Gender Analysis

Uganda – Rhino Refugee Settlement – Omugo Extension and Ariaze

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Cover page photo: youth in a Focus Group Discussion in Rhino Refugee Settlement

Image: photographer CARE Uganda Staff

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Abbreviations

CARE	Cooperative for Assistance and Relief Everywhere
DRC	Democratic Republic of the Congo.
FHH	Female Headed Household
GA	Gender Analysis
GBV	Gender Based Violence
INGOs	International Non-Governmental Organisations
MSI	Marie Stopes International
MSUG	Marie Stopes Uganda
NGOs	Non-Governmental Organisations
PWDs	Persons with Disabilities.
RGA	Rapid Gender Analysis.
RMMB	Role Model Men and Boys
RRP	Refugee Response Plan
RWC	Refugee Welfare Council.
SRH	Sexual and Reproductive Health.
SRHR	Sexual and Reproductive Health Rights.
SS	South Sudan.
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees.
VSLA	Village Savings and Loans Association
WFP	World Food Programme
YSLA	Youth Savings and Loans Association

Executive Summary

Since the last decade, conflict in South Sudan (SS) and the Democratic Republic of the Congo (DRC) has led to an influx of refugees to Uganda. Across the West Nile region of Uganda, the refuge influx has increased the strain on a chronically overburdened health system and other services.

CARE is working in a consortium of partners[1] led by MSI Reproductive Choices (MSI) on a multi-country programme across Uganda, Niger and Madagascar named the **ASPIRE** Project to identify, test and develop innovative, sustainable and scalable approaches with the aim of reaching some of the world's most marginalised groups with comprehensive sexual and reproductive health and rights (SRHR).

To inform key programme design decisions, CARE conducted a gender analysis to understand the gendered dynamics around sexual and reproductive health, including barriers that women, girls, men and boys face with respect to accessing SRHR information, services and products, and present findings to the consortium.

Key findings

- Women and girls do more domestic tasks that limit their use of SRH and other services although it varies by origin, type of HH, ethnicity, etc.,
- Household division of labour heavily impacts access to economic opportunities and to SRH services
- Men significantly control women's and girls' lives and bodies and they dominate decision-making in the household and public spheres
- While changing, gender norms from pre-displacement play a key role in the lives of refugee women, men, boys and girls with implications on SRHR and building resilience

This gender analysis provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis and how the crisis has impacted gender roles, relations and norms. The focus was on refugee women, men, boys and girls currently settled in Rhino Refugee Settlement in the West Nile Region of Uganda. Specifically, the study participants were from Omugo Extension Village 6 and Ariaze B.

Field research was conducted over a one-week period in March 2021. The GA will be updated appropriately when new findings and recommendations are produced during project implementation, especially HCD activities.

The gender analysis comprised of Focus Group Discussions (FGD) conducted separately for women, men, boys and girls. In Omugo Extension, FGDs were conducted with South Sudanese refugees who arrived there in 2018. In Ariaze B, FGDs were conducted mainly with Congolese refugees that have resettled there since 2017. The gender analysis utilised the following participatory methods and tools with focus groups (8 to 10 people per group): Village and Social Mapping tool, Seasonal calendar tool, Pile Sorting tool, Access and control tool; Gender and Social Norms tool, and the Problem Tree Tool. In addition, the gender analysis also included Key Informant Interviews (KII) with community members and humanitarian aid workers from several organisations. Finally, a secondary data review was also conducted and involved a review of previous rapid gender analyses conducted by CARE in Rhino settlement and elsewhere in collaboration with UN Agencies and the Government of Uganda. The review included Refugee Response Plans for the South Sudanese and Congolese Refugees in Uganda.

[1] These include: MSI, Itad, ThinkPlace Kenya, Blue Ventures, CARE

Research limitations included limited time for the study, including only one week for field work –because CARE aimed to complete the gender analysis before the end of the inception phase, which was originally March 30, 2021 before the phase was extended to June 2021. Other limitations included the COVID 19 pandemic negatively impacted the mobilisation of FGD participants due to fear of infection and government guidelines for prevention. Some individual interviews were conducted through mobile phones rather than in-person. Linguistic diversity among the Congolese[2] and South Sudanese[3] Refugees meant interpretation took longer than envisaged hence affecting the limited time further. This document will be updated as more information becomes available during project implementation**.**

Key recommendations

These recommendations are intended for use by ASPIRE Consortium partners as well as development actors to inform SRHR programming in refugee contexts and beyond. They are applicable to actors whose objective is to increase women's and girls' utilization of SRH information, services and products especially in Refugee settings in Uganda.

