: agree, partially agree, and don’t agree. This survey, however, provided three different response options: Strongly agree / agree, don’t know, disagree / strongly disagree.

As a result, the scoring method advised in the compendium to measure attitudes toward gender norms in intimate relationships or differing social expectations for men and women cannot be applied, as the units of measurement (response categories) are not aligned.

Instead, the average percentage of all respondents either disagreeing or strongly disagreeing with the statements was calculated to indicate the percentage of support for more gender equitable norms in the HH.

**Table 19: Gender Equitable Men Scale, domestic chores sub-scale disaggregated by sex and age**

	Females % 15 – 19	Females % 20 – 30	Females % 31 – 45	Males % 15 – 19	Males % 20 – 30	Total %
<b>Changing diapers, giving children a bath and feeding kids is only the mother’s responsibility.</b>						
<b>Strongly agree/Agree</b>	55.3	61.4	72	38.7	31.2	47.8
<b>Don’t Know</b>	5.3	1.4	2	4.3	0.6	2.9
<b>Disagree/ Strongly Disagree</b>	39.4	37.1	26	57.1	68.2	49.3
<b>Sub-total disagreement by sex</b>	34.2 %			62.6%		

<b>A woman's role is taking care of her home and family.</b>						
<b>Strongly agree/Agree</b>	61.2	68.1	66	52.8	49.1	58.0
<b>Don't Know</b>	5.9	1.4	0	4.9	1.2	3.2
<b>Disagree/ Strongly Disagree</b>	32.9	30.5	34	42.3	49.7	38.8
<b>Sub-total disagreement by sex</b>	32.5%			46%		
<b>The husband should decide to buy the major household items.</b>						
<b>Strongly agree/Agree</b>	41.4	41.0	44.9	51.9	45.9	45.2
<b>Don't Know</b>	12.4	1.4	0	6.2	0.6	4.9
<b>Disagree/ Strongly Disagree</b>	46.2	57.6	55.1	42.0	53.5	49.9
<b>Sub-total disagreement by sex</b>	53%			47.8%		
<b>A man should have the final word about decisions in his home.</b>						
<b>Strongly agree/Agree</b>	47.6	46.8	42	61.1	50.3	50.9
<b>Don't Know</b>	11.2	0	0	8.0	1.2	4.9
<b>Disagree/ Strongly Disagree</b>	41.2	53.2	58	30.9	48.6	44.3
<b>Sub-total disagreement by sex</b>	51%			40%		
<b>A woman should obey her husband in all things.</b>						
<b>Strongly agree/Agree</b>	62.2	63.8	72	73.6	68.2	67.4
<b>Don't Know</b>	8.8	1.4	0.	4.3	1.2	3.7
<b>Disagree/ Strongly Disagree</b>	28.8	34.8	28	22.1	30.6	28.8
<b>Sub-total disagreement by sex</b>	30.5%			26.3%		
<b>Total disagreement by sex</b>	<b>40%</b>			<b>44%</b>		
<b>Total disagreement</b>	<b>42%</b>					

Results show that overall, the **majority of respondents uphold patriarchal and traditional gender roles in the household** with an average of a minority 40% women and 44% men supporting more gender equal division of labour and decision-making in the household.

For example, only 32.5% of women and 46% men disagree with the statement “a woman’s role is taking care of the home and the family”. More strikingly, an average of **only 30.5% of women and 26.3% of men disagree with the statement “a woman should obey her husband in all things”**.

Women and men in the 20 to 30 age category report the highest levels of support for gender equitable norms while these statements generated relatively **high levels of inconclusive answers from the youngest respondents**, both male and female, in the 15 to 19 year old groups.

Findings show that there are significant minorities of men and a majority of women that support more gender equal norms at home, however this may not necessarily be the practice. The Rapid Gender Analysis (RGA) conducted in April 2020 found that current household decision-making is still dominated by men, which was further confirmed through the baseline qualitative interviews. One key informant said that “...women in my community say that some men do not give chances for discussion and decision making in their house holds...” (KI -Oli division Arua District).

**Table 20: Gender Equitable Men Scale, domestic chores sub-scale disaggregated by location**

	Rural %	Urban %	Refugee %	Total %
<b>Changing diapers, giving children a bath and feeding kids is only the mother’s responsibility</b>				
Strongly agree/Agree	77.2	36.6	81.3	47.8
Don’t Know	0	3.7	1.1	2.9
Disagree/ Strongly Disagree	22.8	59.6	17.6	49.3
<b>A woman’s role is taking care of her home and family.</b>				
Strongly agree/Agree	56	56.5	68.1	58.0
Don’t Know	1.1	3.7	2.2	3.2
Disagree/ Strongly Disagree	42.9	39.8	29.7	38.8
<b>The husband should decide to buy the major household items.</b>				
Strongly agree/Agree	40.2	44.3	54.9	45.2
Don’t Know	4.3	5.7	1.1	4.9
Disagree/ Strongly Disagree	55.4	50	44	49.9
<b>A man should have the final word about decisions in his home.</b>				
Strongly agree/Agree	54.3	46.8	70.3	50.9
Don’t Know	2.2	6	1.1	4.9
Disagree/ Strongly Disagree	43.5	47.2	28.6	44.3
<b>A woman should obey her husband in all things.</b>				
Strongly agree/Agree	66.3	64.4	85.7	67.4
Don’t Know	1.1	4.9	0	3.7
Disagree/ Strongly Disagree	32.6	30.7	14.3	28.8
<b>Total disagreement</b>	<b>35 %</b>	<b>45 %</b>	<b>27 %</b>	

Across different locations – urban, rural and refugee – the main finding is that there is a relatively higher rate of support for gender equal norms in the urban and rural contexts (45% and 35% respectively) than in the refugee setting (27%).

**Recommendation 5: develop additional indicator to measure practice (Immediate Result 2.1.1)**

The indicator for this result currently measures attitudes towards gender equity in households – what people think or say they think they believe when it comes to gender equality in households. An indicator measuring actual practice should be developed in future stages of M&E for the WAYREP project to gauge the extent to which respondents’ actions match their words. **A suggested additional indicator measuring gender equitable practice in households could be: “% of respondents who report that they participate equally in household decision-making (SADD)”.**

### Immediate Result 2.1.2: Women and youth have agency towards gender equality.

**Indicator:** Percentage of respondents with more equitable attitudes and behaviour towards gender roles  
**Baseline value:** 63% (66% women, 59% men)

To measure how equitable attitudes are towards gender roles and specifically, the degree of personal agency and power in a relationship, respondents were asked whether or not they agreed with a second set of statements taken from the Power sub-scale of the Gender Relations scale in the Compendium of Gender Scales<sup>10</sup>. This sub-scale includes the following six statements<sup>11</sup>:

1. My partner has more say than I do about important decisions that affect us.
2. I am more committed to this relationship than my partner is.
3. A woman should be able to talk openly about sex with her husband.
4. My partner dictates who I spend time with.
5. When my partner and I disagree, he gets his way most of the time.
6. I feel comfortable discussing HIV and family planning with my partner.

The indicator value is calculated by taking the average percentage of respondents who either disagreed or strongly disagreed with the above statements, with the exception of statements 6 and 3, where the percentage of agreement was taken into account.

**Table 21: Gender Relations Scale – Power Sub-scale disaggregated by sex and age**

	Females % 15 – 19	Females % 20 – 30	Females % 31 – 45	Males % 15 – 19	Males % 20 – 30	Total %
<b>My partner has more say than I do about important decisions that affect us</b>						
<b>Strongly agree/Agree</b>	25	39.9	38.3	19.4	22	27.1
<b>Don't Know</b>	36.3	3.6	4.3	45.1	15.5	23.7
<b>Disagree/ Strongly Disagree</b>	38.8	56.5	57.4	35.4	62.5	49.2
<b>Sub-total women &amp; men disagreeing</b>	51 %			49 %		
<b>I am more committed to this relationship than my partner is</b>						
<b>Strongly agree/Agree</b>	27	44.6	46.8	23.4	40.5	34.8
<b>Don't Know</b>	50.3	15.1	12.8	54.5	24.4	34.5

<sup>10</sup> The Gender Relations Sub-scale measures equity and power within intimate relationships

<sup>11</sup> The original sub scale has 7 statements – one for discussion on family planning and one for discussion of HIV. For this survey, these two statements have been merged into one, as statement 6 “I feel comfortable discussing HIV and family planning with my partner”.

Disagree/ Strongly Disagree	22.6	40.3	40.4	22.1	35.1	30.7
Sub-total women & men disagreeing	34 %			29 %		
<b>A woman should be able to talk openly about sex with her husband</b>						
Disagree/ Strongly Disagree	20.5	23.6	25	16.1	15.4	19.2
Don't Know	32.9	3.6	0	40.3	5.9	19.2
Strongly agree/Agree	46.6	72.9	75	43.6	78.7	61.6
Sub-total women & men agreeing	65 %			61 %		
<b>My partner dictates who I spend time with</b>						
Strongly agree/Agree	22.9	39.6	40.4	26.4	29.5	30.2
Don't Know	35	5.8	2.1	42.4	12	22.2
Disagree/ Strongly Disagree	42	54.7	57.4	31.3	58.4	47.6
Sub-total women & men disagreeing	51 %			45 %		
<b>When my partner and I disagree, s/he gets his way most of the time</b>						
Strongly agree/Agree	19.9	36	27.7	21.5	25.5	25.7
Don't Know	34.6	9.4	4.3	44.4	13.9	24
Disagree/ Strongly Disagree	45.5	54.7	68.1	34	60.6	50.4
Sub-total women & men disagreeing	56 %			47 %		
<b>I feel comfortable discussing Sexual Reproductive Health (HIV+ family planning) with my partner</b>						
Disagree/ Strongly Disagree	10.9	12.2	10.4	9	7.3	9.8
Don't Know	35.9	2.9	2.1	41.7	9.1	20.9
Strongly agree/Agree	53.2	84.9	87.5	49.3	83.6	69.3
Sub-total women & men agreeing	75 %			66 %		
Average agreement by sex	66%			59%		
Total average agreement	63%					
Average don't knows per age group	37.5	6.7	4.3	44.7	13.5	
Average don't knows per sex	16.1			29.1		

**Table 22: Gender Relations Scale – Power Sub-scale disaggregated by location**

	Rural %	Urban %	Refugee %	Total %
<b>My partner has more say than I do about important decisions that affect us</b>				
Strongly agree/Agree	40.2	24.1	29.7	27.1
Don't Know	12	28.3	12.1	23.7
Disagree/ Strongly Disagree	47.7	47.7	58.2	49.2
<b>I am more committed to this relationship than my partner is</b>				
Strongly agree/Agree	54.3	26.5	58.2	34.8
Don't Know	15.2	42.3	13.2	34.5
Disagree/ Strongly Disagree	30.4	31.2	28.6	30.7



A woman should be able to talk openly about sex with her husband				
Disagree/ Strongly Disagree	20.7	18.2	23.1	19.2
Don't Know	7.6	21.9	16.5	19.2
Strongly agree/Agree	71.7	59.9	60.4	61.6
My partner dictates who I spend time with				
Strongly agree/Agree	39.1	24.9	48.4	30.2
Don't Know	8.7	26.8	12.1	22.2
Disagree/ Strongly Disagree	52.2	48.3	39.6	47.6
When my partner and I disagree, he gets his way most of the time				
Strongly agree/Agree	35.9	23.9	24.2	25.7
Don't Know	7.6	29.9	9.9	24.0
Disagree/ Strongly Disagree	56.5	46.2	65.9	50.4
I feel comfortable discussing Sexual Reproductive Health (HIV+ family planning with my partner				
Disagree/ Strongly Disagree	8.7	10	9.9	9.8
Don't Know	4.3	25.2	15.4	20.9
Strongly agree/Agree	87	64.8	74.7	69.3
Average agreement	57%	50%	54%	

Survey findings suggest no significant variation in gender equitable attitudes and feelings of agency and power within a relationship both between men and women and across different locations.

**The majority of respondents report gender equitable attitudes, with a higher proportion of women than men doing so (66% for women and 59% for men).**

The data for these statements should be interpreted with caution however as many respondents in the younger age groups chose to answer “I don’t know”. Almost 48% of 15 to 19 year old men and 37.5% of 15 to 19 year old women responded “I don’t know” to the statements. They were not as many to answer “I don’t know” for the previous set of GEM domestic chores sub-scale statements and this should be taken into account. It gives us a smaller and less reliable sample to draw representative quantitative measures from.

Possible explanations for the high proportion of “I don’t know” answers could be that respondents found the statements too sensitive to openly discuss with the enumerators. Another possible explanation could be the fact that many of these respondents were single and therefore not able to provide an answer to these statements. Whatever the explanation, **this high level of “I don’t know” should temper our interpretation of the final result of 63% overall adherence to gender equitable attitudes.**

**Recommendation 6: Ensure that data collection tools are adapted to different target groups, especially the younger target groups (Immediate Results 2.1.2)**

The high level of “I don’t know” answers from the youngest age group of men and women regarding their own practical experience of gender norms in relationships (Table 22: Gender Relations Scale – Power Sub-scale disaggregated by sex and age) tells us that we should consider asking the existing questions on gender norms in relationships to those that are in relationships or develop a separate set of questions for the young groups.

### Immediate result 2.1.3: Men demonstrate positive masculinity

**Indicator:** Percentage of men with a more egalitarian perspective of men and women’s rights and privileges.

**Baseline value:** 61%

To measure the extent to which men support equal rights and privileges for men and women, respondents were asked whether they agreed or disagreed with the following nine statements<sup>12</sup> taken from the Rights and Privileges of Men sub-scale in the Gender Norm Attitudes Scale<sup>13</sup> of the Compendium for Gender scales:

1. It is important that sons have more education than daughters.
2. Daughters should be sent to school only if they are not needed to help at home.
3. The most important reason that sons should be more educated than daughters is so that they can better look after their parents when they are older.
4. If there is a limited amount of money to pay for tutoring, it should be spent on sons first.
5. A woman should take good care of her own children and not worry about other people’s affairs.
6. Women should leave politics to the men.
7. A woman has to have a husband or sons or some other male kinsman to protect her.
8. A good woman never questions her husband’s opinions, even if she is not sure she agrees with them.
9. When it is a question of children’s health, it is best to do whatever the father wants.

The greater the disagreement with the statements, the more egalitarian the perspective in terms of men, women, boys’ and girls’ rights. The indicator value is the average percentage of men who disagree with the statements. The results of the survey are presented in the two tables below, the first of which disaggregates answers by age and sex group, the second, by location.

