



Gender Analysis

Uganda: Refugees and Host Communities in Yumbe and Terego Districts

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Abbreviations

FGD – Focus Group Discussion

GA – Gender Analysis

GBV – Gender Based Violence

IDP – Internally Displaced Person

IA RGA – Interagency Rapid Gender Analysis

IGA – Income Generating Activities

NFI – Non-Food Item

OPM – Office of the Prime Minister

RGA – Rapid Gender Analysis

PSEA – Prevention of Sexual Abuse and Exploitation

SEA – Sexual Abuse and Exploitation

SGBV – Sexual and Gender Based Violence

VSLA – Village Savings and Loans Associations

Introduction

Background Information

The conflict in South Sudan expanded to the southern parts of the country in July 2016, which led to an influx of refugees in Northern Uganda. Uganda hosts 1.5 mill. refugees in total¹, many live in refugee settlements. The four largest settlements in West Nile are Bidi Bidi, Palorinya, Rhino and Imvepi, with numbers of refugees ranging from 60,000 to more than 240,000. According to a report of the World Bank and Uganda Office of the Prime Minister (OPM) on gender-based violence (GBV) in Uganda from 2020, more than **80 % of the refugees and asylum seekers in Uganda are women and children**. During the conflict, **violence against women and girls such as the abduction of girls and the use of rape as a weapon of war** was used. Women and girls fleeing to Uganda reported sexual and gender-based violence (SGBV) “to have taken place throughout the route of migration within South Sudan itself as well as when crossing the border”².

Refugees in the Bidi Bidi and Imvepi settlement are mainly from South Sudan and currently only few return to South Sudan. New arrivals are verified by UNHCR and the Office of the Prime Minister (OPM) in Uganda. The borders of Uganda were closed with a few exceptions in March 2020 to contain the COVID-19 pandemic. Uganda is known for its exemplary refugee protection environment, providing refugees with freedom of movement, the right to work and to establish businesses, access to social services, as well as allocation of plots of land for shelter and agricultural production³. Since 2017, the coordination of the refugee response has been organized within the Uganda Comprehensive Refugee Response Framework (CRRF) in coordination with the OPM. The CRRF is a multi-stakeholder coordination model on refugee matters focusing on humanitarian and development needs of both refugees and host communities. The Uganda National Action Plan (NAP) to implement the Global Compact on Refugees and its Comprehensive Refugee Response Framework 2018 – 2020 is also an important roadmap for any stakeholder implementing humanitarian/development interventions.

Despite existing policies and frameworks on gender equality and gender-based violence⁴, Uganda ranked 131st on the Gender Inequality Index in 2019, placing it in the bottom-third.⁵ **Men and male youth in both Ugandan and refugee contexts are the main decision-makers at household, community and national level**. Unemployment is a challenge for all genders. However, most women continue to work in the informal sector and are responsible for most of the unpaid care work. **Inequitable gender norms are still hindering many women and girls from making decisions**. Almost a third (31%) of Uganda’s households are female-headed,⁶ and these households generally experience lower productivity.

The Government of Uganda (GoU) implemented different measures during the COVID-19 pandemic, including restrictions on movement, lockdown measures, requirements for Personal Protective Equipment (PPE) to access services or participate in decision-making forums. These measures have had several impacts, including **increased tensions between host communities and refugees, reduced access to key services such as sexual and reproductive health (SRH) services, social stigma, increased SGBV, and distress due to physical distancing measures**.⁷

¹ As of May 2022; <https://data.unhcr.org/en/country/uga>

² CARE International: Inequality and injustice: The deteriorating situation for women and girls in South Sudan’s war A Progressive Gender Analysis: 2013 – 2016; GBV Experiences of South Sudanese Women and Girls On the Run to Uganda. A Case Study from Busia to Imvepi, Arua District, Uganda. 2017

³ Uganda Refugee Act of 2006 and the Refugee Regulations of 2010

⁴ National Gender Policy 2007; the Prohibition of Female Genital Mutilation Act 2010; the Domestic Violence Act 2010; the Prevention of Trafficking in Persons Act 2009;

⁵ <http://hdr.undp.org/en/content/gender-inequality-index-gii>

⁶ World Bank: Health Nutrition and Population Statistics, July 2015

⁷ Rachel Guha, Interagency RGA Covid-19, November 2020

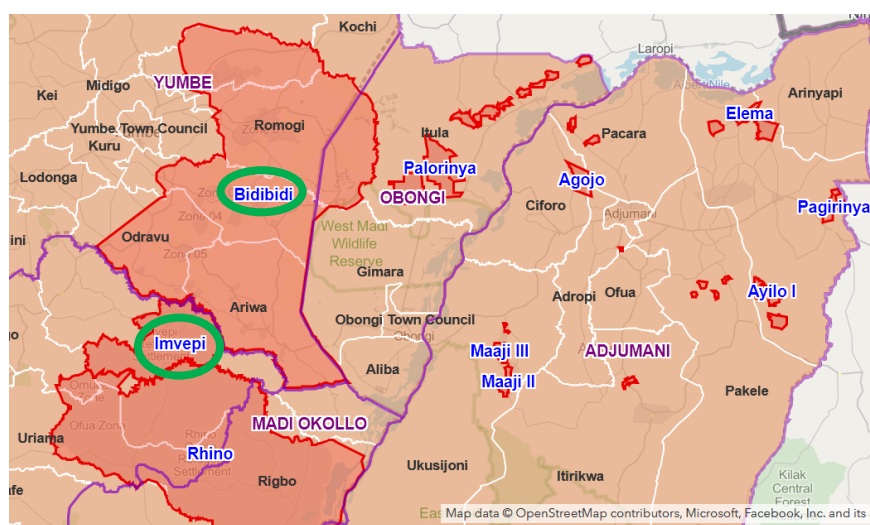
The Gender Analysis Objectives

This Gender Analysis has been conducted in the framework of the ADA-funded triple nexus project called “Strengthening Conflict and gender sensitive Community Resilience in protracted crisis” (SCCR), that will be implemented in Bidi Bidi and Imvepi settlements from December 2021 until May 2024. The objectives of the analysis are the following:

- To analyse and understand the current realities for women, men, girls and boys in Imvepi and Bidi Bidi settlements and their current needs and capacities from a gendered lens;
- To inform the programming of the SCCR project in Imvepi and Bidi Bidi settlements based on the different needs of men, boys and women and girls in particular.