1. **Consult various categories of women/girls and men/boys beneficiaries in activity designs, reviews, monitoring** and taking corrective action to ensure that interventions are effective and involve all key actors but especially the impact group – especially women and girl refugees. Development projects particularly for SRH should not only target adult women and men but also provide adequately for boys and girls.

2. **Consortium Partners should ensure the meaningful engagement of men and boys,** including male community leaders, in SRHR programming to increase women and girls' access to SRH services and to minimize the risk of backlash by husbands/fathers against women/girls who use FP or other SRH services with or without prior permission by:

    - Using the Role Model Men and Boys' (RMMB) approach to: engage boys and men in male-only discussion forums to reflect on unequal social and gender norms and relations in the context of SRHR; define solutions to overcome obstacles arising from negative masculinity; overcome backlash especially on the use of family planning services and commodities, transform mind-sets and entrenched social norms that sustain inequality; address intimate partner violence arising from utilisation of FP and SRH services; and strengthen men's support to women and girls to uptake SRH services;

    - Packaging communication messages and SBC materials to: engage men and boys to transform deeply rooted social and gender norms that block access to SRH services, including GBV and Family planning; develop positive behaviours that support women and girls to access and utilise SRH services especially family planning and post-abortion CARE.

3. **Consortium partners should integrate an economic empowerment component** into SRH programming by working with Youth and Village Savings and Loan Associations (VSLA/YSLA)[4] and other existing economic groups (e.g. farmer groups and other self-help groupings) so that

[2] ***Congolese*** groups encountered in Ariaze B included; Alur, Bagagel, Balendu, Bahima, Barwanda while the South Sudanese included the Kakwa;

[3]South Sudanese ethnic groups/languages encountered during field work in Omugo Extension Village 6 included the Nuer, Kuku, Bentiu, Luo, Jikany, and Gawaar clans

[4] V/YSLA, village or youth savings and loans associations are proven CARE approaches that voluntarily bring together women, men or youth in separate or mixed groups for savings and investments. These groupings have been very useful in integrating GBV and SRH services and have high sustainability chances as most of them outlive project lifespans.

women and girls can afford to access and use SRH and family planning services provided by the public and private sectors.

4. **Work through established women and girls' safe spaces/centres to** implement measures that make them more inclusive for girls and utilise the spaces for adolescent friendly SRH programming including providing SRH information and services as well as making appropriate referrals

5. **Institute community engagements and conversations** (e.g. with clan leaders, religious heads, female and male youth groups among others) to reduce stigmatisation in using family planning commodities such as condoms that can be accessed from drug shops and retail outlets by women and girls as well as men and boys.

6. **Amplify positive practices and social/gender norms that promote gender equality,** especially those that enhance utilisation of SRH information, services and commodities by recognising and incentivizing positive behaviour (e.g. as noted amongst Congolese refugees and beyond) and documenting and sharing positive examples and progress among on-the-ground actors. This builds on the RMMB approach.

7. **Consortium partners should work with stakeholders and development partners[5] in the project area to strengthen, promote and reinforce gender equality norms on SRH**, through communicating this and other gender analyses results as well as participating in coordination mechanisms where experiences are shared as well as in project designs with likeminded agencies.

[5] UN agencies, INGOs, Local NGOs and District Health Office

Introduction

Background information

Since the last decade, protracted conflict in the Great Lakes region particularly in South Sudan (SS) and the Democratic Republic of the Congo (DRC) has led to an influx of refugees to Uganda which has become a haven for people fleeing conflict and instability in neighbouring countries. By October 2020, Uganda was hosting 1,434,708 refugees, an increase of over 100,000 since August 2019 (UNHCR Refugee Portal, August 2020). Of this population, 61.7% are South Sudanese and 29.3% are from the DRC. Women and children make up 81% of the refugees. Of all refugees hosted by Uganda in June 2021, 53% live in the West Nile Refugee Settlements of Rhino, Imvepi, Lobule, Bidi Bidi, Parolinya and Adjumani. Across West Nile, the influx of refugees has increased the strain on a chronically overburdened health system amongst other services.