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<sup>12</sup> The original list of statements includes one more statement which this survey did not gather data on – “The only thing a woman can really rely on in her old age is her sons.”

<sup>13</sup> The Gender Norms scales measures egalitarian beliefs about male and female gender norms

**Table 23: Rights and privileges of men sub-scale disaggregated by sex and age**

	Females % 15 - 19	Females % 20 - 30	Females % 31 - 45	Males % 15 - 19	Males % 20 - 30	Total %
<b>It is important that sons have more education than daughters</b>						
Strongly agree/Agree	12.9	18.4	18	42.9	27.7	25.1
Don't Know	3.5	0.7	0	1.2	0.6	1.4
Disagree/ Strongly Disagree	83.5	80.9	82	55.8	71.7	73.5
Sub-total of men and women disagreeing	82%			64%		
<b>Daughters should be sent to school only if they are not needed to help at home.</b>						
Strongly agree/Agree	10.7	12.8	18	14.7	16.8	14.1
Don't Know	4.1	0.7	0	0	0.6	1.3
Disagree/ Strongly Disagree	85.2	86.5	82	85.3	82.7	84.6
Sub-total of men and women disagreeing	84%			84%		
<b>The most important reason that sons should be more educated than daughters is so that they can better look after their parents when they are older</b>						
Strongly agree/Agree	28.8	27.7	26	48.5	33.5	34.1
Don't Know	3.5	3.5	0	2.5	4	3.2
Disagree/ Strongly Disagree	67.6	68.8	74	49.1	62.4	62.7
Sub-total of men and women disagreeing	70%			56%		
<b>If there is a limited amount of money to pay for tutoring it should be spent on sons first.</b>						
Strongly agree/Agree	19.4	19.9	28	36	27.2	25.9
Don't Know	4.1	1.4	4	4.3	1.2	2.9
Disagree/ Strongly Disagree	78.7	78.7	68	59.6	71.7	71.2
Sub-total of men and women disagreeing	75%			66%		
<b>A woman should take good care of her own children and not worry about other people's affairs.</b>						
Strongly agree/Agree	41.2	42.6	34	36.4	35.8	38.5
Don't Know	8.2	1.4	2	3.1	2.3	3.7
Disagree/ Strongly Disagree	50.6	56	64	60.5	61.8	57.8
Sub-total of men and women disagreeing	57%			61%		4
<b>Women should leave politics to the men.</b>						
Strongly agree/Agree	21.2	26.2	22	32.7	22.1	25.2
Don't Know	5.9	1.4	0	3.1	1.2	2.7
Disagree/ Strongly Disagree	72.9	72.3	78	64.2	76.7	72.1
Sub-total of men and women disagreeing	74%			70%		4

<b>A woman has to have a husband or sons or some other male kinsman to protect her.</b>						
<b>Strongly agree/Agree</b>	48.8	51.1	62	63.4	64	57.3
<b>Don't Know</b>	11.8	1.4	0	9.3	0.6	<b>5.5</b>
<b>Disagree/ Strongly Disagree</b>	39.4	47.5	38	27.3	35.5	37.2
<b>Sub-total of men and women disagreeing</b>	42%			31%		11
<b>A good woman never questions her husband's opinions even if she is not sure she agrees with him.</b>						
<b>Strongly agree/Agree</b>	24.7	29.1	40	39.1	29.7	31.3
<b>Don't Know</b>	14.1	0.	2	13	2.3	7.3
<b>Disagree/ Strongly Disagree</b>	61.2	70.2	58	47.8	68	61.4
<b>Sub-total of men and women disagreeing</b>	63%			58%		
<b>When it is a question of children's health, it is best to do whatever the father wants</b>						
<b>Strongly agree/Agree</b>	28.8	33.3	18	33.5	27.3	29.7
<b>Don't Know</b>	15.3	2.8	8	13	2.3	8.5
<b>Disagree/ Strongly Disagree</b>	55.9	63.8	74	53.4	70.3	61.8
<b>Sub-total of men and women disagreeing</b>	64%			62%		
<b>Total men and women disagreeing</b>	68%			61%		

**Table 24: Rights and privileges of men sub-scale disaggregated by location**

	<b>Rural % (#)</b>	<b>Urban % (#)</b>	<b>Refugee % (#)</b>	<b>Total % (#)</b>
<b>It is important that sons have more education than daughters.</b>				
<b>Strongly agree/Agree</b>	37	22.8	26.4	25.1
<b>Don't Know</b>	3.3	1.4	0	1.4
<b>Disagree/ Strongly Disagree</b>	59.8	75.9	73.6	73.5
<b>Daughters should be sent to school only if they are not needed to help at home.</b>				
<b>Strongly agree/Agree</b>	16.3	12.9	18.7	14.1
<b>Don't Know</b>	2.2	1.4	0	1.3
<b>Disagree/ Strongly Disagree</b>	81.5	85.8	81.3	84.6
<b>The most important reason that sons should be more educated than daughters is so that they can better look after their parents when they are older</b>				
<b>Strongly agree/Agree</b>	47.8	26.5	63.7	34.1
<b>Don't Know</b>	3.3	3.5	1.1	3.2
<b>Disagree/ Strongly Disagree</b>	48.9	70	35.2	62.7
<b>If there is a limited amount of money to pay for tutoring it should be spent on sons first.</b>				
<b>Strongly agree/Agree</b>	40.7	20.9	39.6	25.9
<b>Don't Know</b>	4.4	2.9	1.1	2.9
<b>Disagree/ Strongly Disagree</b>	54.9	76.2	59.3	71.2
<b>A woman should take good care of her own children and not worry about other people's affairs.</b>				
<b>Strongly agree/Agree</b>	28.3	39.4	44	38.5
<b>Don't Know</b>	2.2	4.5	1.1	3.7

Disagree/ Strongly Disagree	69.6	56.1	54.9	57.8
<b>Women should leave politics to the men.</b>				
Strongly agree/Agree	18.5	20.1	60.4	25.2
Don't Know	2.2	2.7	3.3	2.7
Disagree/ Strongly Disagree	79.3	77.1	36.3	72.1
<b>A woman has to have a husband or sons or some other male kinsman to protect her.</b>				
Strongly agree/Agree	82.6	46.8	91.2	57.3
Don't Know	1.1	7.2	0	5.5
Disagree/ Strongly Disagree	16.3	46	8.8	37.2
<b>A good woman never questions her husband's opinions even if she is not sure she agrees with him.</b>				
Strongly agree/Agree	37	23.3	70.3	31.3
Don't Know	9.2	9.2	3.3	7.3
Disagree/ Strongly Disagree	67.5	67.5	26.4	61.4
<b>When it is a question of children's health, it is best to do whatever the father wants</b>				
Strongly agree/Agree	38	24.9	48.4	29.7
Don't Know	3.3	10.4	3.3	8.5
Disagree/ Strongly Disagree	58.7	64.8	48.4	61.8
<b>Average % of respondents with equitable attitudes on rights and privileges of men and women</b>	<b>60%</b>	<b>69%</b>	<b>47%</b>	

Overall, **women are more supportive of equal rights and privileges between men, girls, women and boys than men are (68% women vs 61% men)**. The three statements where women's support for equal rights and privileges is most pronounced relative to men are on the education of girls - "It is important that sons have more education than daughters" and "The most important reason that sons should be more educated than daughters is so that they can better look after their parents when they are older" - where women's support is greater than men's by 18 percentage points (82% vs 64%) and 14 percentage points (70% vs 56%) respectively. The third statement is on safety and autonomy "A woman has to have a husband or sons or some other male kinsman to protect her" where 42 % of women and 31% of men reject this assertion, which represents the third greatest divergence of opinion between men and women by 11 percentage points.

Where locations are concerned, there is a fairly consistent greater level of support for gender equality in the urban areas (69%) compared to rural (60%) and refugee areas (47%). **Refugee context respondents tend to display the lowest level of support for equal rights and privileges for men, women, boys and girls with the notable exception of education**, where 73% and 81% of refugee respondents disagreed with the statements "It is important that sons have more education than daughters" and "Daughters should be sent to school only if they are not needed to help at home". This baseline has not disaggregated by sex the responses that are disaggregated by location however this would be useful for future M&E in order to see whether it is mostly men, or women and both more or less equally that show less support for equal rights and privileges in the refugee context.

Responses taken as a whole indicate a fairly healthy rate of support for gender equal principles. However, **when it comes to children's wellbeing and women's security, respondents hold more traditional and**

**gender stereotypical opinions** as demonstrated by the lower levels of disagreement across the board with the statements: “A woman has to have a husband or sons or some other male kinsman to protect her” (rural 16.3%, urban 46% and refugee 8%) and “When it is a question of children’s health, it is best to do whatever the father wants” (59% rural, 65% urban, 48% refugee). Finally, one striking finding of note is the significant variance between refugee respondents on the one hand, and rural and urban respondents on the other, when it comes to women’s leadership. **Only 36% of refugee respondents disagreed or strongly disagreed with the statement “Women should leave politics to the men” compared with 79% rural and 77% urban respondents.**

This indicator on positive masculinity measures attitudes and opinions that men have on the extent to which men, women, boys and girls should enjoy the same rights and privileges. In order to gauge whether practice reflects these beliefs, findings for indicator 2.1.2 on equitable attitudes and behaviour towards gender roles which asks men about what they actively do, rather than think, can be drawn on to cross check for consistency between beliefs and practice. Indeed this comparison confirms that attitudes and practice are fairly consistent as 59% of men demonstrate more gender equitable behaviour (immediate result 2.1.2) which is very close to the 61% reported under this immediate result on positive masculinity.

**Recommendation 7: Include sex disaggregation within location responses (Immediate Result 2.1.3)**

As mentioned above, refugee respondents show the least support for equal rights and privileges between men, women, boys and girls. For future measurement of this indicator it would be relevant and useful to disaggregate the data by sex within each location. As demonstrated by the very last finding on women’s participation in politics, there can be marked differences between beliefs and opinions in the refugee context compared with the rural and urban contexts. Presumably this is because refugee populations can come from altogether different cultural and religious backgrounds, with their own distinct customs and gender and social norms. Being able to determine whether these variances are shared by men and women alike, of all age groups, or not within the refugee context would be useful to know in order to better tailor project activities to the people that they intend to reach.

**Recommendation 8: Focus on women’s leadership activities with refugees (Immediate Result 2.1.3)**

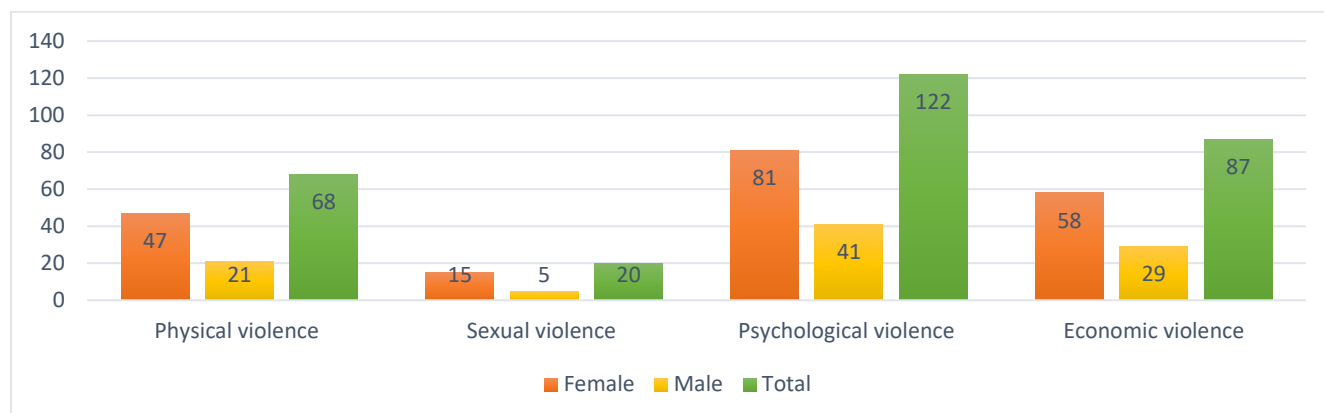
The data gathered for this result shows an alarmingly high rate of rejection of women’s participation in politics in the refugee context and amongst women. WAYREP should ensure that women and girls in all target locations, but especially the refugee context, are provided with information on the purpose and value of gender equality in decision-making at home, in the community and at national level, if possible.

## RESULT 3: Enhanced support to GBV survivors

### Rates of IPV in WAYREP locations

Of all the respondents surveyed, 28% of them (37% females and 20% males) reported having experienced some form of GBV in the last 12 months

**Figure 5: Experience of IPV by form and sex (#)**



Psychological violence was reported to be the most common form of violence experienced. This is in line with the RGA findings of April 2020, which revealed that there had been an increase in psychological violence as a result of the stress and economic challenges caused by the COVID-19 pandemic.

These findings also confirm that IPV is significantly higher among women with an average of 69% of female respondents against 30% of male respondents having experienced some form of GBV. Additionally, sexual violence is 3 times more in women compared to men.

### Experience and Reporting of IPV

Of the 175 (28%) respondents who experienced GBV, 29% (N=50) reported (28 females and 22males). Further review of the findings shows that 25% of women (28/113) who experienced violence reported compared to 36% of men (22/62).

**Table 26: Reporting GBV by location (%)**

Reported	Rural %	Urban %	Refugees %	Total %
Yes	30	28	25	29
No	70	72	75	71

**Table 27: Reporting GBV disaggregated by sex and age (%)**

Reported	Females % 15 – 19	Females % 20 – 30	Females % 31 – 45	Males % 15 – 19	Males % 20 – 30yrs	Total %
Yes	29	22	25	43	33	29
No	71	78	75	57	67	71

A number of GBV duty bearers interviewed during qualitative data collection attributed this low rate of reporting to a lack of privacy for survivors explaining that rooms are often shared in health facilities, which does not provide a safe enough space for discussion and fuller reporting for survivors. This confirms that confidentiality is one of the key principles of survivor centred service provision.

The majority (76%) of respondents report that their first port of call following a GBV incident is more likely to be an informal GBV service provider such as a clan leader, a member of the Refugee Welfare Council (RWC) in the case of the settlement context, a LC) and other community leaders and non-formal service providers. Only 24% reported to formal GBV service providers such as police and health workers.

### **Intermediate Result 3.1: Enhanced quality of services for Gender Based Violence**

**Indicator:** Number of users of GBV services in Omugo settlement, Gulu and Arua municipalities, disaggregated by services and sex and age. (SADD)

**Baseline value: Project GBV IMS (baseline Value = 0)**

Respondents that have experienced IPV were asked if they reported this to a GBV service provider(s). Findings reveal that only 29% reported as indicated above. Of these, 14% (n=7) reported to police and majority reported to clan leaders (41%, N=20).