Methodology

CARE chose to conduct a gender analysis (GA) to be able to gather more in-depth information from the communities the project aims to work with. The research has been undertaken from April - June 2022. Research methods for this GA focused on secondary data review of existing gender information, and primary data including a household survey and focus group discussions. Data was collected in Lugbari and Imvepi Zone 2, as well as in Ajuji, Ewafa, Ewaga and Bidi Bidi Zone 1. This gender analysis will be updated in one year.



Findings of secondary data are based mainly on the Interagency RGA⁸ (IA RGA) conducted in 2020 in different refugee settlements, including Bidi Bidi and Imvepi, and the RGA conducted by CARE Uganda that was conducted in 2021 in Rhino settlement⁹. The former includes quantitative and qualitative data, with a sample of 198 and 137 persons in Bidibidi and Imvepi respectively, among which over 50% were women. Some of the findings mentioned in this report are average aggregated data from all surveyed locations, others are particular to Bidi Bidi and Imvepi. The latter focused on FGDs with 200 refugee women, men, boys and girls settled in Rhino Camp Refugee Settlement Village 6 (predominantly South Sudanese refugees) and Ariaze B village.

⁸ Rachel Guha, Interagency RGA Covid-19, November 2020

⁹ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

It was difficult to find studies focusing or including data on host communities around Bidi Bidi and Imvepi. We rely here mainly on the findings of the UN Women et al. quantitative RGA conducted in 2020¹⁰ with 2,400 interviewees across Uganda, including in West Nile, as well as findings from the World Bank's Uganda Refugee and Host Community 2018 household survey¹¹ in West Nile, which includes responses from 360 households in Yumbe and 190¹² in Arua. We also refer to findings of a study from Plan International on the impacts of Covid-19 on girls in crisis, where 25 south-Sudanese girls and young women (15-25) were interviewed in Rhino camp in 2020; and the RGA on Power and Participation conducted in Omugo, Siripi and Imvepi Zone 4¹³ by CARE Uganda in 2021.

The findings of the primary data are drawn from a household survey conducted by CARE with 328 respondents in total, as well as 9 **Focus Group Discussions** (FGDs) with 33 female (18 refugees, 15 hosts) and 34 male (12 refugees, 22 hosts) respondents.

Limitations:

- Only one out of the 328 respondents of the survey are under 18- we rely mainly on secondary data for our analysis regarding the situation of children and adolescents;
- We were not able to conduct Key Informant Interviews, which could have provided another layer of information to our analysis;
- Responses from FGDs were often short and did not provide nuances, which could have further improved our analysis and provided more in-depth information that could have been relevant for the project.
- The data collected to inform the Women Lead in Emergencies (WLiE) methodology with female refugees in Bidi Bidi is very limited. An additional inquiry might be needed.

Demographic profile

Sex and Age Disaggregated Data

As per January 2022¹⁴ the total host population in Yumbe amounted to approximately 736,000 people, while in Terego&Madi Okollo it amounted to 474,000 people. As per Refugee Statistic Status of July 2022, Imvepi settlement¹⁵ had a total population of 60,290 individuals (14,502 households), and Bidi Bidi settlement¹⁶ of 224,048 individuals (41,749 households), whereby over 99% are refugees. In both settlements about 52% are women, and over 80% are women and children. The share of youth and elderly is approximately the same in both settlements, about 24% and 3% respectively. In both settlements the majority of people live in zone 1-4. Between 6% and 7% of the population living in Imvepi and Bidi Bidi are female with special needs (compared to 3% and 6% male respectively).¹⁷

As per the household survey 2018¹⁸ conducted by the World Bank, refugee households were slightly larger than host households (5,8 versus 5,3 in West Nile). Recent RGAs recorded average household size of 5 people in the refugee settlements, which is lower than the average of 7 in South Sudan.¹⁹ 73% of refugee households experience changes in the composition of their households upon arriving in Uganda, either because the missing member stayed in the country of origin or deceased. **It is important to note that refugees move within settlements from one zone to the other, or from one settlement to the other, and many return to/arrive from South Sudan on a daily basis, so the composition**

¹⁰ UN Women et al, Covid-19 Rapid Gender Assessment, 2020

¹¹ The World Bank, Informing the Refugee Policy Response in Uganda, 2018

¹² 94.2% and 86.8% response rate respectively.

¹³ CARE, RGA-P, Rhino and Imvepi Refugee Settlement, January 2022

¹⁴ <https://data2.unhcr.org/en/country/uga>, accessed August 2022

¹⁵ [Document - Uganda - Refugee Statistics July 2022 - Imvepi \(unhcr.org\)](#)

¹⁶ [Uganda - Refugee Statistics July 2022 - Bidibidi - Uganda | ReliefWeb](#)

¹⁷ Special needs categories include: women at risk, older people, people with serious medical conditions, among others.

¹⁸ The World Bank, Informing the Refugee Policy Response in Uganda, 2018

¹⁹ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

and numbers of refugees change regularly. This should be monitored during project implementation, as this could have an impact on project participants.

The UNHCR statistics in Bidi Bidi and Imvepi are very similar to Rhino (according to latest data available from Refugee Statistic Status July 2022²⁰). In all three settlements over 95% of the refugees are from South Sudan and the age, ethnic and gender composition is very similar. Based on those similarities, and the fact that we could not find a lot of recent studies for Bidi Bidi, we decided to also include findings from recent assessments conducted in Rhino.