CARE is working in a consortium of partners[6] led by Marie Stopes International (MSI) on a multi-country programme across Uganda, Niger and Madagascar namely "Building resilience and gender equality of the most marginalised communities through multi-sector approaches to delivering quality sexual and reproductive health and rights" –named the ASPIRE Project. The consortium represents a pioneering partnership that aims to identify, test and develop innovative, sustainable and scalable approaches for reaching some of the world's most marginalised groups with comprehensive sexual and reproductive health and rights (SRHR). The partner organisations and individuals bring a new and disruptive perspective to the challenges that relate to expanding the provision of services to hard-to-reach, marginalised, and underserved populations. The project outcomes are to:

1. Improve the availability, quality of, and continuum of care surrounding comprehensive SRH services in protracted post-conflict and fragile settings in Uganda.

2. Increase resilience in climate-change affected communities through integrated SRHR, conservation, and livelihoods programming in Niger and Madagascar.

The ASPIRE project in Uganda is implemented by CARE, ThinkPlace and Marie Stopes Uganda (MSUG) in the West Nile Refugee Settlements of Rhino Camp and Imvepi located in the districts of Madi-Okollo and Terego (formally) Arua district. These settlements host refugees, the majority being South Sudanese. They also host Congolese refugees, including new arrivals that have been mainly settled in the Imvepi Refugee Settlement.

A consortium of CARE, MSI, Itad and Think Place implements activities for outcome 1 of the ASPIRE which is to: İmprove the availability, quality of, and continuum of care surrounding comprehensive sexual and reproductive health services in protracted post-conflict and fragile settings. This is pursued through three outputs to which the different partners contribute namely: 1) use HCD methodology to design solutions and messages that support men to be more resilient and strengthen their ability to support women in their reproductive choices. These solutions will respond directly to men's and boys' visions of themselves and their ability to create more resilient relationships and families, ultimately challenging the social norms around accessing SRH services and supporting women to control their reproductive decision making, avoid unplanned pregnancies and unsafe abortions (implemented by ThinkPlace and CARE); 2) Use CARE's Social Analysis and Action approach to transform attitudes and social norms around SRH and increase women's and girls' access to cash for SRH emergencies by integrating SRH into VSLA platform (implemented by CARE); and 3) develop and implement private sector and subsidised

[6] These include: MSI, Itad, ThinkPlace Kenya, Blue Ventures, CARE

gap-filling service delivery models to strengthen the availability of SRH products and services in refugee settlements (implemented by MSUG and CARE).

Gender Analysis Objectives

Following a two-year co-creation phase with consortium partners, the inception period of the programme began in October 2020 and was extended until June 2021 while FCDO conducted a budget review.

CARE undertook a gender analysis in the three countries (Uganda, Niger and Madagascar) to inform the design of the project's activities to ensure that we are not causing any further harm or risk to women or men (do no harm approach), and to understand the deeper reasons and influences on people's behaviours and choices" in order to design gender responsive or gender transformative interventions.

The gender analysis sought to understand the following:

1. Social, cultural, financial/economic, logistical and attitudinal dynamics that influence access to sexual and reproductive health rights – in particular social and gender norms – for people of all genders;

2. Opportunities to support information sharing, accessible services and materials for people of different genders and ages to meet their sexual and reproductive health needs;

3. Whether and how norms around SRH intersect and interact with social and gender norms and attitudes that impact on the ability of people across genders to build resilience (e.g., access to land and resources, economic decision-making, paid and unpaid work, etc.)

Methodology

CARE chose to conduct a gender analysis, rather than a Rapid Gender Analysis (RGA), to be able to gather more in-depth information from the communities the project aimed to work with. The study was however inspired by a number of tools designed for an RGA but tailored to collect more specific data around SRHR and resilience. A member of CARE's Global Gender Cohort led the gender analysis in Uganda. The focus was on refugee women, men, boys and girls currently settled in Rhino Camp Refugee Settlement in the West Nile Region of Uganda specifically in Omugo Extension - Village 6 and Ariaze B village. Omugo extension village 6 is predominantly occupied by South Sudanese Refugees while Ariaze B is inhabited mainly by Congolese refugees. The two villages were selected to provide for comparison across refugees from different origins and longevity of stay with Omugo extension inhabitants being more recent than the Ariaze ones.

The gender analysis was progressively built up using primary and secondary information to understand gender relations and how these affect access to and utilisation of SRH services during crisis. It provides practical recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. In this gender analysis we used tools and approaches of gender analysis frameworks and adapted them to the tight time-frame, the context and the environment that often characterise humanitarian interventions.

Field research was conducted over a one-week period in March 2021. The gender analysis can be updated appropriately when new findings and recommendations are produced during project implementation, especially HCD activities.