**Table 28: Where IPV was reported**

Where was IPV Reported	Rural (#)	Urban (#)	Refugee (#)	Total (#)
Health professional	0	0	0	0
Police	4	3	0	7
Legal Office	1	1	0	2
Psychosocial support	0	1	0	1
Protection house/GBV shelter	0	1	0	1
Clan leader	10	9	1	20
RWC/LC	1	5	0	6
Community leader	4	3	1	8
Other GBV service provider	2	2	0	4



### Immediate Result 3.1.1: Improved capacity of formal and informal GBV service providers

**Indicator:** Percentage of the people satisfied with their experience of GBV services disaggregated by service and sex and age (SADD)

**Baseline Value:** 46 % (47% Female and 53% Males)

Respondents that used GBV services were asked about their level of satisfaction with the service providers and findings reveal that:

Fifty (50) respondents who reported their experience of IPV to formal and informal service providers, 70% (N=33) (62% F (n=17) and 80% M (n=16)) received support. 46% (47%Female, 53%Male) of those that received support were satisfied with the service provided.

While capacity and competence can be an issue with service providers, more practical matters – such as time and money – prevent them from carrying out their duties as well and as fully as they should. A Gulu health worker explained their experience in our interviews:

*“I have gone three or four times to provide witness in court sessions and the fifth time I didn’t go. This was mainly because of the frustration from spending long days at court with no facilitation amidst heavy workload at the health center. I am motivated to go because I feel concerned about the survivors who need to be supported to access justice. However, the courts do not have respect for health workers. I took time to ask the court clerk why there is no motivation and support and he says the support is for only for witnesses in high court and not magistrate court”.*

Overall, the survey findings revealed that the police and health care providers are the most accessible duty bearers that respondents can report to on their own if they are in need of their services. Of those reporting that they can access health workers and health services, 27% and 17% are in settlement and rural areas, respectively. Seventeen per cent of respondents also reported reporting GBV incidents to religious authorities, particularly in the rural and settlement contexts.

**Table 29: Public Institutions that respondents can access on their own by location**

Institution	Rural (%)	Urban (%)	Refugee (%)	Total (%)
Health care providers	17	20	26.6	20.9
Religious authorities	18.5	15.5	19.3	16.5
Police	21	22	22	22
CSOs	2	1.7	0.9	1.6
Courts/judges	3	2.6	4.7	3
Other institution or service provider	0.5	1.3	0.4	1.1

In terms of the basic services in prevention, case management and protection for GBV, respondents demonstrated awareness of the key relevant service points (police and health), which is critical for WAYREP. Deliberate efforts need to put in place to strengthen awareness around the legal services and procedures for GBV since its ranking was low across all locations at only 3.0%. From the secondary

literature reviewed, it is clear that access to legal information is a challenge across the different contexts- most especially in the urban context. The trust in the court system for example, remains low among urban dwellers. Rural and refugee populations are often reached by free legal aid services, exposing them to opportunities of enhanced awareness and utilization of services. As previously stated in this report and as qualitative data also demonstrates, settlement and rural communities are more in touch with GBV service providers. WAYREP's Social Accountability Scoping report<sup>14</sup> further supports the gap in awareness and knowledge of GBV services, providing an example of legal services: *“the major weakness of the Court Open Days (COD) as an accountability space, is that the public knows very little about these, including where the COD is organized, how often they are convened, and how these are being structured. As such, stakeholders in the communities have not taken advantage of the COD”*. The COD should ideally be a platform where stakeholders in the legal system interface with varied actors-including citizens to provide awareness around services they provide and share procedures expected of communities to facilitate access to justice. The lack of such opportunities means that the communities do not have spaces to obtain information but also hold the legal system to account.

Male respondents in the 15 to 19 and 20 to 30 age category mostly report being able to access and deal on their own with police services, and women in the age category report being able to do the same with health service providers. . Slightly more men than women in all age categories, report being able to access and deal with court services.

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<sup>14</sup> WAYREP Social Accountability Scoping Report, 2019

### Immediate Result 3.1.2: Enhanced coordination of GBV services

**Indicator:** Percentage of reported GBV cases that were referred (SADD) by local structures to formal GBV services.

**Baseline value:** 100%

Twenty seven respondents went to informal GBV service providers (clan leaders, LCs, RWCs etc) as their first point of contact to report GBV incidents. All of these (100%) indicate that the informal service providers gave them information and advice on formal services. Qualitative findings however reveal that some informal service providers have limited information on GBV services and the functioning of the referral pathway. A case in point is an interview with one of the local leaders in Gulu who demonstrated a lack of awareness of GBV policies that guide GBV service provision. This is emphasised by another key informant from Arua who appealed to development partners to empower the lower local level leaders to handle GBV cases and strengthened referrals pathways.

There is a limitation to how representative this baseline figure is. Only 27 people out of over 690 respondents reported reporting a case to an informal structure to begin with, who then referred them to a formal service. Firstly, having informal structures' practice as a benchmark for GBV referral pathway is not an ideal starting point. Secondly, this value does not adequately reflect how well informal structures may be advising the GBV victims or how functional the actual formal referral pathway is, once a case is active within it. What we do know from previous studies and the qualitative assessment accompanying this baseline is that duty bearers do lack knowledge in key GBV policies and in referral pathway guidelines, including their role within them.

#### **Recommendation 9: develop an additional qualitative indicator (Immediate Result 3.1.2)**

Currently, the indicator measures the extent to which local structures to whom some GBV cases can be reported, provide advice to survivors on follow up reporting stages, to more formal authorities such as the police or health workers. Local structures' role in the GBV referral pathway is crucial, particularly during this very first step and phase of proceedings, however, it does not quite capture how well other parts of the system are working. In other words, it cannot tell us enough about the coordination of the GBV referral pathway as a whole. For this reason, a qualitative indicator measuring the functionality of the coordination system should be developed for future phases of WAYREP M&E. The WAYREP MEAL plan includes a qualitative approach to measuring functionality of a GBV referral pathway. It includes checking whether:

- A multi-sectorial approach to GBV referral pathways has been adopted
- One agency is responsible for tracking the multi-sectorial coordination
- Methods for communication and coordination between working groups at different levels (national, regional etc.) have been established and are systematic
- All sector groups have defined their respective responsibilities regarding prevention and response to sexual violence
- All actors agree to adhere to a common set of guiding principles that minimize harm to survivors and maximize efficiency of prevention and response
- All actors have been oriented to the multi-sectorial approach.

- A list of organizations, focal points and services for prevention and response has been compiled.

If the same question is retained, on informal structures' referral to a formal service provider, some additional questions such as : whether the respondent found the referral helpful and whether the informal structure tried to handle the case themselves first, before referring them, would bring valuable extra detail.

## Result Area 4: Increased accountability of the Government of Uganda on the implementation of relevant frameworks for women and girls' protection and rights.

**Intermediate Result 4.1:** Increased action on implementation of relevant frameworks for the protection of women and girls by public authorities.

**Indicator:** Number of advocacy asks that have been implemented by GOU.

**Baseline value = 0**

The baseline KIIs assessed the state of women and girls' protection and rights in the community and the challenges or issues in the implementation of the existing frameworks and provisions. The KIIs also assessed the existence and implementation of Local Action Plans (LAP) at district level. Respondents were asked to provide recommendations that would facilitate improvements in the implementation of the LAP. Assessment findings revealed **a low awareness on women and girls' protection and rights in the communities**. This was confirmed in key informant interviews as one stakeholder explained: *"Parents still exist who prefer boys to girls in terms of access to education. This is being demonstrated through paying school fees for the boys and leaving out the girls. This is because they feel that boys are more important, since they remain around the home after completing their education while girls get married. Girls get married off as a source of wealth"*. **KII Oli Division in Arua City**

At this baseline stage, there are no WAYREP supported GoU implemented advocacy asks to report on but the qualitative baseline assessment did explore how policy stakeholders understood and represented women's and girls' rights. It found that there was very little knowledge of existing frameworks and policies including the Women, Peace and Security (WPS) Local Action Plan (LAP). One informant in Arua explained: *some policy makers never benefited from any inductions on such frameworks when they assumed office, neither are they reasonably educated to easily look up information or policies relevant to their work"*. In Gulu, there was also evidence of limited knowledge on women's and girls' rights and GBV policies and framework. One respondent explained that: *"there is information gaps and knowledge around GBV policies. Gaps in disseminating of the information on policy frameworks exist since transport/fuel for community development office is unavailable. There is also low awareness among the policy stakeholders, community about relevant GBV policy frameworks. We are not very familiar with the policy frame works in place"*.

Only one informant knew of the existence and implementation of the LAP in Arua district. In Gulu, no respondent knew of a LAP but the Coalition for Action 1325 (CoACT 1325) that has worked in the district for some time revealed that technical support was provided to the district leadership, that led to the development of the first LAP for Gulu in 2014. CoACT 1325 maintains that the change in leadership could have affected its popularization and implementation in Gulu after 2016 elections. The lack of or no implementation of LAPs in the districts of Arua and Gulu was also attributed to the lack of funds by informants. Findings revealed that, culture also interferes with upholding of women and girls' rights.

One stakeholder in Omugo said *“tradition holds that to be a leader, you must be a man. Women aren’t seen as able to be at the forefront as leaders. For example, in politics, the policy framework allows women to come out openly and compete/contest, but they remain shy to do so. Most of the sub county officers in Omugo for example, are held by men with only one female. All offices are headed by men”*.

WAYREP will need to popularize and raise awareness on the relevant GBV policies and the Women, Peace and Security frameworks that provide guidance on the protection of and rights of women and girls. The awareness needs to target policy makers at division/sub county as well as the technical teams of the districts/municipalities. Community members should on the other hand be targeted for awareness activities to empower them to recognize women and girls’ rights as human rights and hence out rightly claim them. It will be critical for WAYREP to work in partnership with CoACT 1325 and CEWIGO to learn from districts that have made progress on LAP development and draw lessons that will facilitate Gulu and Arua districts to review/assess the current state of their LAPs and facilitate processes to enable them develop new ones aligned to NAP III. Efforts need to be put in place to popularize and disseminate NAP III if its implementation is to kick off and be monitored by the respective beneficiaries.

WAYREP advocacy structures (Women/girls led groups, change agents and activists) shall require to be empowered with advocacy knowledge and skills to claim and protect their rights. This shall be essential in enabling them to monitor the implementation of the GBV and women, peace and security frameworks relevant for the protection of women/girls rights.

#### **Immediate Result 4.1.1: Communities effectively advocate for the protection of women and girls’ socio-economic rights and a life free from violence (LFFV).**

**Indicator:** Percentage of women and girls with capacity to engage and to claim their rights with service providers and duty bearers

**Baseline value:** 29%

To measure how well communities led and achieved advocacy goals for the wellbeing of women and girls, the BL survey gathered data on women and girls’ understanding of public service delivery and their ability to engage and communicate with duty bearers. This involved asking respondents whether they agreed, disagreed or “didn’t know” with the two following statements:

- a. As citizens we are entitled to basic rights and access to public services in health, education and sanitation and nobody can take that away
- b. The government can be trusted to provide our community with decent public services (e.g. in health, education and sanitation).

In addition, respondents were also asked:

- c. To rank the institutions and services they felt most confident accessing and engaging with
- d. Which service provider they turn in case of any problem in the community
- e. Whether they feel able to express dissatisfaction public services and if so, which mechanisms they use to do
- f. To which community groups they regularly participate in, if any

The results and findings are summarized in the tables below. The baseline value for this indicator was calculated as the average of women and girls who agreed with statements a (9%) and b (29%) and who answered “Yes” to statement e (48%).

**Table 30: Entitlement to basic rights and trust in government disaggregated by location**

	Rural %	Urban %	Refugee %	Total %
<b>As citizens we are entitled to basic rights and access to public services in health, education and sanitation and nobody can take that away</b>				
Strongly agree	9.5	10.4	26.7	12.4
Agree	-	-	-	-
Don't Know	90.5	86.9	73.3	85.6
Disagree	0	2.7	0	2
<b>The government can be trusted to provide our community with decent public services (e.g. in health, education and sanitation).</b>				
Strongly agree	38.1	17.5	15.6	19.4
Agree	0	0.6	0	0.5
Don't Know	61.9	81.2	84.4	79.6
Disagree	0	0.6	0	0.5

**Table 31: Entitlement to basic rights and trust in government disaggregated by sex and age**

	Female % 15 - 19	Female % 20 - 30	Female % 31 - 45	Male % 15 - 19	Male % 20 - 30	Total %	Total Females only %
<b>As citizens we are entitled to basic rights and access to public services in health, education and sanitation and nobody can take that away</b>							
Strongly agree	11.9	8.6	5	15.3	15.6	12.4	9
Agree	-	-	-	-	-	-	-
Don't Know	86.9	91.4	95	81.2	80.5	85.6	91
Disagree	1.2	0	0	3.5	3.9	20	0
<b>The government can be trusted to provide our community with decent public services (e.g. in health, education and sanitation).</b>							
Strongly agree	20.2	20.4	46.7	13.6	14.7	19.4	29
Agree	0	0	0	1.1	1	0.5	0
Don't Know	78.8	79.6	53.3	85.2	83.3	79.6	71
Disagree	1	0	0	0	1	0.5	0

The data indicates that **many respondents were unsure what to respond to these two questions**, and that there is no significant variation between locations. **A staggering average of 86% of all respondents, and 91% of only female respondents, answered that they did not know if they should be entitled to basic rights and access to public services in health, education and sanitation.** A similarly high proportion of respondents – 80% - also said they did not know if “the government can be trusted to provide the community with decent public services”. Two possible interpretations of these very high rates of incertitude are that:

1. Respondents did not feel comfortable expressing their opinions on the responsibility and quality of service provision

2. Respondents lack knowledge of their basic rights and how to claim them, as well as the responsibilities of public service providers in their regard.

**Recommendation 10: ensure that young women and girls and men and boys are well informed on basic rights (Intermediate Result 4.1.1)**

The very high proportion of uncertainty amongst women and girls and young men and boys with regard to their rights and expectations with regard to public services could be down to a lack of information and knowledge on these matters. This could be addressed through WAYREP awareness raising activities that would focus on sensitizing participants to duty bearers' roles and responsibilities towards rights holders such as themselves. The two statements that are currently being used to measure this indicator refer to public services in general but could be further refined to reflect WAYREP- relevant services in GBV for example.

Respondents were also asked about their ability to access and deal with service providers and the results are presented in the tables below.