In the survey conducted by CARE, 53% of the respondents are female, 47% are male. 219 (67%) are South-Sudanese, among which 115 are female and 104 male; and 109 (33%) are Ugandan, among which 60 are female and 49 male. The majority are from Yumbe (57%), and 43% from Terego. The majority are Kakwa (34%), followed by the second biggest ethnic group Lugbara (15%), and the Pojulu (12%), Bari (9%) and Aringa (8%). Further disaggregation is described below:

	Male	Female	Ugandan (Host)	South Sudan (Refugees) ²¹
Age category				
6-18	0	1	0	1
19-30	29	69	30	68
31-59	120	102	76	146
60+	3	3	3	3
<i>Total</i>	<i>153</i>	<i>175</i>	<i>109</i>	<i>218²²</i>
Disability				
Physical ²³	82	71	54	99
Mental ²⁴	14	11	6	19
<i>Total</i>	<i>96</i>	<i>82</i>	<i>60</i>	<i>118</i>
Marital Status				
Married	121	128	83	166
Separated (divorced)	14	13	10	17
Single	13	7	4	16
Widowed	5	27	12	20
<i>Total</i>	<i>153</i>	<i>175</i>	<i>109</i>	<i>219</i>
Education				
Never attended	14	47	20	41
Only primary	97	91	66	122
Secondary	36	29	17	48
Tertiary	6	8	6	8
<i>Total</i>	<i>153</i>	<i>175</i>	<i>109</i>	<i>219</i>
Location				
Terego	73	69	74	68
Yumbe	80	106	35	151
<i>Total</i>	<i>153</i>	<i>175</i>	<i>109</i>	<i>219</i>

The majority of the respondents are from Zone 2 Imvepi (22%), and Zone 1 Bidi Bidi settlements (47%), while 21% are from Lugbari and 10% from Ajuji and Ewafa parishes respectively. As indicated in the

²⁰ [Document - Uganda - Refugee Statistics July 2022 - Rhino \(unhcr.org\)](#)

²¹ In the survey, all non-Ugandan respondents were South-Sudanese, and all South-Sudanese were refugees, all Ugandans are hosts.

²² One respondent did not reply

²³ Difficulty hearing, walking, seeing, with self-care (washing, dressing)

²⁴ Difficulty remembering, concentrating, communicating

table, 30% of the respondents are between 19-30 years, while the majority (68%) are between 31-59, and only 2% are older than 60.

Almost 60% of the respondents said they were the HH head, among which 19% were women, 38% men. Only a few respondents said that the father (6), mother (4) or brother/grandmother (2) are the head of the HH. Among the respondents who stated they have a disability, 21% said they have difficulty seeing (even when wearing glasses), 12% have difficulty walking or hearing. 30 respondents mentioned other illnesses, including asthma, back pain, ulcers, and kidney problems.

Findings and Analysis

Gender Roles and Responsibilities

All RGAs reviewed and the data collected for this analysis show that there is a **gendered division of labour**, which “has implications for the domestic workload, time available to participate in decision making and to engage in productive income earning activities as well as to access services including sexual reproductive health and family planning.”²⁵ These limitations can also be explained by a **gendered division of decision-making power** in the household and community at large, as we will show later in the analysis. Women and girls reported²⁶ spending most of their time on cooking (43%), followed by housework (38%), collecting fuel and water, while men and boys spend more time on farming (30%) and leisure (19%- compared to 10% among female respondents). According to the Interagency (IA) RGA **women aged 18-24 and child head of households (HoH) reported spending even more time on unpaid work** compared to all other age groups interviewed (12-17, 25-59, 60+).

The SCCR project will have to assess time constraints female participants might face and support them in that regard.

The findings from our survey align with the picture above. A bit more than half and two thirds of male and female survey respondents stated respectively that **a woman’s most important role is to take care of her home and cook**. The proportion of South Sudanese respondents who agreed with that statement is 25% higher than among Ugandan respondents. In the FGDs, women mentioned that taking care of domestic chores and of their children is their main responsibilities. Most men from host communities and refugee men said that farming and their jobs belong to their main daily activities. Almost **half of female respondents (and 60% of male) said that a man’s responsibility is to provide food and other necessities for his family**. When asked if only men should decide which crops should be grown or if only men should decide how to spend money in the household, more than 60% of male respondents agreed with that statement, while **only 18% of female respondents did**.

One of the project’s objectives is for women to earn and invest more money, hence the project should take steps to contribute to more gender equal distribution of decision-making and control.

While the respondents from the RGA in Rhino highlighted some changes in the division of roles due to displacement and interactions with other ethnic groups or host community members (some men share some responsibilities with their wife/partner, including farming, business, construction of shelter or taking care of the children), the responses of our survey and FGDs did not reflect these shifts.

²⁵ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

²⁶ Rachel Guha, Interagency RGA Covid-19, November 2020

“When there is mutual understanding among us (husband and wife), it makes decisions making easy”
Host man participating in FGD in Awa Hill village

Although respondents mainly reported that **decisions in households are made jointly**²⁷ (either by men and women, or the household as a whole), other studies such as the RGA in Rhino or the RGA-P show that **women and men take decisions along very specific gendered lines**: women primarily take decisions on healthcare (except for SRHR where men or other authority figures often have a say), caretaking activities, food preparation and house chores, and men decide upon expenditures and how assets are managed. Among all areas of decision-making listed in the questionnaire²⁸ of the household survey, the majority of respondents (with no significant difference between men and women, or South-Sudanese and Ugandan respondents) replied that they take decisions jointly - **apart from decisions pertaining to general land use and on who can compete for and serve in leadership decisions** where 75% and 54% of the male respondents said that they were the main decision makers respectively.

As this project will support women who want to take up leadership positions, this finding is highly relevant and should be taken into consideration during implementation.

During the FGDs almost **all male refugee participants said that they were the sole decision makers**, whereas only one male host participant among 8 said the same. Interestingly the RGA in Rhino and the RGA-P also show that even though refugee men are not always present in the household (either because they passed away, are still in South Sudan, or live with multiple partners), **women still need permission to take certain decisions (family planning, income expenditure, mobility) from male relatives, clan/religious leaders or their absent husbands/partners** (as indicated in male FGDs in Rhino).

When working with refugee women, the project should assess how men or other power holders have control over their decisions and adapt the project interventions accordingly.