Research methods included:

- Focus Group Discussions held separately for women, men, boys and girls for South Sudanese and Congolese Refugees. While in Omugo Extension Village 6 the FGDs were for different south Sudanese refugees and in Ariaze B it was mainly for Congolese refugees but with a few having mixed groups of Congolese and South Sudanese

- Specifically, the gender analysis utilised the various methods and tools that were reviewed by the field teams and adapted to the Uganda context. The tools were administered to women, girls, boys and men organised in focus group discussions of 8 to 10 people or in individual interviews for key informants.
    - Village and social mapping tool
    - Seasonal calendar tool
    - Pile Sorting tool
    - Access and control tool
    - Gender and social norms tool
    - Problem Tree Tool
    - Key Informant Interviews with community members
    - Key Informant Interviews with aid workers and Organisations;
    - Secondary data review

Research limitations included limited time for the study, including only one week for field work –because we aimed to complete the gender anlaysis before the end of the inception phase, which was originally March 30, 2021 before the phase was extended to June 2021. Other limitations included the COVID 19 pandemic negatively impacted the mobilisation of FGD participants due to fear of infection and government guidelines for prevention. Some individual interviews were conducted through mobile phones rather than in-person. Linguistic diversity among the Congolese[7] and South Sudanese[8] Refugees meant interpretation took longer than envisaged hence affecting the limited time further. This document will be updated as more information becomes available during project implementation**.**

Demographic profile and Analysis

The total refugee population in Uganda as of June 2021 was 1,498,442 people[9] of which 52% are female. Of these, over 60% (923,565) are of South Sudanese origin while about 30% (433,147) are from the Democratic Republic of the Congo. South Sudanese constitute the largest refugee group and are settled mainly in West Nile Region. Congolese refugees form the second largest group with 3,398 people settled in Rhino Refugee Settlement in West Nile and the remainder residing in Refugee Settlements in Western Uganda (see table below). Madi-Okollo and Terego Districts (that were formerly part of Arua until 2020) host 196,674 refugees. Madi Okollo District is home to the Rhino Refugee Settlement whereas Terego District is home to Imvepi Refugee Settlement.

As of May 2021, the total number of Refugees in Rhino Refugee Settlement is 125,660, of which 50% are female. Women and children account for 81% (101,847) of the total population. Most of the population is under the age of 25 years and the elderly comprise only 2%.

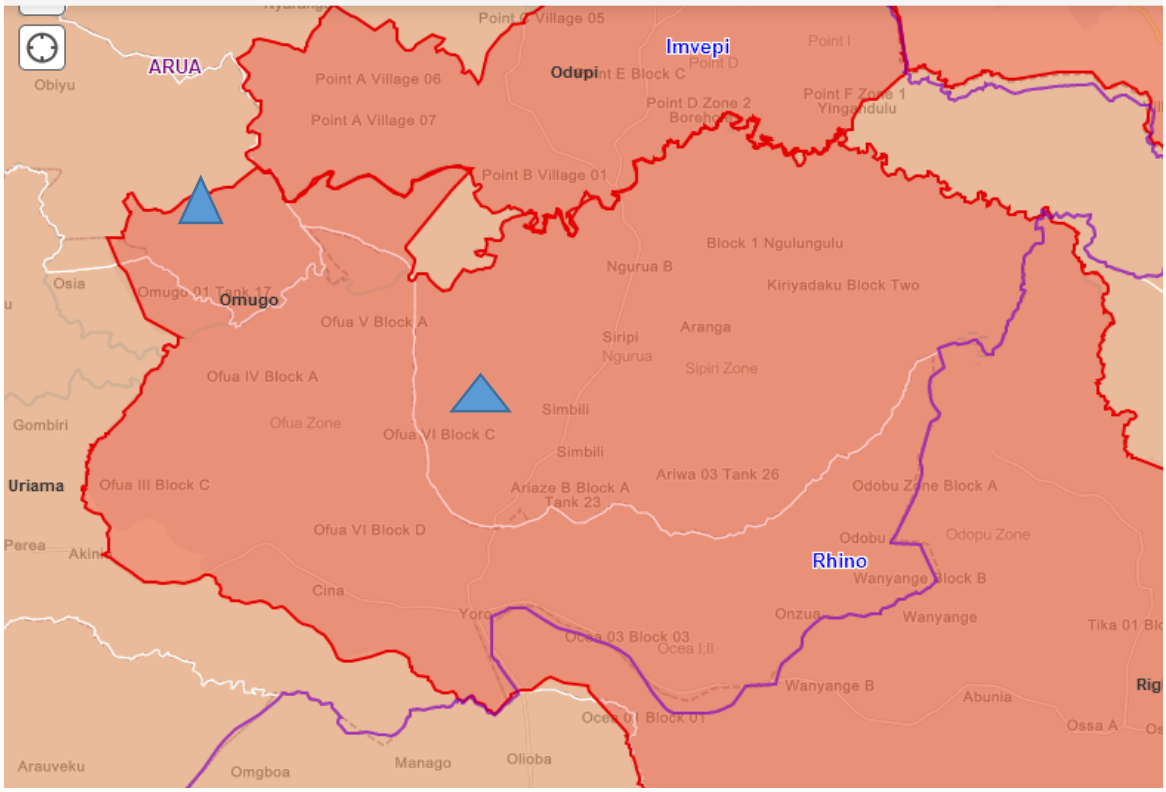
[7] ***Congolese*** groups encountered in Ariaze B included; Alur, Bagagel, Balendu, Bahima, Barwanda while the South Sudanese included the Kakwa;
[8]South Sudanese ethnic groups/languages encountered during field work in Omugo Extension Village 6 included the Nuer, Kuku, Bentiu, Luo, Jikany, and Gawaar clans
[9] The major source of statistics utilized in this section is UNHCR and the Uganda Office of the Prime Minister (OPM) https://data2.unhcr.org/en/dataviz/128?sv=0&geo=220