**Table 32: Ability to access and deal with service provider alone disaggregated by location**

	Rural %	Urban %	Refugee %	Total %
<b>Ability to accessed &amp; deal with public service providers on one's own</b>				
Unions	1.5	0.4	0	0.5
Health care providers	17	20.3	26.6	20.9
Religious authorities	18.5	15.5	19.3	16.5
Police	21	22.1	22.3	22.0
CSOs	2	1.7	0.9	1.6
Courts/judges	3	2.6	4.7	3
Rights' advocacy	4	5.8	3	5.1
Other institution or service provider	0.5	1.3	0.4	1.1

**Table 33: Ability to access service providers and deal with them alone disaggregated by age and sex**

	Female % 15 - 19	Female % 20 - 30	Female % 31 - 45	Male % 15 - 19	Male % 20 - 30	Total %	Total Females only %
<b>Ability to accessed &amp; deal with public service providers on one's own</b>							
Unions	0.3	0.7	0	0.6	0.5	0.5	0
Health care providers	22.5	21.4	17.7	19.7	20.9	20.9	21
Religious authorities	15	18.5	16.9	16	16.8	16.5	17
Police	20.8	19.6	18.6	24.6	23.7	22	20
CSOs	0.6	2.1	2.4	1.5	2	1.6	2
Courts/judges	2.5	3.2	2.4	4.0	2.6	3	3
Rights' advocacy	6.1	6.1	4.8	5.5	3.3	5.1	6
Other institution or service provider	0.6	1.8	2.4	0.6	1	1.1	2



Respondents reported that the services they felt they could most easily access are the police and health services, as well as religious authorities (22%, 21% and 16.5% respectively) with no significant variation across location or sex and age categories. Respondents reported that they had more difficulty accessing judicial services, which is particularly relevant to the GBV referral pathway, and again, there was a fairly consistent finding across locations, age and sex groups.

**Table 34: Response to service provision disaggregated by location**

	Rural %	Urban %	Refugee %	Total %
<b>Service provider community members turn to in case of any problem in the community</b>				
Local government authorities	47.2	52.9	33.1	48.9
State or higher level government authorities	7.1	4.2	3.6	4.6
Religious leaders	17	10.7	28.8	14.5
CSO's	2.8	2.1	4.3	2.6
Family and friends	17	17.6	17.0	17.5
Community assembly/ Town hall meeting	5	6.5	10.8	6.9
People prefer to rely on their own individual means	1.4	2.9	0.7	2.4
Others	2.1	3.1	0.7	2.6
<b>Can express dissatisfaction</b>				
Yes	31.5	49.2	43.5	45.9
No	68.5	50.8	56.5	54.1
<b>Mechanisms Used</b>				
Report to family & friends	7.1	5.4	2.7	5.2
Report to higher authority/Police	39.3	25.9	18.9	26.3
Report to community leader/ LC1	14.3	28.6	18.9	26
Report through Media	0	8.9	0	6.9
Talk about it through community meetings	21.4	0.4	32.4	6.6
Talk to the service provider	14.3	26.3	24.3	24.9
Other mechanisms	0	3.6	2.7	3.1
Don't know/ Not Sure/ No action	3.6	0.9	0	1.0
Perceived transparency and accountability Score (Mean)	3	3.8	3.9	3.7
<b>Regular group participation</b>				
Yes	48.9	26.9	20	29.1
No	51.1	73.1	80	70.9
<b>Type of groups</b>				

Groups organized and/or sponsored by international or bilateral development agencies	0	1.7	0	1.1
Political groups	4.4	0	0	1.1
Groups organized by NGOs	8.9	6.6	23.5	8.7
Organizations based on economic motives	0	4.1	11.8	3.8
Faith-based organizations	15.6	9.1	0	9.8
Charitable organizations	4.4	3.3	0	3.3
Leisure organizations	26.7	23.1	29.4	24.6
Self-help groups	8.9	29.8	11.8	23.0
Women's groups	17.8	10.7	23.5	13.7
Others	13.3	11.6	0	10.9
<b>Reasons for non-participation</b>				
Lack enough time	29.8	28.1	10.3	25.6
Not interested	46.8	30.5	27.9	31.8
Other reasons	23.4	41.3	61.8	42.5

**Table 35: Response to service provision disaggregated by sex and age**

	Female % 15 - 19	Female % 20 - 30	Female % 31 - 45	Male % 15 - 19	Male % 20 - 30	Total %	Total Females only %
<b>Service provider community members turn to in case of any problem in the community</b>							
Local government authorities	46.7	49.7	4.7	52.8	48.9	48.9	34
State or higher level government authorities	5.6	2.8	4.4	5	4.7	4.6	4
Religious leaders	16.4	16.8	16.2	10.1	14.5	14.5	16
CSO's	0.9	2.8	4.4	2.5	3.4	2.6	3
Family and friends	19.6	16.2	20.6	17.1	16.2	17.5	19
Community assembly/ Town hall meeting	5.6	6.7	5.9	6.0	9.4	6.9	4
People prefer to rely on their own individual means	2.8	3.4	0	3	1.3	2.4	2
Others	2.3	1.7	5.9	3.5	1.7	2.6	3
<b>Can express dissatisfaction</b>							
Yes	37	47.3	58.7	41.8	53.5	45.9	48
No	63	52.7	41.3	58.2	46.5	34.1	52
<b>Mechanisms used</b>							

<b>Report to family &amp; friends</b>	5.4	4.9	3.7	6.6	4.8	5.2	5
<b>Report to higher authority/Police</b>	32.1	29.5	18.5	26.2	22.6	26.3	27
<b>Report to community leader/ LC1</b>	23.2	23	40.7	27.9	23.8	26	29
<b>Report through Media</b>	1.8	11.5	3.7	8.2	7.1	6.9	6
<b>Talk about it through community meetings</b>	7.1	3.3	14.8	1.6	9.5	6.6	8
<b>Talk to the service provider</b>	25	26.2	14.8	24.6	27.4	24.9	22
<b>Other mechanisms</b>	5.4	0	3.7	1.6	4.8	3.1	3
<b>Don't know/ Not Sure/ No action</b>	0	1.6	0	3.3	0	1	1
<b>Perceived transparency and accountability Score (Mean)</b>	3.8	3.8	3.4	3.8	3.5	3.7	4
<b>Regular group participation</b>							
<b>Yes</b>	14.8	29	50	27.4	38.9	29.1	31
<b>No</b>	85.2	71	50	72.6	61.1	70.9	69
<b>Type of groups</b>							
<b>Groups organized and/or sponsored by international or bilateral development agencies</b>	0	0	0	0	3.3	1.1	0
<b>Political groups</b>	0	0	4.5	0	1.7	1.1	2
<b>Groups organized by NGOs</b>	13	7.9	9.1	7.5	8.3	8.7	10
<b>Organizations based on economic motives</b>	0	5.3	4.5	2.5	5.0	3.8	3
<b>Faith-based organizations</b>	13	7.9	9.1	12.5	8.3	9.8	10
<b>Charitable organizations</b>	0	5.3	4.5	5	1.7	3.3	3
<b>Leisure organizations</b>	30.4	5.3	4.5	50	25	24.6	13
<b>Self help groups</b>	4.3	21.1	22.7	15	36.7	23	16
<b>Women's groups</b>	17.4	34.2	36.4	0	0	13.7	29
<b>Others</b>	21.7	13.2	4.5	7.5	10	10.9	13
<b>Reasons for non-participation</b>							
<b>Lack enough time</b>	20.5	22.6	39.1	26.4	31.6	25.6	27
<b>Not interested</b>	36.4	33.3	17.4	28.3	31.6	31.8	29
<b>Other reasons</b>	43.2	44.1	43.5	45.3	36.8 (35)	42.5	44

To gauge how well duty bearers and rights holders communicated with one another, and how well the latter could claim their rights or express their needs to the former, respondents were asked about who

they turn to when a problem arises within the community, whether they express any disapproval or dissatisfaction with service provision when applicable, and the extent of their engagement in civic and community life.

The results show that there is **a low level of civic and community engagement amongst women in particular**, with a majority of 69% of female respondents answering “No” to whether they participate regularly in a community group, compared to only 33% of their male counterparts. When it comes to expressing dissatisfaction with service delivery, a **majority of women – 52% - said that they did not feel able to express dissatisfaction**, and they younger the women are, the less they feel they can express dissatisfaction with a service. The variations are not significant with the male respondents with 48% of all male respondents also expressing that they could not or did not express dissatisfaction with public services.

#### **Immediate Result 4.1.2: Joint advocacy for the implementation of existing GBV policies & frameworks by duty bearers.**

**Indicator:** # of CARE/partner-supported collective actions undertaken by organizations/ movements, to present women's and youth's demands to duty bearers

**Baseline value:** 0

The indicator for this immediate result involves counting the number of WAYREP supported joint activities / policy papers, done in collaboration with other INGO or NGO/CSO or the women's/ youth movement on relevant frameworks for women and girls' protection and rights, incl. WPS (UNSCR 1325, UNSCR 1820 and the Goma Declaration). Given that this is a baseline, the value of this indicator would be at zero.

However, there is qualitative data from the KIIs that provide some important and relevant information relating to this indicator. As summarized earlier in this ER4 section, KIIs revealed that there was a very low level of knowledge on GBV policies and frameworks among duty bearers and the survey also showed that in cases of GBV incidents women and girls were fairly comfortable – but still not sufficiently - seeking support from police and health care workers, but much less so from the judiciary and legal services.

## SECTION THREE: CONCLUSION AND RECOMMENDATIONS

### Conclusion & Recommendations

This baseline report summarizes results and findings from the WAYREP baseline survey, which was conducted in March and April 2020.

The context of the COVID 19 pandemic which coincided with the baseline data collection had important consequences on the process namely that it took longer to complete and the sample size of respondents was reduced to conform to the physical distancing and other lockdown confinement measures. In addition, the COVID 19 context exacerbated existing problems which lie at the core of WAYREP's areas of activity, that is: livelihoods and GBV. The shadow COVID pandemic of GBV has been well documented and could have very well caused a spike in GBV levels recorded in this survey. The same goes for livelihoods, which are a notable casualty of the confinement measures for WAYREP target groups.

During the reporting and writing up process of this baseline report, some changes were made to the wording of some indicators (ER 2) and to how existing indicators were calculated (ER 4). In addition, some gaps and weaknesses of the current M&E results and indicators were identified during this process, and suggestions for improvements have emerged for future WAYREP M&E exercises, namely the mid-term and end-line evaluation.

These recommendations have been included in the relevant body of the report and are listed again below. The first two recommendations are general recommendations not included earlier on in the report:

- **General recommendations:**

- Enumerators collecting M&E data for WAYREP target groups need to include speakers of all target group languages to ensure that communication is as clear as possible.
- The focus on the young women and girls group (15 to 19 years of age) must continue to be upheld. Survey data demonstrates that they are often the most excluded and marginalized part of the population, and it is crucial that actions aimed at correcting this are integrated throughout programming.

- **Recommendation 1: Further explore self-efficacy especially with regard to refugee context respondents (Specific Objective Indicator 2)**

The high reported level of self-efficacy across respondent groups, and particularly in the refugee context merits further consideration. The WAYREP learning agenda intends on exploring how self-efficacy is defined and developed in the WAYREP target group contexts, and how organizations like CARE, working with vulnerable persons can help support and sustain it. One way to learn more about self-efficacy and what respondents define as self-efficacy is to break down what we mean by "tasks" and "goals" and "challenges" in the five statements in the data collection tool. In addition, there Future data collection tools on this should be more detailed and break down which "goals" and "challenges" and "tasks". There is also further guidance on gathering data for self-efficacy in the CI GEVV supplementary indicator guidance [here](#).

- **Recommendation 2: Future data collection on income should be more carefully administered (Intermediate Result 1.1)**

It is a challenge to gather reliable figures for this data point because questions on income can be interpreted differently. **Questions on income should therefore be made clearer** e.g. are we collecting net or gross income? on daily, weekly or yearly income? And **enumerators should be well trained to be able to probe respondents** on how they are making their income estimations, to make sure that they are not skewing results unnecessarily. For example, seasonal farmers could report significantly different weekly income depending on the time of year during which they are asked the question and enumerators should be able to spot potential outlier data such as this, and probe the respondent accordingly to provide a more aggregate estimate of income.

- **Recommendation 3: Include data for the female 15 to 19 year old age group for the indicator “Percentage of women and youth who have increased capability to perform and economic activity” (Immediate Result 1.1.1)**
- **Recommendation 4: Focus on improving knowledge and understanding and accessibility to formal financial services especially amongst young women, and particularly in the refugee context (Immediate Result 1.1.2)**  
WAYREP Result 1 activities should include a focus on building women’s knowledge and understanding of formal financial services, and how to access them as they are only a minority of 14% to report using them, especially the youngest age group which reports no use at all of formal financial services. Having said this, there are limits to what WAYREP interventions alone can achieve in this respect given that a key reason why women do not access formal FS is because they do not or cannot meet some of the conditions for eligibility.
- **Recommendation 5: Ensure that data collection tools are adapted to different target groups, especially the younger target groups (Immediate Results 2.1.2)**  
The high level of “I don’t know” answers from the youngest age group of men and women regarding their own practical experience of gender norms in relationships (Table 22: Gender Relations Scale – Power Sub-scale disaggregated by sex and age) tells us that we should consider asking the existing questions on gender norms in relationships to those that are in relationships or develop a separate set of questions for the young groups.
- **Recommendation 6: develop additional indicator to measure practice (Immediate Result 2.1.1)**  
The indicator for this result currently measures attitudes towards gender equity in households – what people think or say they think they believe when it comes to gender equality in households. An indicator measuring actual practice should be developed in future stages of M&E for the WAYREP project to gauge the extent to which respondents’ actions match their words. **A suggested additional indicator measuring gender equitable practice in households could be: “% of respondents who report that they are able to equally participate in household decision-making”.**
- **Recommendation 7: Include sex disaggregation within location responses (Immediate Result 2.1.3)**

As mentioned above, refugee respondents show the least support for equal rights and privileges between men, women, boys and girls. For future M&E of this indicator it would be relevant and useful to disaggregate the data by sex within each location. As demonstrated by the very last finding on women's participation in politics, there can be marked differences between beliefs and opinions in the refugee context compared with the rural and urban contexts. Presumably this is because refugee populations can come from altogether different cultural and religious backgrounds, with their own distinct customs and gender and social norms. Being able to determine whether these variances are shared by men and women alike, of all age groups, or not within the refugee context would be useful to know in order to better tailor project activities to the people that they intend to reach.