Finally, among the **South-Sudanese adolescents** interviewed in Northern Uganda by Plan International²⁹, several reported that because they are younger and perceived to be less at risk of Covid-19, they were being **asked to break social distancing to look after vulnerable or sick relatives in other households**- further exacerbating their care-giving role at home (which they identified as being the 3rd most important source of stress).

Livelihood, Capacity and Coping Mechanisms

Livelihood

In 2018, over 57% of the West Nile refugees who participated in the household survey of the World Bank reported that they did not have enough resources to satisfy the minimum daily calories requirements and basic non-food needs- compared to 29% among the host community. **Poverty rates were higher for female-headed households** in West Nile, than for male-headed households. **Refugees in both settlements majorly relied on assistance** (healthcare assistance, in-kind and household items.), and did not have a steady source of income.

COVID-19 further exacerbated that situation. In 2020, the IA RGA draws an even harder picture for refugees, as in both settlements over 90% of the population were reliant on assistance. Moreover, 58% of the IA RGA’s respondents reported a **decrease in income**, whereby **girls aged 12-17 and the elderly were most impacted** compared to the other groups. Among the respondents who indicated paid work as their main source of income and reported a decrease in income, the majority were male,

²⁷ Answers from FGDs, and from the IA RGA

²⁸ Use of cash crop; when and how to use the harvest; place of sale and price of products; cultivation and livestock; seeds to be used; undertake agricultural tasks;

²⁹ Plan International, The Impacts of Covid-19 on Girls in Crisis, 2020

which according to the study can be explained because female respondents mainly work in the informal sector and/or rely on in-kind payments. The female respondents of the RGA in Rhino also mentioned remittances and (I)NGOs (to start businesses mainly) as other sources of income. **People with disabilities were also heavily impacted**, as COVID-19 not only led to higher prices for transportation but also further impeded mobility.

According to the IA RGA, among the refugees who had an occupation (19% in Imvepi and 12% in Bidi Bidi), **farming was the main activity** (mainly mixed field crops, followed by livestock in Imvepi and forestry/fisheries in Bidi Bidi). Our FGDs draw a bit of a different picture, as most male refugee respondents said they were doing smaller jobs (construction, poultry keeping, distribution of goods) while the host respondents said they were mostly involved in farming activities. Nevertheless, answers to other questions of the household survey do show that refugees are actively involved in farming activities as well. Most refugees are assigned a piece of land by OPM, but some refugees also rent out pieces of land from Ugandan nationals (but only a minority can afford it (5% in Omugo for instance).³⁰ The World Bank study already pointed out in 2018 that due to the large influx of refugees, the average size of the plots granted reduced over time. Some refugees also started new businesses, such as soap making or the production of masks, which are in high demand because of COVID-19.³¹

The project should make sure that the participants can cover their basic needs, otherwise it will be difficult for them to participate in the project's interventions.

The decrease in income led to numerous issues in the settlements. As mentioned above, men's inability to provide put them under more pressure. Women reported the reduced ability to meet some basic needs, including food, menstrual and SRH products. All respondents in the Uganda of Plan International's study reported that **lower**

food rations was the number one cause of stress, with girls reporting only eating once a day and struggling to buy or get menstrual pads. Key informants of the IA RGA also mentioned other issues such as increased incidences of SGBV (23%) and domestic violence (17%).

More than 50% of the respondents active in Village, Saving and Loans Associations (VSLAs) reported being able to continue saving during COVID-19. Almost 30% of the IA RGA's respondents reported participating in a VSLA, among which 1/3 were between 25-29 years. In Imvepi only 17.5% of the respondents participated in a VSLA. Moreover, more men responded being able to save than women. Back in 2018, the World Bank study indicated that in West Nile, only a few refugees could access financial services. Personal loans and loans from friends were the most common source of loans for both refugees and hosts.

The project should strengthen VSLA's work, and support refugee women in particular to save and invest in income-generating activities.

Capacities

The 2018 household survey showed that the higher the education level of both refugees and host communities, the lower the poverty. A number of female FGD respondents from our survey did highlight that **illiteracy and low education is a major barrier to their participation and development**. When we asked FGD participants what they would need to control productive assets, most **refugee men replied they would need skills in modern farming**, while **most male hosts mentioned skills in climate adaptation and land management**. Refugee and host **female FGD participants** mainly mentioned **trainings in business and asset management**, but also mentioned that **men need to be included** in the project as otherwise they might hinder women from participating. The importance of **involving men has been mentioned by numerous FGD participants, but mainly by men**. The latter often claimed that projects only support women and children and leave men out, though they are also struggling to make ends meet.

Trainings in literacy will be key to facilitate the empowerment of women sustainably.

³⁰ Rachel Guha, Interagency RGA Covid-19, November 2020

³¹ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

Schools were closed in Uganda for about two years, reopened briefly in January 2021 and more fully in January 2022. The majority of **girls stated that household chores prevent them from learning and going to school on a regular basis**³². During school closure, skilled instructions and the inability for parents to help were identified as the main challenges. The study also found out which learning mechanisms are mainly being used by refugees: Bidi Bidi and Imvepi rely mainly on print media (77% and 57% respectively), while less than 12% use the radio- an interesting finding, knowing that many are not literate.

Finally, we also asked **what capacity participants of the FGDs would need to claim their rights**. Not many women replied apart from one who mentioned **policy knowledge** and a second who said that **men should not be excluded** from the project. Men replied that local leaders need to be more involved and more **community dialogues** need to take place. Some men replied that they were not aware of budgeting processes at parish level and did not know how to influence them so that their rights can be better fulfilled.

Coping mechanism

In general, the **most common coping mechanism reported by all respondents included buying food on credit, spending savings and reducing essential non-food expenditures**. The RGA-P also identified positive coping mechanisms such as religious gatherings, that provide strength to the refugees when facing challenges. The IA RGA's showed that almost half of the respondents **reported relying on negative coping mechanisms when faced with financial shocks and stresses**. Women and girls decide to consume less water or use unclean water sources, increasing the risk of waterborne diseases.³³ In Imvepi, female respondents also reported selling their food ration to get an income.³⁴ Sex work and/or children engaging in labor was mentioned by less than 5% of the respondents of the IA RGA, while key informants of the same study did mention it more often.