Tableau 1: Residents of Rhino Refugee Settlement, by Country of Origin

Country of Origin	Number
South Sudan	121,440
Democratic Republic of the Congo	3,275
Sudan	836
Rwanda	49
Burundi	26
Central African Republic	12
Kenya	10
Total	**125,648**

Field interviews conducted in March 2021 showed different ethnic and sub language groups among the South Sudanese and Congolese refugees. Furthermore, recent RGAs[10] recorded average household size as 5 people in the Refugee settlement, which is lower than 7 in South Sudan. According to a 2019 survey[11] in 3 refugee settlements including Rhino Camp, Female Headed Households (FHH) constitute 58% of all refugee households. According to key informant interviews conducted for this study, the current percentage of FFH in Omugo Extension and Ariaze B in Rhino Camp Settlement may be as high as 65-75% because some men remained in South Sudan, died in the conflict or are working in other parts of the country.

Figure 1:Map showing Rhino Refugee Settlement including Omugo Extension and Ariadze B



Credit – UNHCR: https://data2.unhcr.org/en/dataviz/128?sv=0&geo=220

Omugo Extension and Ariaze B study sites are marked with a blue triangle.

[10] E.g.: CARE March 2020 Rapid Gender Analysis on Power.
[11] Ground Truth Solutions, OECD and UKAID. Uganda: field perspectives on the Grand Bargain, 2019. https://groundtruthsolutions.org/wp-content/uploads/2019/10/Grand_Bargain_Uganda_052019.pdf

Findings and analysis

Gender Division of Labour

Findings from various focus group discussions for women, men, girls and boys in Rhino camp refugee settlement and in both villages of Omugo Extension (Village 6) and Ariaze B indicate that although there is variation across the Congolese and South Sudanese refugee groups (and within these groups), in general, women and girls perform more domestic and unpaid tasks than the men and boys. As noted from the various discussions and interviews, this gender division of labour 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 SRH and family planning.

FGDs with Congolese and South Sudanese refugee with boys in Ariadze B presented interesting views on the division of labour between females and males. These views spring from gender norms and stereotypes that cut across national, ethnic, religious and age groups and support a gendered division of labour that keeps women busy with domestic chores that leave no time for resting. Below are selected voices.

"Most of the activities are implemented by women because it's their role to take care of the home and its even written in the Bible, a woman should respect her man"

Another voice stated that:

"Both men and women wash clothes but men mostly wash their own clothes but not for the whole family as the woman does".

It was reported that in South Sudan, *"it's [uncommon] for a man to wash his own clothes when he is married. If he does, the community asks what is the use of that woman and did she come here to sleep and relax. Such can lead to divorce. Cooking food, they (men) feel ashamed [perhaps stigmatized] to enter in the kitchen to cook and it's not allowed in their culture for a man to enter in the kitchen. But things are now changing due to different cultural interactions (between various South Sudanese, Ugandan, Congolese, Rwandese, Somali and Kenyan groups among others – see Table 1)"*

As part of the culture and socialisations, many women internalize discriminatory gender norms. As stated by these Ariaze boys in general *"the community women do not allow men to reach at water points and they assume it's their role."* In a way, women alongside men, act as cultural gate keepers that enforce social norms; they nurture and instruct their children and family members on the acceptable conduct as prescribed by their culture.