- **Recommendation 8: focus on women's leadership activities with refugees (Immediate Result 2.1.3)**  
The data gathered for this result shows an alarmingly high rate of rejection of women's participation in politics in the refugee context and amongst women. WAYREP should ensure that women and girls in all target locations, but especially the refugee context, are provided with information on the purpose and value of gender equality in decision-making at home, in the community and at national level, if possible.
- **Recommendation 9: develop an additional qualitative indicator (Immediate Result 3.1.2)**  
Currently, the indicator measures the extent to which local structures to whom some GBV cases can be reported, provide advice to survivors on follow up reporting stages, to more formal authorities such as the police or health workers. Local structures' role in the GBV referral pathway is crucial, particularly during this very first step and phase of proceedings, however, it does not quite capture how well other parts of the system are working. In other words, it cannot tell us enough about the coordination of the GBV referral pathway as a whole. For this reason, a qualitative indicator measuring the functionality of the coordination system should be developed for future phases of WAYREP M&E. The WAYREP MEAL plan includes a qualitative approach to measuring functionality of a GBV referral pathway. It includes checking whether:
  - A multi-sectorial approach to GBV referral pathways has been adopted
  - One agency is responsible for tracking the multi-sectoral coordination
  - Methods for communication and coordination between working groups at different levels (national, regional etc.) have been established and are systematic
  - All sector groups have defined their respective responsibilities regarding prevention and response to sexual violence
  - All actors agree to adhere to a common set of guiding principles that minimize harm to survivors and maximize efficiency of prevention and response
  - All actors have been oriented to the multi-sectorial approach.
  - A list of organizations, focal points and services for prevention and response has been compiled.

If the same question is retained, on informal structures' referral to a formal service provider, some additional questions such as : whether the respondent found the referral helpful and whether the informal structure tried to handle the case themselves first, before referring them, would bring valuable extra detail.

- **Recommendation 10: ensure that young women and girls and men and boys are well informed on basic rights (Intermediate Result 4.1.1)**

The very high proportion of uncertainty amongst women and girls and young men and boys with regard to their rights and expectations with regard to public services could be down to a lack of information and knowledge on these matters. This could be addressed through WAYREP awareness raising activities that would focus on sensitizing participants to duty bearers' roles and responsibilities towards rights holders such as themselves. The two statements that are currently being used to measure this indicator refer to public services in general but could be further refined to reflect WAYREP- relevant services in GBV for example.



## Annexes

### Annexe 1: Summary of key informant interviews for the WAYREP baseline

#### Introduction

The WAYREP team conducted interviews with a number of key informants in WAYREP project locations in Gulu and Arua municipalities as well as Omugo settlement and host location to gather qualitative data to complement the WAYREP quantitative baseline report. The COVID pandemic and restrictions on group gatherings meant that the focus group discussions, which were planned in addition to the key informant interviews could not be held.

The key informants for the interviews include local GBV partners such as local NGO and CSO representatives as well as GBV service providers and stakeholders which are involved in policy making and policy frameworks relating to women's and girls' rights and empowerment. A full list of informants interviewed is in Annex A.

#### Design of the KII tool(s)

The KII tools were developed on the basis of 3 indicators for which qualitative information was deemed necessary, either because it was difficult to gather accurate and up-to-date quantitative data for them or because qualitative information would help enrich and contextualise its quantitative measure.

Three KII tools were developed and adapted according to the indicator and the data source (i.e. informant) they corresponded to, as illustrated in the table below:

	Indicator	Information sought	Type of informant
1	% of service providers and community structures who demonstrate an increase in knowledge on case management	To what extent do service providers have the capacity to conduct effective GBV case management? What are the strengths, weaknesses, challenges, gaps, opportunities for GBV case management in their communities?	Service providers
2	# of women and youth using GBV services.	To what extent are GBV survivors utilising the full range of GBV services – from police to health / shelter, PSS, judiciary proceedings etc?	Local GBV partners
3	GoU priority actions and implementation of LAPs.	To what extent are women and girls' rights protected in policy and legislation? Strengths? Weaknesses? Gaps? Needs? Opportunities?	Policy stakeholders

Some informants were in a position to provide information on more than one indicator. In such instances, both tools were applied to them.

#### Findings

The findings of the KIIs confirm many of those that had been reported in earlier analyses during the inception phase and most recently in the rapid gender analysis conducted in April 2020 during the COVID pandemic. These are that:

- GBV is widespread in the communities and has risen since the outbreak of the COVID pandemic.
- The uptake of GBV services in response to this is low because of cultural taboos but also because the GBV referral pathway is uncoordinated and GBV service providers are under-resourced.
- GBV data is poorly managed which means that there is no consolidated and reliable source of updated GBV information. This has direct implication on policy making and budgetary making, and GBV response planning in general.

To report a GBV incident fully, survivors need to overcome several obstacles. They must have the courage to transgress the cultural norm and expectation of dealing with the issue in the private and family sphere only. They must know what help and support is available, where to find it and how to use it. They need to have the resources to use all available services e.g. travel to court, photocopy police forms. Finally, they need to have a safe place to stay in, to leave GBV perpetrators which tend to be at home, or if their reporting puts them in any danger.

Effective and systematic GBV reporting and use of GBV services therefore requires behavioural change, awareness and access to GBV information, a functional GBV referral pathway and better-resourced GBV service providers. The KII evidence, however, demonstrates that these conditions are not being met. More detailed findings per issue or theme are presented below.

Two important findings related to girls in particular are:

- The COVID related increase of GBV and the implications for girls. School closures have contributed to greater GBV risks<sup>15</sup> for girls, and there has been an increase in pregnancies and early or forced marriage<sup>16</sup> as a result. One informant said that *“there is no consideration put in place especially those that get pregnant. (...) In Omugo, when a girl gets pregnant and drops out of school, parents and the community gives up on her (sic)”*.<sup>17</sup>
- How to provide girls with education – something which has been noted as an important advocacy issue - if schools remain closed.

### **Uncoordinated GBV referral pathway**

There is a lack of coordination of GBV services between district and municipality, between service providers and between local GBV partners.

The lack of coordination prevents the conclusion of GBV reporting processes. For example, court cases are delayed and pending judgment<sup>18</sup> because some require discussion so that challenges can be addressed by the right actor: “in some incidences, files are sent back from the office of the state attorney but with no clarity on what needs to be done”.<sup>19</sup>

In addition, some services are under-utilised because of knowledge gaps. For example, health workers are not systematically using the resources available to them at the police, to conduct medical examinations of survivors. One informant explained that this was because health workers may not be aware of the existence of such resources or how to claim them, or because of incomplete paperwork in

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<sup>15</sup> KII 15

<sup>16</sup> KII 11.b

<sup>17</sup> KII 15

<sup>18</sup> KII 3 Police Officer Oli Division

<sup>19</sup> KII 11.b

submitting the claims. As a result, survivors themselves often have to “shoulder the medical examination and transport expenses to witness in court.”<sup>20</sup>

Informants called for a more harmonised GBV referral pathway and for its various stakeholders to share information about the support provided and the progress achieved in case management. One informant working in the refugee context called for *“effective coordination where government structures are involved like the local councillor, sub-county and district leadership but have communities at the centre. It is critical to strengthen the community protection systems of the Refugee Welfare Committee team (...) to ensure that education, health and water is provided timely to the refugees.”*<sup>21</sup>

### **Inefficient use of GBV services**

#### Delayed or no reporting of GBV incidents

Some survivors may not use GBV services because they do not know that they are available. Or even, that some of the services are free e.g. reporting to the community district office (CDO) - *“people have challenges to bring issues to the CDO (...). There is a need to continue informing them that the services at the CDO are free”*.

Others can start the process of reporting a GBV incident, but not follow through with subsequent stages because it is too costly (see next sub-section) or too time and effort consuming. This latter issue is linked to the inefficient referral system, which can lead to survivor fatigue and explains why many cases can be left pending.

As amply covered in the both the inception phase and April 2020 RGAs however, many survivors do not report GBV incidents at all because of cultural norms, which consider GBV incidents to be affairs for the family to resolve, if they need resolution at all. *“Sometimes parents will want to resolve matters from home and this has greatly impacted our service delivery for cases that are capital offenses.”*<sup>22</sup> Cases of incest are particularly problematic as *“survivors do not want to report relatives.”*<sup>23</sup>

Some informants mentioned male GBV survivors, who do not report because of the accepted notions of masculinity and the shame and stigma it entails for male GBV survivor. Men do however tend to have more information<sup>24</sup> on the support available to GBV survivors.

Another issue noted by several informants is that survivors can also jeopardise their cases when they take too long to report because crucial forensic evidence required to prosecute perpetrators is no longer available once a certain amount of time has passed, following the incident.

#### Cost of using GBV services

The financial cost of reporting a GBV incident can act as a deterrent to report and follow up GBV cases. These costs can be very basic e.g. the cost of making photocopies of the PF3 form required to register a case at the police or the cost of fuel to drive to court, for witnesses to testify for example. This can prevent critical evidence from being considered in a court case<sup>25</sup>. One informant said: *“I’ve gone three or*

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<sup>20</sup> KII 17.a

<sup>21</sup> KII 18.a

<sup>22</sup> KII 3 Police Officer Oli Division

<sup>23</sup> KII 16.b

<sup>24</sup> KII 15

<sup>25</sup> KII 17.a

*four times to provide witness in court sessions and the fifth time I didn't go. This was mainly because of the frustration from spending long days at court with no facilitation amidst a heavy workload at the health centre. I am motivated to go because I feel concerned about the survivors who need to be supported to access justice. However the courts do not have respect for health workers."*

A potential way suggested to address this issue by an informant - resources and political will permitting - is to make use of mobile courts more so that court cases are taken to the communities in which the survivors and other service providers reside or work in.

Another way in which GBV cases is being dealt with locally is through informal legislative and judicial community bodies for example, in a village in Omugo settlement, where *"a team of local leaders have created their own court system to solve cases."*<sup>26</sup>

### Ill equipped service providers

There is also ineptitude from service providers namely in counselling skills and case management for various stakeholders in the pathway – police, probation and welfare officials, health workers, paralegals.

### Survivor safety and security

Survivors do not have sufficient safety and security provisions at their disposal to report a GBV incident without risk. Several informants mentioned the need for shelter as a priority, especially in light of Action Aid's phasing out of support of this service. One informant said that they observed increased reporting when shelter was made available<sup>27</sup>. Shelters that are currently available only cater to women and an informant raised this as an issue for male GBV survivors.

### Under-resourced GBV services and under-capacitated service providers

All service providers require more resources to conduct their work in addressing GBV. Police need stationary (namely, PF3 forms in sufficient supply), fuel, more personnel to meet demand. Health workers need medical equipment and better trained staff to conduct survivor examinations. One informant explained that this served both a medical and legal purpose *"there is a need to have dedicated people to perform the roles of examining the GBV victims at the health centres. Currently, this function is being performed by people who are not qualified to do so or to provide evidence in the court of law"*.<sup>28</sup> Another informant noted that health centres are not providing a sufficiently safe space for survivors to share details of their experience given that they are examined in shared rooms.

One informant interview also stated that *"partners had scaled down legal support"*<sup>29</sup> and another that legal reforms<sup>30</sup> were necessary – more detail is required for both in order to consider addressing them through WAYREP.

Local leaders also need better transport facilities to reach their constituents and be available for survivors should they need support. One informant suggested providing local leaders with bicycles for example.

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<sup>26</sup> KII 7

<sup>27</sup> KIIs 5 & 3

<sup>28</sup> KII 10

<sup>29</sup> KII 10

<sup>30</sup> KII 2

One informant astutely said that GBV services needed to be considered as more urgent and necessary than they currently are: *“There is a need to treat SGBV as an emergency (not wait for the survivor to come and report for us to begin procurement for transport). We need to be ready at all times, otherwise beneficiaries will stop trusting us as partners in addressing SGBV.”*<sup>31</sup>

### **Unreliable GBV data**

There is no single and consolidated platform for GBV data which, amongst other things, prevents policy makers from planning GBV response based on accurate and updated information. Several databases are being used at different levels, by different actors and it is not clear whether or how any feed into one another. The UNHCR has the GBV IMS and there is a national level database (the NGBVD) but not all service providers have been trained to use it, nor are they necessarily aware of it. The police has own GBV data recording system: *“Police collect information on registered GBV cases and report monthly to the head office. However, there is no space to analyse and interpret GBV trends to inform interventions for prevention or response.”*<sup>32</sup> One district official informant said that they use *“improvised forms but the data is never analysed”*<sup>33</sup> and there is demand for better (digital) equipment on which to record data.<sup>34</sup>

### **What works and other suggestions to prevent, reduce or address GBV:**

- Engage model families as change agents, male action groups to identify and refer cases, local leaders to promote behaviour change.
- Start raising awareness on GBV and women and girls’ right to live a life free from violence as early as possible i.e. target young people.
- Install solar lights in dark places that are hotspots for GBV e.g. water points

### **Advocacy issues**

Increasing resource allocation to GBV services is a priority but this does require a more responsible approach to recording, managing and utilising GBV data.

Girls’ right to education was also raised as an important advocacy issue as it is typically neglected as parents will prioritise boys’ education. *“There needs to be sensitisation of the importance of girls’ education”*<sup>35</sup>. Division Secretary community-based services and production explains that she and her team have: developed by-laws to make primary education compulsory; sponsored best performing girl in primary; banned night disco; stop girls selling alcohol.

The women, peace and security agenda at the local level – i.e. the local action plan (LAP) – is not well understood by governance stakeholders at the local level. It is seen as a top down issue and one informant noted the *“need to disseminate the NAP and empower local government to develop and implement the LAP.”*<sup>36</sup> There is also an issue of a lack of implementation funds for the LAP as an informant said was the case for Oli Division.

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<sup>31</sup> KII 18.a

<sup>32</sup> KII 11.b

<sup>33</sup> KII 5 PCDO

<sup>34</sup> KII 16.a & b

<sup>35</sup> KII 6

<sup>36</sup> KII 15

Policies are developed and adopted but not implemented due to misuse and misappropriation of government funds: *“the responsible stakeholders use the funds meant for awareness raising on the key policy frameworks (...) for their personal gain (sic) (...) the messages do not get to the right (sic) people”*.