Adolescent girls interviewed in the framework of Plan International's study spoke about sexual exploitation, particularly in exchange for goods such as sanitary pads, as the economic situation worsened due to COVID-19. Key informants of the IA RGA also mentioned **child marriage** as a coping mechanism, which partly led to the **increase in teenage pregnancies** observed in the settlements- the study in Rhino, but also the respondents of our study confirm that trend.

Girls are most vulnerable when their families face hardship. Households of project participants should be made aware of the benefits of meeting girls' particular needs, even in difficult times.

Needs, Access and Control of resources

Food and Water

The IA RGA indicates that in terms of access to **assistance after the onset of COVID-19, only about one third of respondents had received some, while in Imvepi 86% said they had not received any. Food remains the highest need**, as indicated in all secondary sources. Households experienced severe food insecurity both before (7 out of 10 refugee and 5 out of 10 host community households)³⁵ and during COVID-19 (half the respondents from UN Women's RGA did not have access to food)³⁶. Back in 2018 refugees had higher access to improved water, compared to host communities (95% and 76%) in West Nile.³⁷ Nevertheless, with COVID-19, **water needs increased in the settlements** over time as well to maintain proper sanitation and hygiene. Key informants named **overcrowding and the distances to waterpoints as the main issues**³⁸- findings that are also present in the RGA-P, the RGA

³² Rachel Guha, Interagency RGA Covid-19, November 2020

³³ Idem.

³⁴ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

³⁵ The World Bank, Informing the Refugee Policy Response in Uganda, 2018

³⁶ UN Women et al, Covid-19 Rapid Gender Assessment, 2020

³⁷ The World Bank, Informing the Refugee Policy Response in Uganda, 2018

³⁸ Rachel Guha, Interagency RGA Covid-19, November 2020

in Rhino and Plan International's study. Women and girls often have to travel at night to get enough water in the morning, putting them at risk of being harassed by men.

Land and assets

According to our survey participants, **only a slight majority owns farmland (53%)**. Among the South-Sudanese respondents, 48% said that their household owned land, compared to 81% of Ugandan respondents. 75% of the households who own land are male-headed. According to the World Bank study (2018) the majority of refugees have user rights and most use the land to grow crops for their own consumption, and less for cash crops. Interestingly some male refugees who participated in our FGDs stated they were not willing to rent land, but that if they would be more open to it, they would

The project's trainings on land rights should address gender inequalities and their consequences for women in particular.

probably own more assets. When asked who can access or use land, the majority (38%) replied that the entire family can, followed by 25% who said that only the husband can, and 20% said husband and wife. However, the majority of respondents **(37%) said that the husband makes all major decisions on the use of land-**

When asked who has access to bigger physical assets such as oxen plough, over 40% of our survey respondents said they don't (102 out of the 133 responses were from South-Sudanese respondents). The World Bank study indicated that **refugees own less assets as compared to host communities-** a situation that does not seem to have changed since then. Among a total of 14 different assets listed in the World Bank study, refugees owned 3 on average and host communities 5. Eleven per cent of refugee households owned livestock and 15% agricultural land, compared to 38% and 73% among host communities respectively. **The existing gender disparity in owning assets also did not change over time:** one third of our survey respondents said that the husband decides how the income made from sales is being spent, another one third say it's both husband and wife who make that decision. According to the women who participated in the FGDs, the **main barriers for women in owning assets is the gender discrimination they face and the competition men perceive when women own more assets.**

"(...) they (men) end up saying "mi ama dri tu", meaning you want to compete with us men."

Host woman participating in a FGD in Kululu village

When asked what **negative consequences exist for women who own assets**, a bit more than 10% of the 328 respondents of our survey answered that women **face threats and violence** (either verbal or physical attacks, some mentioned the fear of being poisoned). Others responded that women with more assets are perceived as neglecting their family and household duties, are stubborn, arrogant, and disrespectful, or are a threat to the husband.

These risks for women will have to be taken into consideration in the project, for instance by sensibilizing communities on the benefits of gender equality and realizing women's rights.

Some respondents did also **mention some positive outcomes** when women own more assets, mentioning that they **support their children's education, or are able to support their community financially, and are more independent**. Others also said they can access credit more easily, that they are more respected, and are role models for other women.

Mobility and healthcare

When asked who owns or has access to means of transportation, either husbands did (31%), or both husband and wife (21%). **26% of the respondents said they had none at all (among which 86% were female respondents, and 78% South Sudanese).**

Limited mobility is an important barrier to participants of the project that needs to be taken into consideration.

"It is a man to give orders- for example women ca not go outside unless she seeks permission."

In terms of healthcare, **over 90% of the IA RGA respondents indicated they had been able to access the healthcare services they needed**, with no particular differences in terms of sex or age group. Back in 2018, data showed a similar picture, where in West Nile 87% of refugee respondents said they could access healthcare if they were sick- however only 26% of host communities replied affirmatively. Only 7% and 16% of refugees and hosts paid for healthcare services- the study also indicated that access had increased since NGOs started working in the region. **People with disabilities and older persons were however among the groups with the least access.** Moreover, **two thirds of the respondents said they needed to consult a family member before accessing healthcare**, especially female head of household (78.4%). The main barriers identified was physical access (transportation costs and distance), especially for pregnant women, and the lack of PPE, which are mandatory to enter health facilities. In terms of control over their own bodies, only few of our female FGD respondents provided a reply, but those who did said they had no control over it, without providing further clarification.

In terms of challenges identified by the supply side of the healthcare system, the IA RGA says that **due to COVID-19 health staff were overwhelmed and could not attend to all demands.** Some respondents also pointed out that health facilities are not adolescent friendly. The RGA-P's respondents also mentioned the short opening hours of facilities as a challenge, and the language barrier. Also, the RGA in Rhino also identified that some health centers prioritize couples compared to single women when providing ANC services.

Limited access to menstrual hygiene products is a major barrier to the project's ability to achieve its objectives and should be addressed during implementation.

Finally, **one in 10 female respondents reported not having access to menstrual hygiene products**, with the second highest percentage being in Bidi Bidi (23.4%). Limited access to SRH products was mentioned mainly by women aged 18-24 - in Imvepi settlement 55% of female respondents reported reduced access, in comparison to an average of 18.3%.