Division of (domestic) labour

While there are reported transformations due to displacement and interaction with people of different socio-cultural origins (i.e. Ugandans, Sudanese and Congolese), gender division of labour amongst refugees is still heavily influenced by its natal characteristics driven by social and gender norms prior to crisis and displacement.

Gender Division of Labour

The prevailing division of labour in the household that is underpinned by gender norms, limits women's ability to seek SRHR services especially if the services are provided at a distant place as women and girls may not have time to do so given their primary domestic roles. Similarly, cultural norms and stigma limit men from accessing services for themselves, their daughters, spouses and families.

Analyses of Focus Group Discussion data across groups of women, girls, boys and men demonstrate distinct gender roles for women/men and boys/girls. In the domestic arena - in families and households - women and girls are engaged in more repetitive and time-consuming unpaid care roles such as cooking, washing, fetching water for home use and collecting fuel wood. On the other hand, men are predominantly involved in a smaller range of unpaid (sometimes paid) tasks that are less recurrent such as construction of dwellings among the South Sudanese refugees and clearing agricultural land for farming, especially amongst Congolese refugees in Ariaze B that has comparatively more fertile land than Omugo Extension Village 6. In effect women and girls have less time left for resting and their mobility away from home is heavily constrained.

The prevailing division of labour in the household that is underpinned by social and gender norms, limits women's ability to seek sexual reproductive health (SRH) services especially if the services are provided at a distant place (e.g. elsewhere in Rhino Camp Refugee Settlement but outside their villages of residence) as they may not have time to do so given their primary domestic roles.[12] Given that girls and women among refugees are responsible for collecting fuel wood for cooking, this forces them to move long distances to look for fuel which has exposed them to sexual assault while on the way or hostility from local populations who accuse refugees of destroying nature by destroying forest cover. The role of collecting firewood further constrains women who already have limited time for seeking SRH and other services. On the other hand, socio-cultural norms and stigma limits men from accessing services for themselves, their daughters, spouses and families. According to FGD information, a South Sudanese man is believed not to require modern family planning as he is supposed to abstain from having sex with his wife for about two years upon childbirth. Because many men hardly keep the abstinence promise, this partly explains the prevalence of polygamy among some south Sudanese refugee communities. Buying or being in possession of condoms is associated with promiscuity for both men and women. Explaining to others the use of condoms is considered a sign of promiscuity for men, but especially for women.

Lack of time for women and girls was observed during fieldwork. Frequently, girls came late to the FGD meetings especially in Omugo 6 since they always had to first finish up with house chores before getting out of their homes to participate in FGDs convened by field teams. Others reported delays in going to school during school time, as they had to first do domestic chores at home before proceeding to class while boys did not face the same challenge.

[12] Some health service points are located up to eight to ten kilometers away, a distance that is covered in several hours on foot in the event that poor women, girls, boys and men cannot afford faster or motorized means of transport

According to field interviews, among the South Sudanese Nuer ethnic people who are a major group in Omugo Extension, it is a taboo for the man to cook food, fetch water, carry a baby or do any role perceived to be for women. As stated by a woman in the women's FGD:

"I can't tell my husband to start doing the work assigned to us the women, that is disrespect of the highest order, The society will seriously condemn me…"

"Men do not cook unless they are far away from home and in a group of men alone e.g. in the army or fishing camps. Once a man cooks in the presence of his wife, then he wants her dead. Likewise, when he sweeps, then he is sweeping her away." - A man's voice in an FGD in Omugo.

However, times have also changed which has dented the strict gender division of labour in households. Displacement has also affected allocation and performing of tasks to the extent that men now find themselves doing roles which are predominately for the women**.** Indeed, a group of women in Omugo 6 admitted to co-sharing work with their partners during farming, business, construction of shelter and taking care of children. Though a few families do this, majority of the community is still predominantly patriarchal**.** Field results indicated that this change could have resulted from many factors in addition to displacement that erodes some rigid social and gender norms in places of origin. The drivers of change include men and women interacting with people of different social backgrounds which could erode their social norm rigidities. For instance, it was shared that Congolese men were comparatively less entrenched in their social norm rigidities compared to south Sudanese men probably based on pre-displacement gender division of labour. Furthermore, at a general level Ugandan men and women are socialized slightly differently. One would say therefore that the interactions occasioned by refugee displacement and settlement is generating a hybrid social and gender norm culture that is ruptured and more open to change. These shifts in gender norms could have also resulted from programming by development organisations as noted by some of the key informants during primary data collection. There was also a perception by many respondents that some refugee men in Uganda can now do roles originally designated for women and girls because of the influence of many factors e.g. interaction with different nationalities and cultures in the refugee setting as well as the impact of displacement itself that could have eroded the natal social norm rigidities.