Local leaders lack knowledge and capacity on community needs e.g. aforementioned importance of girls' education. They are in a position to influence a lot of people because people listen to them and because they have many opportunities to interact with the community (at weddings, funerals, church). There needs to be more political will from local councillors and MPs to push for women and girls' empowerment. One respondent said: *“LCs do not know their roles and responsibilities towards ending GBV.”*<sup>37</sup>

**Additional quotes:**

*“Culture interferes a lot in upholding of women's and girls' rights. Tradition holds that to be a leader, you must be a man. Women are not seen as able to be at the forefront as leaders. For example, in politics, the policy framework allows them to come out openly and compete but they remain shy to do so. Most of the sub-country officers in Omugo for example are held by men with only one female. All offices are headed by men.”*<sup>38</sup>

*“In Lugbara culture, once a woman is married and has gone through child birth, no matter the amount of abuse, it isn't expected that they can quit the relationship. They are expected to be tolerant since separation / divorce is not an option.”*<sup>39</sup>

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<sup>37</sup> KII 16 b

<sup>38</sup> KII 15

<sup>39</sup> KII 9

## Women and Youth Resilience Project—WAYREP



WITH FUNDING FROM  
**AUSTRIAN  
DEVELOPMENT  
COOPERATION**



### LQAS Questionnaire for Baseline Evaluation of Women and Youth Resilience Project in Gulu, Arua Municipalities and Omugo subcounty, Arua district

I am.... [SAY YOUR NAME] and conducting this survey on behalf of CARE International in Uganda/PACHEDO/CEFFORD. I would like to speak with you to get some information on the day-to-day lives of members of your community and yourself, if you feel comfortable with this. This information will be used for a project we are introducing to help support your community in dealing with economic, health and safety challenges. If you feel uncomfortable during the interview at any point and want to stop or leave the interview, you are free to do this. I will start by collecting some details about you and your household. All of this information will be anonymous and not linked to you or your family directly by name. I will then ask you questions about issues that might be affecting your community such as wellbeing and quality of life.

The information you share with me that I will record in this tablet will not be linked to you directly. If you accept to participate in the survey, I will ask you some questions and I will note down your answers. All the information you give will be kept confidential and will not contain your names, nor any details which can identify you. We will also ask you about yourself, your household and community but we ask that you do not mention anyone else's name or share details of sensitive stories that could easily identify someone. We will ask whether you know or have heard about the community in general. Are there any questions?

A) Respondent accepts the interview..... 1 (conduct the interview);

B) Respondent does not wish to be interviewed..... 2 (Terminate interview)

Thank you for accepting to take part in this evaluation.

Interview Date: \_\_\_\_/June-July /2020

Date of Approval: \_\_\_\_/June-July /2020

Date : DD / MM / YYYY	PARTICIPANT UNIQUE CODE :	<input style="width: 90%;" type="text" value="----/----/----/----/----/----/----"/>
INTERVIEWER CODE: <input style="width: 80%;" type="text"/>	GPS COORDINATES: <input style="width: 80%;" type="text"/>	
<b>IDENTIFICATION</b>		
LQAS NUMBER OUT OF 19	[ <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> ]	
SUPERVISION AREA _____		
Division/ Subcounty/Settlement zone _____		
Ward/Parish _____		
Cell/Village _____		
Respondent Category:		
1. Females 15 years to 19 years		
2. Females 20 years to 45 years		
3. Males 15 years to 19 years		
4. Males 20 years to 30 years		

**SECTION I: BACKGROUND CHARACTERISTICS**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Record sex of respondent (Observe only)	Female..... 1 Male..... 2	
102	What is your age? (In complete years)	[ ][ ]	
103	Have you ever attended school?	Yes..... 1 No..... 0	If 0→105
104	What is your Educational level?	Never attended ..... 1 Functional adult literacy..... 2 Completed primary level..... 3 Completed 'O' level ..... 5 Completed 'A' level..... 6 Completed Tertiary..... 7 Completed University..... 8	
105	What is your current marital status?	Single, no partner ..... 1 Single, no regular partner..... 2 Single with regular partner..... 3 Married..... 4 Co-habiting..... 5 Widowed..... 6 Divorced/separated..... 7	If 1→108
106	If you have a partner, how frequently do you see your partner? (CURRENT/MOST RECENT) husband/wife or partner?	Everyday..... 1 Once a week..... 2 Every two weeks..... 3 Once a month..... 4 Twice a month..... 5 Every two months..... 6 Every three months..... 7 More than three months..... 8	
107	How many other (spouses/ partners) does your husband/partner have, if any ?	[ ][ ]	
108	What is your religion?	Catholic..... 1 Protestant..... 2 Muslim..... 3 Pentecostal..... 4 Seventh Day Adventist (SAD)..... 5 Other(specify)..... 88	
109	How many people live in this household? <i>Instructions to enumerator: A household is defined as a group of people who normally eat meals cooked from the same pot.</i>	None.....0 Children 0-5 years..... [ ][ ] Children 6-9 years..... [ ][ ] Adolescents 10-19years..... [ ][ ] Youth 20-30 years..... [ ][ ] Adults31-45 years..... [ ][ ] Adults 46 years and older..... [ ][ ]	
110	What is your relationship with the HouseHold head?	Head..... 1 Wife/husband ..... 2 Son/daughter/fostered child..... 3 Grandchild..... 4 Niece/nephew ..... 5 Father/mother..... 6 Sister/brother..... 7 Son/daughter-in-law ..... 8 Brother/sister-in-law..... 9 Other relatives..... 10	



		Servant ..... 11 Other non-relatives..... 88	
111	Type of household head?	Male Headed ..... 1 Female headed ..... 2 Female Child (<18 years of age) headed..... 3 Male child (<18 years of age) headed.....4	
112	How long have you lived in this community (or settlement (for refugees in camps) or town? <i>Enumerator to choose wording appropriate to location.</i>	State in months..... [ ] [ ]	
113	Are you originally from this country or have you moved from another country?	Yes..... 1 No..... 0	If 1 → 116
114	If you answered “no” to question 113, why did you come to this country?	As a refugee ..... 1 For work ..... 2 Other (details)..... 88	2 or 3 → 116
115	If refugee, are you presently registered as a refugee in this country?	Yes..... 1 No..... 0	
116	Do you intend to stay here in this village/neighborhood in the years to come?	Yes..... 1 No..... 0	
117	Are there any vulnerable persons in your household? A vulnerable person is defined as: • An unaccompanied or separated child or a child with physical or learning disability, mental health needs or a long-term illness • A person aged 18 or over who considers themselves as unable to take care of themselves / protect themselves from harm or exploitation; or • A person aged 18 or over who, due to their gender, mental or physical health, disability, or as a result of disasters and conflicts, is deemed to be at risk. If there are vulnerable persons in your household, how many are there?	Male adult ..... [ ] [ ] Female adult..... [ ] [ ] Male child..... [ ] [ ] Female child..... [ ] [ ]	
118	What type of vulnerability exist among household members? <b>(Select all that apply).</b>	Pregnant woman ..... 1 Unaccompanied or separated child ..... 2 Mental health needs..... 3 Learning disability..... 4 Older person ..... 5 Single parent or caregiver..... 6 Physical disability..... 7 Long term / chronic medical condition / illness ..... 8 Survivor of SGBV..... 9 Others Specify..... 88	
119	What is your tribe?	.....	
120	Now I'm going to read a list of official identification documents. Please tell me whether or not you have the following	Government-issued ID/national ID..... 1 Passport..... 2 Refugee ID/Attestation ID..... 3 Driver's license..... 4 School-issued ID..... 5 Voter's card..... 6 Ration card..... 7 Employee ID (for government/civil servants) ..... 8 Military ID..... 9 Birth certificate..... 10	

	Village/ LC ID..... 11 Other.....specify..... 88	
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**SECTION 2: LIVELIHOODS**

**In this section of the questionnaire I would like to ask you some questions about your income generating activities and use of financial services.**

NO.	QUESTION AND FILTERS	CODING CATERGORIES	SKIP TO
201	How many members of your household are engaged in income generating activities and earning income?	No income earner.....1 1 income earner.....2 2 or more income earners.....3	<b>1→209</b>
202	How do you currently earn money for your household living expenses?? Yes/No  <i>Instructions to enumerator: Ask for each response category and tick all that apply. Record responses to questions 202, 203, 204. So you will need columns for Yes/No (i.e. whether IGA reported); Amount earned; Reference period (1= weekly, 2= monthly, 3 = yearly); Number of days per week spent on each activity; Number of hours in a typical work day for each activity.</i>	No source of income..... Yes/No Sale of crops..... Yes/No Sale of livestock or livestock products..... Yes/No Sale of household assets of NFIs ..... Yes/No Sale of food aid..... Yes/No Petty trade and commerce..... Yes/No Loans/ borrowing money..... Yes/No Beggi ng..... Yes/No Salaried work (monthly pay) ..... Yes/No Casual labour (wage based per day, hour, etc.) ..... Yes/No Cash handouts from Aid organisations..... Yes/No Gifts from family or relatives..... Yes/No Savings..... Yes/No Remittances..... Yes/No Others (specify).....88	<b>If response is Petty trade → next question is 211</b>  <b>Otherwise continue to qn. 203</b>
203	How much income do you earn or receive currently in a <b>week</b> from each of your income generating activities? <i>Instructions to enumerator: Record estimated amount. If any sources of income are reported monthly or annually (e.g. sale of crops) then record the reference time period.</i>	..... [ ][ ] (see instruction in the previous question 202)	
204	How many hours currently in a week do you spend on each of your income generating activities? <i>Instructions to enumerator: Ask number of days the respondent does each activity and record; then ask how many hours they would spend on each activity currently in a workday. Record the number of days and number of hours in the table.</i>	No. hours per day..... [ ][ ] No. days per week..... [ ][ ]	
205	Has there been any change in the amount you are able to earn or receive each week over the past 12 months?	Income has <b>increased</b> .....1 Income has <b>reduced</b> .....2 Income has remained the same.....3	<b>If 2→207</b>

	<i>Instructions to enumerator: This question is about income earned by the individual respondent.</i>		
206	If your income has increased, what is the reason for change?	Started a new business/ IGA..... 1 Using new skills (e.g. business management, financial literacy) to develop business..... 2 Improved quality of product/ service (so better price) ..... 3 Expanded/ increased scale of activity/ production (more sales/ IGA has grown) ..... 4 Other (specify) ..... 88	
207	If your income has decreased, what is the reason for that change?	Difficulties managing the business (lack of skills – don't know how to plan etc.) ..... 1 Lack of access to capital for investment in business/ IGA..... 2 Lack of access to market ..... 3 Unable to ensure good quality of product/ service..... 4 Reduced demand for product/ service (fewer sales) ..... 5 COVID-19 measures (lockdown, curfew, restrictions) ..... 6 Other (specify) ..... 88	
208	In the last 30 days, can you tell me which have been the three most important ways in which you have spent the income you have earned or received (this means the expenses that have taken the largest amounts of your income)? <i>Instructions to enumerator: Ask as an open question initially but use the list of response categories to probe as necessary..</i>	Food..... 1 Lighting/firewood..... 2 Water..... 3 Education..... 4 Housing..... 5 Health ..... 6 Transport..... 7 Asset purchasing..... 8 Saving..... 9 Investment in small business..... 10 Clothing..... 11 Gambling/ alcohol or drugs..... 12 Others (specify)..... 88	
209	In the last 30 days, have there been any times when you did not have enough food or enough money to buy food for your household?	Yes..... 1 No..... 0	<b>0 → 212</b>
210	If yes to Qn.209 above, what did you and the other members of your household do to cope with those times of food or income scarcity? <i>Instructions to enumerator: Ask as an open question initially – tick responses reported then, check for other possible response options.</i>	Pledge or sell labour/crops/livestock in advance..... Yes/No Receive remittances (food or cash) from relatives, friends..... Yes/No Borrow money..... Yes/No Slaughter more animals than normal..... Yes/No Request local government for assistance..... Yes/No Lower school attendance or drop out from school..... Yes/No Reduce expenditures (e.g., health care, education) ..... Yes/No Reduce expenditure on livestock and agricultural inputs..... Yes/No Sell a higher number of livestock than usual..... Yes/No Unusual sales e.g. household assets, firewood, charcoal, jewel..... Yes/No Migrate to areas where food can be found..... Yes/No Send children away to better-off relatives and friends..... Yes/No Use savings intended for other investment..... Yes/No Participate in food for work/ cash for work programs..... Yes/No Sell seed stock held for next season..... Yes/No Sex for money..... Yes/No Extra marital affairs..... Yes/No Theft / robbery..... Yes/No Behaviour that involves violence ..... Yes/No	

		Drug consumption..... Yes/No Fighting..... Yes/No Others; specify..... 88			
211	For respondents who report engaging in petty trade and commerce (Q 202 response category 6): What type of petty trade and commerce activity do you do?	Hair dressing/ Barbering ..... Yes/No Soap making..... Yes/No Market vending (clothes, household goods, etc) ..... Yes/No Agricultural produce selling (food items, fish, etc) ..... Yes/No Grinding mills earning..... Yes/No Drug shop/shops..... Yes/No Butchery..... Yes/No Building and construction..... Yes/No Phone selling and repairs..... Yes/No Airtime vending..... Yes/No Mobile money..... Yes/No Tailoring..... Yes/No Shoe repair..... Yes/No Mobile phone charging & repair..... Yes/No Other (specify)..... 88			
212	Have you received any support to improve or start a new income generating activity, enterprise or business in the past 12 months?	Yes..... 1 No..... 0		<b>0→218</b>	
213	If yes, who supported you?	Family/friends..... 1 Community group..... 2 NGO..... 3 Other (specify)..... 88			
214	What support did you receive?	Cash grant or voucher to meet needs or investment..... 1 Apprenticeship..... 2 Training..... 3 Others specify..... 4		<b>If 1 and or 2 go to 218</b>	
215	What kind training did you receive?	Business Selection, Planning and Management..... 1 Life skills..... 2 Financial literacy ..... 3 Vocational..... 4 Others specify..... 5			
216	Which organization trained you?	CARE International in Uganda..... 1 Other Organisation..... 2			
217	<i>Instructions to enumerators: ask the respondent the answer the question in terms of one of the four response categories:</i>	Yes, to a <b>large</b> extent (a lot)	Yes, to <b>some/ a limited</b> extent	Not much	Not at all
	a) Have you been able to use the skills from that training to develop your business or income generating activity in any way?				
	b) Have you developed a business plan for your income generating activity?				
	c) If yes, are you using your plan to manage your business?				
	d) Are you confident about being able to calculate your operating costs and profits?				
	e) Do you use a system of financial record-keeping to manage your business or income generating activity?				
	f) Have you been able to improve the quality of your product or service since doing the training?				
	g) Have you been able to increase the scale (amount) of your production or service?				