Education and information

According to the RGA-P and the RGA in Rhino, **language differences are a major barrier for refugees.** The majority are illiterate and/or cannot speak English, which limits their ability to understand health workers, government officials, and power holders at different levels. It also **limits their ability to voice their concerns and advocate for their rights at different administrative levels.** Translation is sometimes provided by (I)NGOs, but not always.

Almost all studies indicate that there are **not enough education facilities in the settlements.** Many children have to travel long distances to attend schools that are located next to host communities. According to the World Bank's study, enrolment of children from both refugees and host communities in primary school was high, while it was low for secondary school (9% for refugee and 21% for hosts). However, not many children complete primary school, despite being enrolled. Both refugee and host community respondents mentioned the **high financial costs of going/staying in school as the main barrier.** These barriers **hinder girls from attending school, leading to school dropouts, teenage pregnancies and hinders their development, confidence and self-esteem.**

Some respondents of the FGDs we conducted, women and men, mentioned that they do not always receive enough information on the projects. According to the IA RGA in **Bidi Bidi and Imvepi, information priorities identified by the respondents were food (67%), education (49%) and disease (34%).** The study also showed that refugees find different ways of **accessing information**, despite all the challenges mentioned above and more (lack of equipment, inability to read, cost of

As the project aims at raising people's awareness and at engaging them in dialogues, this list of communication channels should be taken into consideration by the project.

charging equipment³⁹). **Among the top ten information media, community leaders (60%), friends/neighbors (41%), NGOs (41%), and community meetings (31%) were among the first.** Mobile phones was the last medium identified (13%), which most refugees use mainly to stay in touch with their family and friends. It is important to note though, that persons with serious medical conditions most often preferred receiving information by phone. At the time of the IA RGA about 34% and 25% of the respondents in Bidi Bidi and Imvepi had no access to a mobile phone respectively, with the highest share among adolescents and 60+ age group. Among the respondents who had access to a mobile phone, only 15% had internet, mainly men and boys.

Participation

In terms of participation we received different and somewhat contradicting responses. In our survey **a majority of men and women (more than 80%), Ugandan and South Sudanese, agreed that women can speak up in community meetings and that their voices are listened to.** However, less than half of the respondents of our survey (38% of women and 42% of men) said that they spoke during a meeting in the last 6 months. Women participating in the FGDs also said they have the **lowest confidence in communicating/negotiating their needs with external forums and structures.** A majority of our survey participants said that **the area where women feel most confident in communicating or negotiating their needs is in their household,** with almost half of female respondents saying they feel quite confident doing so, and another one fourth saying they feel extremely confident. **Ugandan women feel more confident in doing this than South Sudanese women.** Overall, there are still barriers holding back women and vulnerable groups from voicing their concerns, and it seems that women only feel comfortable communicating about a limited array of subjects.

As participation will be a key objective of the project, it should define on a case by case what female participants and members of excluded groups will need to successfully participate and be heard in dialogues organized through the project.

Only **22% and 17%** (proportion is the same among Ugandan and South Sudanese respondents) of female and male respondents respectively **said they are in a leadership position** (ranging from block leaders, church leaders, RWC committee member, youth leader, (vice) chairperson of savings groups). The RGA-P identified that **when women participate or take up leadership roles, they often do so in spaces associated to their socially ascribed roles** (water collection points, church, market, women safe spaces), which also corresponds to the sectors identified in the RGA in Rhino settlement (school management and health centre committees were also among the list). CARE's RGA conducted in Rhino⁴⁰ also observed that **"men were most aware of the workings of public decision-making committees and their processes followed by women and boys, while girls generally lagged on this due to more engagement in the domestic arena alongside their mothers and sisters"**.

The **identified barriers for women** to participate actively in decision-making processes are similar in the RGA in Rhino, the RGA-P and our survey data and include **language barriers, low education levels, limited experience, low confidence, harassment by men, time limitations (burden of household chores or business requirements) or not having the right clothing** (as socially ascribed by the participants of those meetings). Social norms also hinder women, as they are usually not supposed to talk in public and are scared their husband will divorce them if they are outspoken, and "being quiet is culturally considered to be a sign of respect" (RGA-P). The RGA-P also observed that **women from minority tribes are often excluded.** Moreover, ongoing conflicts between ethnic groups in the settlements hinder certain women to voice their concerns publicly. **Provision of information is also often channeled along gender and/or ethnic lines,** which leads to the exclusion of certain groups, or of women by men who mobilize only other men for certain causes.

³⁹ idem

⁴⁰ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

Formal structures have been created at different levels to better coordinate the refugee response⁴¹, with a 30% quota for women. The Refugee Engagement Forum (REF) established in 2018 is a national-level mechanism bringing at the moment 36 refugee leaders together, 16 women and 19 men, (from different nationalities, age groups) every quarter to discuss concerns of communities and report back to the Comprehensive Refugee Response Coordination Structure (CRRF) Steering Group⁴². In addition, Refugee Welfare Committees (RWC) exist at local levels⁴³, whose members are elected by their community. However, the **top positions are often occupied by men** (Chairperson, vice Chairperson, treasurer), while women mostly occupy positions of: Secretary for women affairs; Secretary for Finance (a few), Secretary for Disability and Persons with Special Needs (PSNs), Secretary for Education and Secretary for Health and Sanitation⁴⁴.

In Rhino camp (RGA), but also in Imvepi (RGA-P) women have formed community-based organisations or structures around common interests, such as VSLAs, women safe spaces, or health-related issues. In addition to the RWCs and women-led structures, blocks (informal units that form villages) are another

The project should work with female project participants and people with disabilities to stress the importance of their leadership and inclusion in different decision-making structures, including the REF.

structure where community issues are discussed. Block leaders are appointed by RWC1, but most of them are men. **Women, as well as people with disabilities, do not feel as if their concerns are taken seriously or are taken up at all**⁴⁵. COVID-19 further exacerbated existing barriers, as restrictions delayed RWC elections-

An important finding for CARE from the RGA-P is that many women answered they did not feel empowered enough by the FAL classes (which are also planned in the SCCR project) to take on a leadership role. **Some barriers related to education and language are also created by (I)NGOs who require women to have a certain level of education and English skills to take on certain roles in project activities.** This was also mentioned by women respondents of our FGDs. In addition, while RWC 1 meetings may be held in local languages for the majority groups (Nuer, Kakwa, Acholi or Arabic), translations into English are necessary in RWC2/3 meetings, particularly if OPM and humanitarian agencies are present.