Earning income

Unlike Congolese and other refugees in Ariaze that have access to more fertile land that enables better cultivation, refugee residents of Omugo extension point to the rocky - less productive land - that is allocated to them for settlement as limiting agricultural productivity. In a women's FGD in Omugo it was reported that:

"the land allocated [by government] to us [refugees] is rocky and unproductive. We can't get any harvest when we cultivate it. Even if it rains, there is no difference."

Despite this limitation, agriculture and cultivation in more fertile areas and places rented by refugees who can afford it from Ugandan nationals is possible throughout the year peaking in the rainy season that runs from March/April to November/December. From girls' FGDs in Omugo 6, it was reported that those who stay near River Nara practice some basic forms of irrigation implying agriculture is possible throughout the year. However, it is important to note that an estimated 95 percent of refugees in Rhino camp's Omugo extension neither live near River Nara nor can they afford renting fertile land from nationals who have it. Indeed, some provide free agricultural labour services to land owners as payment for accessing fertile land for cultivation. Women and girls who are frequently poorer may not be able to afford to rent the land. These conditions further compromise their resilience and inability to afford SRH services leading to dependence on support from development agencies.

Direct recipients of food rations in the refugee settlement are targeted to female household members although men may be seen lining up at distribution points and collecting food. While decision making power in households is largely reserved for men by tradition, women are to a great extent important decision-makers and power holders in female-headed households that according to FGD respondents constitute about 65 to 75% in Ariaze and Omugo Extension[13]. As seen from the quote below, refugees (women or men) also sell food rations to get an income for different reasons including transport, the need to access or pay for medication or to acquire essential services. While in the household, men have been reported as selling food for alcohol or personal use, women mainly sell to acquire necessities that could be missing.

> *"The food distribution point in Omugo borders Block E and F at the extreme South West. The food distribution point is about 7-9km depending on which block one comes from. At the time of collecting food, one has to sell off about 5 kilogrammes from what they received, so as to be able to hire boda-boda (motor cycle) to transport the remaining ration home."* Men group Omugo Village 6

From the Omugo women FGD other sources of income listed beyond selling food rations are: remittances from relatives outside the settlement that send them money. With support of different development partners including CARE, and out of self-initiative, women save and start up micro businesses such as soap making, making bedsheets, knitting and running hair saloons to generate an income. On the onset of COVID 19, making of masks has emerged as a source of income. Omugo women noted limited or absence of opportunities for being hired as labourers for cultivating people's gardens to get some money, indicating that even the Ugandan nationals from the host community frequently approach refugees for something to do so as to earn money.

Household decision-making

A combination of factors determines who makes household decisions ranging from culture, the payment of bride-price, income, affordability and the structure of family ties. Separate focus group discussions for men and women in Omugo Village 6 concurred that decisions on family planning are made entirely by men though in some instances couples mutually agree amongst themselves[14] but it's not obvious and common for women to make such a critical decision alone if they are married. There is a belief that the more the number of children you produce, the more influential and respectable you become in the community. In a way, the existing value systems recognize and reward big families. The war in South Sudan that has cost lives has fed the logic amongst some women and men refugees that they have to produce as many children as possible to compensate for the dead ones – even if they are refugees. However, it should be noted that there is limit to which men can control decision-making power on health seeking behaviour in general and in accessing SRH services in particular. From women's and men's focus group discussions, in some cases, women opt to "stealthily" enrol for family planning even without the approval of their husbands because of the fear of violence should their husbands find out. Indeed, it has been widely reported that family planning has been linked to intimate partner violence in the settlements, especially among refugees. Even when extended family members continue to have control over a woman's sexuality in displacement, the presence of a large number of women headed households

[13] As noted from field interviews, even when some men remained in South Sudan or are away from the settlement for search of opportunity in urban or other areas, the men still have an influence on household decisions through communication, or male relatives that area resident in the settlement that continue to have a say on critical household decisions such as marriage, family planning, education of the children and so on.

[14] According to development workers, couples that agree to family planning include those with information on its benefits. Some of the adoption arises from the benefits of the Role Model Men Approach – where the men initiate or provide a conducive family environment for adoption. More educated couples are also more likely take up family planning services compared to the less educated ones that are frequently more constrained by restrictive socio-cultural norms. Influence from families and colleagues who have embraced family planning and seen befits has driven adoption.

creates room for autonomous decision-making on many aspects including on SRH and uptake of family planning services.