	h) Have you been able to increase the price(s) you charge for your production or service						
218	Have you ever used any of the following types of financial service(s)? For each type of financial service used ask: When was the last time you used this financial service?  Any time in the past 7 days..... 1 In the past 30 days..... 2 In the past 90 days..... 3 Between 90 days and 1 year..... 4 More than 1 year..... 5			Yes	No	Last time used?	<b>If 4 ask Q219-220 If 5 then also ask Q 221 - 224</b>
	1. Microfinance institution (MFI) (organization which mostly lends to members in a group) or Micro finance deposit taking institutions(MDIs) – e.g., FINCA, PRIDE, Atlanta, UMFO, Letshego, Brac						
	2. Cooperative – e.g., Cooperative Union, UNATO, GADC						
	3. SACCO a member-based organization – e.g., Wazalendo, Letshego						
	4. Post Office Bank or other personal bank account						
	5. Village Savings and Loans Association (VSLA)						
	6. Merry-go-round or another informal saving network						
	7. A money guard/ someone in the workplace or neighborhood who collects and keeps savings deposits on a regular basis						
	8. Savings collectors						
	9. A digital card, a recharge card that is not attached to a bank or MFI account						
	10. Other financial service. Specify .....						
219	Is your bank account (e.g Post Office Bank or other) active?	Yes .....	1	No .....	0		
220	Which of the following activities have you ever done using your bank account?	Making deposits and/or withdrawals.....	1	Paying bills (e.g. medical expenses, housing costs, utilities, tax or fines) and/or school fees) .....	2	Sending or receiving money from family, friends or workmates.....	3
		Receiving ways, pension, welfare or other benefit payments.....	4	Taking a loan and/or making payments on a loan.....	5	Savings and/or investments.....	6
		Paying for goods or services in a shop.....	7	Other (specify) .....	88		
221	<i>For respondents who report use of a VSLA or other informal savings mechanism (e.g. merry-go-round, savings ask:</i> How much do you have as your savings balance in the VSLA? Or with the merry-go-round or money guard or savings collector?	.....	[ ]				
222	How much did you contribute in savings last month ?	.....	[ ]				
223	When was the last time you bought savings or took a loan from the VSLA?	Any time in the past 7 days.....	1	In the past 30 days.....	2	In the past 90 days.....	3
		Between 90 days and 1 year.....	4	More than 1 year.....	5	No loan taken.....	6
224	What is the main reason as to why you pick loans from the VSLA?	Start a new IGA or investment.....	1	Marriage and/or dowry.....	2	Personal expenses.....	3
		Emergency situation.....	4	Education.....	5	Health.....	6
		Living expenses (e.g. food, shelter) .....	7	Asset acquisition.....	8	For repayment of borrowed money.....	9
		Others.....Specify.....	88				
225	Do you own a mobile telephone?	Basic phone (only calling, SMS, and saving phone numbers) .....	1				

		Feature phone (has a camera, radio) .....2 Smartphone – has email, mobile applications..... 3 None..... 4	
226	Do you use a SIM card that belongs to somebody else?	Yes .....1 No .....0	
227	Have you ever used a mobile money account?  If yes, what did you use it to do? <i>Instructions to enumerator: Ask as an open question and tick all responses that apply.</i>	Deposited or withdrew money..... Yes/ No Bought airtime top-ups or pay mobile phone bill..... Yes/ No Paid a school fee..... Yes/ No Paid a bill for medical expenses, housing, rent or utilities, such as electricity, water, solar, satellite TV or cable TV..... Yes/ No Paid a government bill, including tax, fine or fee..... Yes/ No Sent money to, or received money from, family members, friends, workmates or other acquaintances..... Yes/ No Received a welfare, pension or other benefit payment from the government..... Yes/ No Received wages for your primary or secondary job..... Yes/ No Made insurance payments or received claims on insurance..... Yes/ No Took a loan or made payments on a loan..... Yes/ No Saved money for any reason..... Yes/ No Made an investment, including bought stock or shares..... Yes/ No Paid for goods or services at a grocery store, clothing shop or any other store/shop..... Yes/ No	<b>If No go to 301</b>
228	When was the last time you used mobile money any of those financial activities??	Any time in the past 7 days..... 1 In the past 30 days..... 2 In the past 90 days..... 3 Between 90 days and 1 year.....4 More than 1 year.....5	

**SECTION 3: NORMS AND ATTITUDES AND GBV PREVENTION AND RESPONSE**

*I am now going to ask some questions exploring your opinions and attitudes about yourself and about the roles and responsibilities of men, women, boys and girls. This section of the questionnaire includes questions about decision-making and childcare. All the information you give will be kept confidential and will not contain your names, nor any details which can identify you. Please, you are free not to answer some questions, if you feel uncomfortable to do so. Should we continue?*

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	<i>Instructions: The next question is about how confident you feel about being able to achieve your goals and overcome challenges or difficulties in different situations. I am going to read you a series of statements and I would like you to tell me how much you agree or disagree with what each statement says.</i>		
	<b>Self-efficacy scale items</b>	<i>Instructions for enumerator: Please tick the appropriate column for each statement.</i>	<b>Strongly Agree</b> <b>Agree</b> <b>Don't Know</b> <b>Disagree</b> <b>Strongly disagree</b>
	a) I will be able to achieve most of the goals that I set for myself.		
	b) When facing difficult tasks, I am certain that I will accomplish them.		
	c) I am confident that I can perform effectively on many different tasks.		
	d) Compared to other people, I can do most tasks very well.		
	e) I will be able to successfully overcome many challenges.		
302	<i>In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in the home. I am now going to read you a list of statements about household decision-making and men and women's roles and I would like you to tell me how much you agree or disagree with each statement. There are no right or wrong answers.</i>		<b>Strongly Agree</b> <b>Agree</b> <b>Don't Know</b> <b>Disagree</b> <b>Strongly disagree</b>
	<b>Domestic Chores and Daily Life</b>	a) Changing diapers, giving children a bath and feeding kids is only the mother's responsibility.	
	<i>Instructions for enumerator: Please</i>	b) A woman's role is taking care of her home and family.	

	tick the appropriate column for each statement.						
		c) The husband should decide to buy the major household items.					
		d) A man should have the final word about decisions in his home.					
		e) A woman should obey her husband in all things.					
303	<b>Gender Relations scale</b> (Power sub-scale items)		<b>Strongly Agree</b>	<b>Agree</b>	<b>Don't Know</b>	<b>Disagree</b>	<b>Strongly disagree</b>
		a) My partner has more say than I do about important decisions that affect us.					
		b) I am more committed to this relationship than my partner is.					
		c) A woman should be able to talk openly about sex with her husband.					
		d) My partner dictates who I spend time with.					
		e) When my partner and I disagree, he gets his way most of the time.					
		f) I feel comfortable discussing Sexual Reproductive Health (HIV+ family planning with my partner.					
304	<b>Rejection of intimate partner violence</b>	<p>"In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him?  b) If she refuses to have sex with him?  c) If she argues with him?  d) If she neglects the children?  e) If she burns the food?"</p>	<b>Yes</b>	<b>No</b>			
305	<b>Gender Norms and Attitudes</b>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Don't Know</b>	<b>Disagree</b>	<b>Strongly disagree</b>
	Rights and Privileges of Men sub-scale items	a) It is important that sons have more education than daughters.					
		b) Daughters should be sent to school only if they are not needed to help at home.					
		c) The most important reason that sons should be more educated than daughters is so that they can better look after their parents when they are older.					
		d) If there is a limited amount of money to pay for tutoring it should be spent on sons first.					
		e) A woman should take good care of her own children and not worry about other people's affairs.					
		f) Women should leave politics to the men.					
		g) A woman has to have a husband or sons or some other male kinsman to protect her.					
		h) A good woman never questions her husband's opinions even if she is not sure she agrees with him.					
		i) When it is a question of children's health, it is best to do whatever the father wants.					
		<p>The next questions I am going to ask you are about violence against women. Please note that your participation in this interview is on a <b>voluntary basis</b>. You are free to refuse to answer a question or to stop the interview if you want to. The information you share with me is <b>confidential</b>, I have taken <b>no record of your name</b> and your answers to these questions cannot be linked back to you.</p> <p>Do you agree to proceed with the interview? YES / NO</p>					
306	What do you think violence against women means: can	<p>1. Physical violence by partner (e.g. beating, hitting, burning, pushing, use of weapon)  2. Sexual violence by partner (e.g. physically forced sex, threats to force sex)</p>					

	<p>you tell me what different kinds of behaviours those words describe?</p> <p><i>Instructions for enumerator: Ask as an open question but tick all response categories that respondent mentions. Probe by asking: Anything else? until respondent stops giving answers.</i></p>	<p>3. Psychological/ emotional abuse by partner (insults and/or humiliation, scaring you deliberately through shouting or breaking things)</p> <p>4. Economic/ financial deprivation by partner (e.g. stopping you from earning money, taking your earnings, refusing you money for household needs)</p> <p>5. Coercion/ controlling behaviours by partner (being jealous, accusations of infidelity, limiting contact with family or friends)</p> <p>6. Sexual harassment or rape by non-partner</p> <p>7. Early marriage</p> <p>8. Female Genital Mutilation</p> <p>9. Harmful cultural norms</p> <p>10. Other. Specify other form of GBV ....</p> <p>11. I do not know</p>	
307	<p>Have you attended any meetings, events or individual sensitisation sessions about understanding and preventing violence against women or gender-based violence (GBV), including sexual violence?</p>	<p>No.....0</p> <p>Yes.....1</p> <p>Not sure.....2</p>	0 → 310
308	<p>If so, who organized it?</p> <p><i>Instructions for enumerator: Ask as an open question but tick all response categories that respondent mentions.</i></p>	<p>GBV preventer trained by CARE.....1</p> <p>Community SASA Activists trained by CARE.....2</p> <p>Role Model Men/Boy trained by CARE.....3</p> <p>Peace Faciliator trained by CARE.....4</p> <p>Staff member fromrom other NGOs/Agency.....5</p> <p>Religious or cultural leaders.....6</p> <p>Refugee Welfare committee.....7</p> <p>Other community member (including friends or family) .....9</p> <p>Other, please specify.....88</p>	
309	<p>Can you remember any messages you received in understanding and preventing GBV from that discussion or session?</p> <p><i>Instructions for enumerator: Ask as an open question but tick all response categories that respondent mentions</i></p>	<p>What is GBV / types of GBV.....1</p> <p>Causes of GBV.....2</p> <p>Impact of GBV on victims/survivors.....3</p> <p>Where GBV happens.....4</p> <p>How to prevent GBV.....5</p> <p>Where to seek help for GBV / available response services.....6</p> <p>Reporting GBV within 72 hours to improve medical response.....7</p> <p>Respecting confidentiality for GBV survivors.....8</p> <p>Treating survivors with dignity.....9</p> <p>Engaging men and Boys.....10</p> <p>Community mobilization.....11</p> <p>Balancing power.....12</p> <p>Shared roles and responsibilities.....13</p> <p>Joint decision making.....14</p> <p>Other, please specify.....88</p>	
310a)	<p>In the last 12 months, have you experienced or been subjected to <b>physical violence</b> by a current or former intimate partner?</p> <p><i>Instructions: If respondent answers yes on any sub-questions, then ask how often?</i></p>	<p>This means: Has your partner slapped you or thrown something at you which could hurt you?</p> <p>Has your partner hit you with a fist or with something else which could hurt you?</p> <p>Has your partner pushed, kicked, dragged, beaten, choked or burnt you?</p> <p>Has your partner threatened to use or actually used a gun, knife or other weapon against you?</p>	<p>Yes ....1</p> <p>No.....0</p> <p>Once</p> <p>More than once</p> <p>0→311a)</p>
310b)	<p>In the last 12 months, have you experienced or been subjected to <b>sexual violence</b> by a current or former intimate partner?</p>	<p>This means: has your partner physically forced you to have sex with him/ her when you didn't want to?</p> <p>Has your partner used threats/ intimidation to make you have sex when you didn't want to?</p>	<p>Yes ....1</p> <p>No.....0</p> <p>Once</p> <p>More than once</p> <p>0→311a)</p>



310c)	In the last 12 months, have you experienced or been subjected to <b>psychological violence</b> by a current or former intimate partner?	This means: Has your partner insulted you or made you feel bad about yourself? Has your partner belittled or humiliated you in front of other people? Has your partner verbally threatened to hurt you or someone you care about? Has your partner done anything to scare or intimidate you on purpose (e.g. by the way s/he looked at you, by shouting or smashing things)?	Yes ....1 No.....0	Once	More than once	0→311a)
310d)	In the last 12 months, have you experienced or been subjected to <b>economic violence</b> by a current or former intimate partner?	This means: Has your partners prohibited you from doing things to earn money? Has your partner taken your earnings from you when you didn't want him to? Has your partner refused to give you money you needed for household expenses even when he had money for other things?	Yes ....1 No.....0	Once	More than once	0→311a)
310e)	Did you report any of those incidents of physical, sexual, psychological or economic violence by your current or former intimate partner?	Yes ....1 No.....0				If 00→311a)
310f)	If any incident was reported, where was it reported? <i>Instructions to enumerator: Ask as open question and tick all that apply.</i>	Health professional..... 1 Police..... 2 Legal Office.....3 Psychosocial support..... 4 Protection house/GBV shelter.....5  Clan leader.....6 RWC/LC.....7 Community leader..... 8 Other GBV service provider .....88 Specify: .....				
310g)	If respondents answered 6, 7 or 8:  Did the clan leader / RWC /LC /Community leader provide you with advice or information on formal service?  <i>Note for enumerators: please ensure that they can explain what a formal service is.</i>	Yes..... 1 No..... 0				0→311a)
310h)	Did you receive support from the service provider you visited/ reported to?	Yes..... 1 No..... 0				0→311a)
310i)	Was the service satisfactory ? disaggregate by service		Yes, very satisfactory	Yes, satisfactory	Yes, partially satisfactory	No, not satisfactory at all
		Health	17	453		
		Police				
		Legal				
		PSS				
		Protection house / GBV shelter				
		Clan leader				
		RWC / LC				
		Community leader				
311a)	In the last 12 months, have you experienced or been subjected to <b>sexual violence</b> by a <b>person(s)</b>	Sexual violence by a non-partner includes any <i>sexual</i> act, attempt to obtain a <i>sexual</i> act, unwanted <i>sexual</i> comments or advances, or acts to traffic a person, or other acts directed against a person's <i>sexuality</i> using coercion.	Yes ....1 No.....0	Once	More than once	0 → 401

	<b>other than your intimate partner?</b>					
311b)	Did you report any of those incidents of sexual violence by a non-partner?	Yes..... 1 No..... 0				If 0 → 401
311c)	If any incident of sexual violence by a non-partner was reported, where was it reported? (tick all that apply)	Health professional..... 1 Police..... 2 Legal Office..... 3 Psychosocial support..... 4 Protection house/GBV shelter..... 5 Clan leader..... 6 RWC/LC..... 7 Community leader..... 8 Not reported..... 10				
311d)	If respondents answered 6, 7 or 8:  Did the clan leader / RWC /LC /Community leader provide you with advice or information on formal service?  <i>Note for enumerators: please ensure that they can explain what a formal service is.</i>	Yes..... 1 No..... 0				
311e)	Did you get support from the service provider you visited/reported to?	Yes..... 1 No..... 0				
311f)	Was the service satisfactory ? disaggregate by service		Yes, very satisfactory	Yes, satisfactory	Yes, partially satisfactory	No, not satisfactory at all
		Health				
		Police				
		Legal				
		PSS				
		Protection house / GBV shelter				
		Clan leader				
		RWC / LC				
		Community leader				

#### SECTION 4: SOCIAL ACCOUNTABILITY

Now, I'm going to ask you questions to understand citizen's perceptions and experiences in accessing public services. Your responses are entirely voluntary and I assure you of the strict confidentiality and anonymity with which the results of the survey will be handled. None of the answers you provide to the survey will be directly attributable to you.