Finally, in the framework of our survey we asked refugee women in Bidi Bidi additional questions, as CARE intends to implement its Women Lead in Emergencies (WLiE) methodology. We asked them in what ways they voice their opinion and they responded that they mainly talk to the secretary of women affairs, religious leaders, peace clubs, NGO complaints desks or to Local Council 1 (LC1). Moreover, women said that when stakeholders advocate on their behalf, it is usually religious and local leaders, and through NGOs like TPO, CRS, UNHCR, or IRC.

Protection and Conflict

Protection

Mental health issues and gender-based violence have increased globally, and in Uganda as well, during the COVID-19 pandemic. As indicated before, school closures have led to an increase in teenage pregnancies and child marriages. **Some female respondents of FGDs stated that the practice of child marriage is still existent**, while male respondents rather said that cases of child marriage are increasingly being reported and recognized that the practice is detrimental to girls. Many men also said that there is increased sensitization against child marriage in the community.

⁴¹ See U-Learn et al, REF Good Practice Study, 2021

⁴² 38 members, chaired by Government and key stakeholders involved in the refugee response

⁴³ RWC 1 = Village; RWC 2 = Zone; RWC 3 = Settlement

⁴⁴ CARE, RGA-P, Rhino and Imvepi Refugee Settlement, January 2022

⁴⁵ CARE, Gender Analysis Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze, June 2021

The IA RGA asked respondents if they felt safe at home, which 72% and 81% answered affirmatively in Bidi Bidi and Imvepi respectively. **PWDs reported less often that they felt safe.** When asked if the respondents felt safe in the community, the percentages in Bidi Bidi and Imvepi are slightly higher, and in general, compared to other groups, **boys and men felt safer.** Respondents identified a number of safety and security concerns for women, including sexual abuse (especially for school-going girls), domestic violence, risk of assault when moving outside the refugee settlements and inter-tribal tensions. **They also highlighted that women who want to go after a leadership position face increased physical and verbal abuse.** Incidents of physical violence and sexual violence were reported to a higher extent in Bidi Bidi, while it was quite low in Imvepi. Among the respondents who did not feel safe at home, 10% said they were exposed to physical violence, 9% to verbal violence and another 9% to substance abuse.

As the project will work with women who will take on leadership positions or will increase their visibility through their participation in various fora, it will need to develop and implement a do-no-harm and GBV mitigation plan.

These answers also correspond to the answers provided by our FGD respondents: when asked what kind of violence they experience, the male and female respondents in our FGDs mentioned mainly domestic violence (verbal and physical). Host men also mentioned **emotional/psychological violence** as they perceived denied access to financial opportunities as an act of violence. Refugee respondents mentioned **land disputes**, while host women also mentioned **alcohol** leading to and exacerbating violence. In the IA RGA **girls reported knowing about incidences of SGBV more often than men and boys.** On average most incidents were said to have been perpetrated by a neighbor or member of the community, but **women and girls often reported that perpetrators were family members.**

“(…) psychological (problems) stress the minds of many women, as such they are unable to come up and participate as leaders in the community”.

Woman refugee participating in a FGD in Bidi Bidi, village 4

In our survey **35% and 21% of male and female respondents stated respectively that women should tolerate violence to keep their family together**, with no significant difference between Ugandan and South Sudanese respondents. **One fifth of the respondents also either agreed or strongly agreed that a woman deserves to be beaten in certain circumstances** (the highest agreement was in cases of child neglect or when women don't tell their husbands where they go)- the proportion of women who replied the latter is smaller than men, and there is no significant difference between the responses from Ugandan and South Sudanese.

The SCCR project's PSS interventions should take these findings into consideration and allow for men with psychosocial issues to also access PSS.

Fleeing South Sudan and the COVID-19 pandemic also led to **mounting pressure felt by refugee men and boys to provide for their family.** A female respondent of the IA RGA stated that “they are having trouble coping with it, so they are resorting to drugs and alcohol, and also mistreating their wives”.⁴⁶

Interestingly, **when asked if they received information about sexual exploitation and abuse (SEA), only 10% of respondents of the IA RGA answered affirmatively, among which 2.2% were girls.** The respondents who did receive information, overwhelmingly got it from humanitarian actors (58%), community structures (29%), friends/neighbors (29%) or health workers (19%).⁴⁷ UN Women's RGA indicated that most of its respondents received information on GBV from radio or on TV.

The project should include awareness raising on SEA and GBV, including information about referral systems, in their interventions.

⁴⁶ P.24, Rachel Guha, Interagency RGA Covid-19, November 2020

⁴⁷ Rachel Guha, Interagency RGA Covid-19, November 2020

In the IA RGA, most respondents who knew of a SGBV case responded that they reported it. However, **stigma and fear of going through a process involving the police usually dissuades survivors and/or witnesses to report cases.** Furthermore, SGBV is usually normalized and not perceived as problematic and as a rights violation by a number of persons in the communities. The IA RGA also asked health workers and representatives from SGBV structures if their capacity to address SGBV cases had changed since the start of the COVID-19 pandemic, and almost half of them reported no change while 20% reported a decrease. The main reason was a decrease in resources, while the increased capacity was seen as a result of sensitization through radio talk shows, community dialogues and outreach to community leaders.