	QUESTION AND FILTERS	CODING CATEGORIES				SKIP TO
401	a) I am going to read out a list of public institutions and I would like to know how important you think each institution is for the wellbeing of your community. Please tell me for each institution if it is:  Not important Fairly important Very important		Not important	Fairly important	Very important	Do not know this institution
		Municipal Government..... 1				
		Ruling political party in government..... 2				
		Opposition parties..... 3				
		Community Development Office..... 4				
		Ombudsman office..... 5				
		Unions..... 6				

	<p>or say if you Do not know about the institution.</p> <p>b) Which of the institutions do you think is the most important for your household's wellbeing?</p> <p>Specify.....</p> <p><i>Note to enumerators: for 401 b, respondent should select just one institution.</i></p>	<p>Health care providers.....7</p> <p>Health Insurance Fund.....8</p> <p>Local Cultural Office.....9</p> <p>Religious authorities.....10</p> <p>Police.....11</p> <p>CSOs.....12</p> <p>Courts/judges.....13</p> <p>Patient organizations.....14</p> <p>Rights' advocacy Organisations.....15</p> <p>Local Organizations.....16</p> <p>Media.....17</p> <p>International donor organizations.....18</p> <p>NAADS<sup>40</sup>/ Operation Wealth Creation/NUSAF<sup>41</sup>.....19</p> <p>Others (please specify).....88</p>					
402	<p>Which of these institutions or service providers are you able to access or deal with on your own if you need to settle a matter or get support/ obtain a service?</p>	<p>Ministry of Health.....1</p> <p>Ombudsman office.....2</p> <p>Unions.....3</p> <p>Health care providers.....4</p> <p>Health Insurance Fund.....5</p> <p>Health Inspectorate.....6</p> <p>Religious authorities.....7</p> <p>Police.....8</p> <p>CSOs.....9</p> <p>Courts/judges.....10</p> <p>Patient organizations.....11</p> <p>Rights' advocacy Organizations.....12</p> <p>Media.....13</p> <p>International donor organizations.....14</p> <p>Others (please specify).....88</p>					
403	<p>Based on your knowledge of how things work in your community what do you think is the best course of action for a person who can't successfully deal with public institutions to resolve his/her matter? (Choose only one answer)</p>	<p>Ask for intervention from a friend/ relative or important person.1</p> <p>Pay a fee or give a gift.....2</p> <p>Denounce the disservice to the management of the institution or office in question through the complaint mechanisms.....3</p> <p>Denounce the disservice to the local government authorities or anticorruption agency.....4</p> <p>Denounce the disservice using another mechanism).....5</p> <p>Specify other mechanism (e.g. Barazza, Radio call in, Community Score card, U-bridge, IGG<sup>42</sup>, media in general):.....6</p> <p>Try several times until he/she gets a good result.....7</p> <p>Avoid in general dealing with that institution.....8</p>					
404	<p>If there is a problem with the provision of public services (if applicable specify sector/area being targeted), to whom would</p>	<p>Local government authorities.....1</p> <p>State or higher level government authorities.....2</p> <p>Religious leaders.....3</p> <p>CSO's.....4</p> <p>Family and friends.....5</p> <p>Community assembly/ Town hall meeting.....6</p>					

<sup>40</sup> NAADS –National Agricultural Advisory Department

<sup>41</sup> NUSAF – Northern Uganda Social Action Fund

<sup>42</sup> IGG -Inspector General of Government

	you say community members typically turn to?	People prefer to rely on their own individual means..... 7 Other...Specify..... 88				
405	Do you feel you have the means to express dissatisfaction when the treatment received by your local government/ public service provider is not appropriate?	Yes..... 1 No..... 0				If 0→407
406	If yes, how do you do that – what means or mechanisms can you use? <i>Enumerators: please discuss how to best take notes on answers to this question with enumerators.</i>	..... 1 ..... 2 ..... 3				
407	Perceived transparency and accountability of service providers.	To what extent do you agree or disagree with the following statements:	Strongly Agree	Agree	Disagree	Don't Know
		a) Gift-giving creates a bond where people know they will receive better service next time they visit the health centre.				
		b) The quality of the services obtained is influenced by the citizen's personal relationship with the service provider or some other influential person.				
		c) As citizens we are entitled to basic rights and access to public services in health, education and sanitation and nobody can take that away,				
		d) The government can be trusted to provide our community with decent public services (e.g. in health, education and sanitation).				
408	a) Do you participate regularly in any groups?	Yes..... 1 No..... 0				If 0→408b)
	b) If yes, please tell me in which kind(s) of groups you participate regularly and identify them <i>Enumerators: tick all that apply</i>	Groups organized and/or sponsored by international or bilateral development agencies..... 1 Political groups (electoral organizing, political mobilization) ..... 2 Groups organized by NGOs..... 3 Organizations based on economic motives (for example, trade unions) ..... 4 Faith-based organizations..... 5 Charitable organizations..... 6 Leisure organizations (sports, hobbies) ..... 7 Self help groups..... 8 Women's groups..... 9 Other..... 88				
	c) If no, please tell me why you don't?	Because I do not have any time for it..... 1 Because I am not interested..... 2 Because I do not feel that my contribution is taken into account... 3 Other reasons for not participating ..... 88 Specify:.....				
	d) If yes, do you feel you are able to raise your voice in these groups?	Yes No OR you may want to propose options: yes, to some extent, no				
	e) If yes, do you feel decision-makers are responsive to your input in their planning and service delivery?	Yes No OR you may want to propose options: yes, to some extent, no				

THIS IS THE END OF OUR INTERVIEW. THANK YOU VERY MUCH FOR YOUR TIME AND YOUR WILLINGNESS TO SHARE THIS INFORMATION WITH ME. THE INFORMATION YOU GAVE US WILL BE VERY HELPFUL. PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS.

## Focus Group Discussion

**Purpose:** Gather information about the opinions, beliefs, practices and attitudes of a group of people towards a specific topic of interest. Guided questions in this Focus Group Discussion (FGD) relate to the roles and responsibilities of women, men, boys and girls; control and access to resources; vulnerabilities and needs; coping; and security concerns.

**Tool Notes:** This tool should be used during small group discussions. The group should be made of people from similar backgrounds or experiences and should not include more than 10-12 participants. The groups should also be separated by sex and age. The FGD is led by a facilitator who introduces the topics of discussion and helps to ensure that all members participate evenly in the discussions. The facilitator should assure participants that all information shared will remain confidential.

Sector specific questions can be included to gather more detailed information on specific topics relevant to your context or situation.

**Geographic Location ( District):** .....

**Interview date:** .....

**Place of interview:**

**Category:** Tick – Male or Female group

**How many members:**.....

**Note avail attendance list to capture name, sex, nationality, age and signature)**

**Introduction**

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1. Thank the informants for participating in interview
2. Explain the objectives and expectations of the interview
3. Outline the session and the amount of time the interview will take
4. Obtain informed consent to record the interview and/or take pictures.

## Discussion Questions

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### 1. Self-efficacy: “we would like to speak with you about what you think is needed to live a better and more fulfilling life in your context and based on your experience.”

- Thinking of past achievements in your life, what helped you achieve them? The achievements can be any type of goal (personal, professional etc.), anything that you feel proud of and that improved your life.
- Thinking of past goals that you could not achieve, what prevented you from achieving them?

*Note for enumerators: respondents are encouraged to answer this question as widely as possible. But if they really struggle to provide answers, please probe for answers relating to: their individual capacity (skills, motivation, resources), family / community support (moral, material, in kind), structural (local services and infrastructure)*

### 2. Income and capability and life skills for economic activity: “we would like to talk to you about your experience in earning an income, and what you think is important and necessary to make a better living”

- Is your income level consistent throughout the year?  
If not, why does it change? ( probe for patterns of seasonal changes in IGA income levels)

*Note for enumerators: probe for reasons by exploring possibilities: weather (e.g. seasons), regulations, motivation, time, other reasons (e.g. family, political)*

- What do you need to make a better living?

And / or?

- "What do you need as a woman/ young person to be successful in earning income/ running a business/ looking after your family?"
- What knowledge/skills/ capacities do you need to successfully engage in Income Generating activities (IGAs)

**Life skills:** *Note for enumerators: in addition to answers relating to knowledge, skills, opportunity - we want to focus on what “life” skills are required to make a better living according to respondents. **Life skills refer to social and behavioural skills that enable people to deal with challenges in a positive and productive way.** It can be a lot about motivation / attitude / belief in yourself (i.e. self-esteem).*

- Which life skills do you need live a better life or for better living?
- How do people learn/ develop these (life skills)?
- How do you sustain / improve them (life skills)?

## Key Informant Interview

**Purpose:** To obtain information about people's opinions, beliefs and practices relating to GBV services and women and girls' protection and rights. It allows you to collect information about respondent's knowledge and experience in these domains which can be incorporated to WAYREP programming, to make activities more relevant and effective.

**Tool Notes:** This tool incorporates questions for different types of key informants. Section 1 is for key informants relevant to the GBV IMS. Section 2 is for key informants relevant to knowledge of GBV service providers and the GBV referral pathway and section 3 is for key informants relevant to governmental frameworks and provisions on women and girls' protection and rights.

**Geographic Location:**

**Interview date:**

**Key informant's role in the community:**

**Respondent Code:**

**Place of interview:**

### Introduction

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1. Thank the participant(s) for the interview
2. Explain the objectives and expectations of the interview
3. Outline the amount of time interview will take
4. Obtain the informant's consent to record the interview and/or take pictures

Sex of key informant:      Male      Female

Age of key informant:

### Discussion questions

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#### Section 1 – Key informants: 1 operating partner, 1 implementing partner and 1 sub-country CDO, 2 municipality CDOs

**WAYREP indicator: # of women and youth using GBV services in Omugo settlement, Gulu and Arua municipalities** (we want to hear from those that contribute to administering the GBV IMS, and help improve how they do this)

- Do you work with the GBV IMS?
- If so, how often? If daily, weekly or monthly – probe why?
- Do you use data from the GBV IMS?
  
- If so, how? probe on whether they use the data for –planning, decision making on approaches, budgeting/resource distribution, capacity building, advocacy, awareness messaging
- What challenges or difficulties do you encounter in working with the GBV IMS, if applicable?
- What would help improve the GBV IMS?
- What support would you need?

#### Section 2 – Key Informants: LCs, community leaders, police, health service, legal, CDO, partners (e.g. Action Aid in Gulu).

**WAYREP progress indicator: % of service providers and community structures who demonstrate an increase of knowledge regarding case management (SADD)**

- What services are required to respond to a GBV case effectively (in an ideal world)?

*Note for enumerator: this is about asking about the GBV system in theory. What is an ideal way of responding to a GBV case? Discussion of issues in practice follows. Look out for whether the key informant mentions: all types of services, GBV data management services, services for perpetrators as well as survivors.*

- Are there any challenges to GBV case management to your experience? If so, what are they?
- What would improve GBV case management in your community or place of work?

*Note to enumerators: do they mention provision of services in different languages, stigmatizing social norms, lack of existence or knowledge of referral pathway, corruption etc*

**Section 3 - KII: municipality CDOs, town clerk, LC4 in charge of gender, national level stakeholder.**

**WAYREP indicator: GoU priority actions and implementation of LAPs**

- How would you describe the state of women girls' protection and rights in your community?
- What are the challenges or issues?
- Do you work or have you had to work on frameworks or provisions addressing women and girls' protection and rights?
- What are the challenges or issues in implementing these frameworks and provisions?
- What are the achievements / signs of progress so far?
- Is there a LAP? Has it been implemented? Why not?
- Do you have any recommendations on how to improve / facilitate implementation of LAP? What steps should be taken?

**Section 4: Self-efficacy: "we would like to speak with you about what you think is needed to live a better and more fulfilling life in your context and based on your experience." (RWC- Youth and Gender /LC- Youth and Gender)**

- Thinking of past achievements in your life, what helped you achieve them? The achievements can be any type of goal (personal, professional etc), anything that you feel proud of and that improved your life.
- Thinking of past goals that you could not achieve, what prevented you from achieving them?

*Note for enumerators: respondents are encouraged to answer this question as widely as possible. But if they really struggle to provide answers, please probe for answers relating to: their individual capacity (skills, motivation, resources), family / community support (moral, material, in kind), structural (local services and infrastructure)*

**Section 5: Income and capability and life skills for economic activity: "we would like to talk to you about your experience in earning an income, and what you think is important and necessary to make a better living" (RWC- Youth and Gender /LC- Youth and Gender)**

- Is your income level consistent throughout the year?  
If not, why does it change?

*Note for enumerators: probe for reasons by exploring possibilities: weather (e.g. seasons), regulations, motivation, time, other reasons (e.g. family, political)*

- What do you need to make a better living?  
And / or?
- "What do you need as a woman/ young person to be successful in earning income/ running a business/ looking after your family?"

*Note for enumerators: in addition to answers relating to knowledge, skills, opportunity - we want to focus on what "life" skills are required to make a better living according to respondents. Life skills refer to social and behavioural skills that enable people to deal with challenges in a positive and productive way. It can be a lot about motivation / attitude / belief in yourself (i.e. self-esteem).*

- How do people learn/ develop these (life skills)?
- How do you sustain / improve them (life skills)?



## References:

1. WAYREP Self-Employment and Livelihood Assessment Report – February 2020
2. WAYREP Stakeholder Mapping Report September 2019
3. WAYREP Social Accountability Scoping report 2019
4. WAYREP Rapid Gender Analysis 2019