Conflict

The RGA-P mentions that host communities sometimes block refugees from accessing firewood collection points. Some of our FGD respondents confirmed this. In general, our survey and FGD responses show that conflicts within and between groups is perceived as an important burden. When asked the questions if they **experienced a conflict over accessing natural resources in the last 4 months, 56%** (only 255 out of 328 respondents provided an answer to that question) of our survey respondents answered yes, **among which more men and more South Sudanese answered yes.**

The biggest source of conflict regards **access to wood, followed by land and water, especially for South Sudanese respondents.** Wood is especially a problem for the majority of the Kakwa, Keliko, and Pjulu respondents; land for the Aringa and Lugbara; and water for the Bari.

Conflicts over accessing natural resources will have to be addressed during the peace dialogues of the SCCR project.

“We are not in good terms with the host communities, and this has affected our dreams.”

Refugee woman participating in a FGD in Bidi Bidi, village 4

In terms of support to lessen conflicts, host male FGD respondents said they **needed psychosocial and financial support**, but also mentioned the need for family meetings. Refugee men said they needed **awareness creation and community dialogues** between refugee and host communities. Women FGD participants were asked a different question, namely where they could get support if they experience violence, and mentioned the hospital, police and Local Council 1 (LC1). The FGD respondents indicated that **some actions are taken against rights abuses** in their community or household. They mentioned mostly community sensitization, but also that some community members and leaders report the practice. Women FGD respondents said that LC1 and the secretary of women affairs are involved when such cases take place.

Aspiration

The **main aspirations our FGD respondents mentioned were job-related**, the ability to make a livelihood out of a stable income from their job. **Host women also replied that they would like to diversify their income and participate in savings groups.** Almost all FGD respondents defined **lack of capital and climate change (droughts) as the main barriers** for them to realize their aspirations. Some host women also mentioned the lack of trust in women and the violence women experience at household level. Refugee women mentioned the conflicts between refugee and hosts.

“We want to achieve our desires at the individual and group level and through donations from partners and government”

Host woman participating in a FGD in Kululu village

The RGA-P also identified **women’s aspirations in terms of leadership**: the respondents wanted to be represented at all levels (RWC, block, VSLA and Community Safety Action Groups, Water user

committees, as community-based facilitators) and said they required support (financially, capacity building, creating an enabling environment) to take on leadership positions. Even though these positions can put them at risk, the women also said it can put them in a stronger position in their community.

In terms of **leadership and participation in decision-making in public spaces**, host women replied in the FGDs that **they mostly lack confidence and education** (also general knowledge about their rights), while **refugee women** said that **religious norms**, which typically assign more authority and voice to men especially in public, are a major barrier. Moreover, a number of women, both host and refugees, said that **discriminatory social norms** are among the biggest barrier to women in the community, followed by the burden of **domestic chores**. Refugee women also mentioned the need for **psychosocial support**.

Though the SCCR project will address a number of these barriers (support in livelihood, increasing resilience to climate shocks, facilitating peacebuilding dialogues), it should also find ways to address discriminatory social norms with power holders.

The most important needs for women FGD respondents to realize their aspirations includes **economic startup capital, vocational training, and community sensitization on peace and social cohesion**. **Men mainly mentioned trainings on farming and financial management**. Some host men also said they need tractors to increase the yields on their fields.

Conclusions

Peace and social cohesion are important preconditions for people to make sure they can realize their potential and live in dignity. Sexual and gender-based violence, as well as patriarchal norms, are a barrier to the improvement of women and girls' lives, among host communities and refugee populations. This gender analysis provides relevant information for the SCCR project and beyond to make sure that interventions are tailored to the different needs and realities of the people we work with, and to make sure that we as project implementers do not harm to the communities we will engage with. Below are a few recommendations for the SCCR project in particular.

Recommendations

Gender Roles and Responsibilities

- Organize gender inclusive sensitization activities and engagement sessions for men and boys to reduce the unequal burden of household chores and avert potential backlash (e.g., GBV) that may be faced by women and girls as they participate in project activities
- Though the project will not work directly with girls, make sure you sensitize the household on the importance for girls to continue to go to school and to cover some of the costs for girls' needs (menstrual pads for instance)

Capacity and Coping mechanism

- Focus on supporting project participants in diversifying their livelihood activities, especially if they only rely on subsistence farming;
- Where they exist, support VSLAs to be functional and provide relevant information to members on how they can benefit from relevant government programmes such as the parish development model and from other development agencies;
- Provide more information to project participants, and women in particular, on how relevant policy processes work (at Parish level or with the REF/RWC for instance) and how they can influence these decision-making processes

Needs, Access and Control

- Check if women and girls have access to water and menstrual hygiene products or need support, as this is a key prerequisite for their participation in project activities – either involve other actors who can fill those gaps or check if the project can set budget aside to meet some of those needs
- A number of activities of the project require access/control over land – as the data shows great disparities in both access/control, make sure i) all beneficiaries involved have access, especially refugees who struggle more than host communities, but more importantly ii) that women can make the same decisions regarding the management and use of proceeds as men, for instance through couple dialogues or dialogues with community leaders
- Community leaders should be made aware of the project and should be involved when possible in certain activities (for instance in the work of the men&boy's groups, peace groups, or on advocacy issues)

Participation

- Data is not conclusive on whether women or minority groups can truly participate in different fora and if their voices are heard – as the project will offer opportunities to women to participate in different group settings, it should monitor monthly how meaningful their participation is and document gaps and challenges to timely discuss mitigation strategies
- Leadership positions in structures that influence community decisions and beyond (block leaders, LCs, RWCs) are still mainly occupied by men- the project should provide more in-depth support to a select number of women who wish to take on leadership roles or who are already in those positions but need more support

Protection and conflict

- it will be important to create and monitor reporting and referral channels for participants (and design channels that are particularly suited for girls) so that the project team can continuously monitor GBV cases and tailor its response to the specific needs of the participants
- Humanitarian actors are an important source of information on SGBV – the project should include sensitization activities on GBV
- Health workers/centers have limited capacity for PSS and other GBV-related services – the project should monitor the gaps in their project area and have a referral map in place with alternatives for survivors

Aspirations

- South Sudanese refugees still struggle to access natural resources – the project's peacebuilding activities should offer space to discuss this issue, and should include the experiences of different ethnic groups
- Drought and climate change are a real threat to many- the project's livelihood activities related to farming should include capacity building on adaptation capabilities wherever possible

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