It was also noted by a Women FGD in Omugo extension that some couples go for family planning after noticing that the children they have are malnourished and don't look healthy. Owing to an understanding of benefits of family planning through various awareness encounters or experience, and going against the generally accepted social norms, some parents that place a high premium on formal education, encourage their sexually active daughters to enrol for services to enable them to stay in school and not drop out early due to teenage pregnancy. Noted also was that when a man dies in the absence of his relatives to take over, a woman may then assume responsibility and start making decisions, such as control over resources among others. Voices from a women's FGD in Omugo emphasized that death of spouses in the civil war in South Sudan has in some ways shifted decision-making power on marriage and childbearing. The shift also occurs due to other factors like having a terminal illness such as HIV/AIDS, cancer and diabetes, physical impairment, gender-based violence and education level of partners. When widows, remarry, the situation may be different depending on the conditions of the new marriage, namely whether or not it was out of free choice or through being inherited by the late husband's relative. Hence the widow may assume a more enabling decision-making power, or it could shrink altogether.

Beyond the perception that men have a responsibility to make household family planning decisions (arguably in Male Headed Households) according to the Omugo Men FGD include: borrowing, selling, marrying a second wife, when to have children, when to marry, number of children, time for going out and coming back home, construction, fishing, and harvesting. The girls FGDs for both Congolese and South Sudanese refugees showed a similar pattern as noted in the following selected voices which indicate that: "decisions are mainly made by the men and fathers in the family;" "when it comes to having children, it's the men who make final decisions on the number of children to have because he is the one who marries"; "when selling food, permission is sought from the father." "Fathers decide who goes to school because they are family heads and they are the ones who pay school fees." "the father decides on when a daughter should marry" "Sale of animals are mainly decided on by the fathers and men". Congolese girls noted that schooling decisions made predominantly by men always favour the boy child when it comes to educational choices, while observing that mothers often consider all the children without discrimination. Similarly, the boys FGDs indicated that: "the father makes decisions because they pay bride-price." The over-riding perception is checked by the fact that most households (estimated at 65 to 75%) amongst refugees are female headed implying that dead or absentee men/husbands who stayed back during fight or are living in another location in search of economic opportunity may not take decisions in reality. Even when they extend their influence through technology (e.g. phones) or relatives, this may not be at a level of control as when they are physically present.

The Omugo Men Focus Group listed decisions that women make in the household as regarding**:** washing clothes, weeding, breast feeding, fetching water, looking for firewood, welcoming visitors, looking after sick relatives, looking after children and taking care of the home. The pattern of household decision-making power amongst refugees being dominated by men and boys has been documented by two CARE RGAs conducted in 2020 in similar locations. A study conducted in Arua stated: "Overall, RGA findings show that men and male youth, in Ugandan and non-Ugandan families, are the main decision makers. They tend to make the most important decisions concerning the family's day-to-day life. They decide on issues such as: where to live, how many children to have, when daughters should marry, how to spend the household income, which school the children attend, which hospitals or health facilities to go to. In some cases, men also decide on the mobility of their spouses and/or daughters". However, as already noted above, there is a difference between the dominant perception and the reality. There are situations where women's decision-making has been noted even on issues of income and how it can be spent implying that there are windows of programming opportunity to build on women's agency around

decision-making, to build a more enabling household environment (e.g. through role model men/boys approach) as well as to influence community leaders to enhance women's control over their income, bodies, SRHR and power.

Access to public spaces and services

Health and Sexual Reproductive health services are not equally accessible to women, men, boys and girls located at different points of the refugee settlement. Distance, access/transport costs, safety considerations, gender and social norms impact accessibility and use. Seasonal flooding on available water streams – particularly River Nara - which separates Omugo Village VI from Omugo II and Omugo III) affects crossing to access health, education and other services located across villages particularly in the absence of a bridge and suitable crossing means.

From a women's FGD in Omugo, language barrier was identified as a factor that has limited access to SRH services and lack of interpreters in some of the health facilities as a hindrance. As one of women noted: *"We can't speak English and the health workers also can't speak our languages. Some of the women stay back and don't even bother thinking of going for the family planning services."* Since all the medical workers are Ugandan, for those who do not understand English, language barrier limits communication with health workers. Interpretation is provided by refugees hired by I/NGOs and available in some health facilities. However, this is also an option that may not be sensitive to the patient's privacy and sometimes misinterpretation arises due to language competence levels of the interpreter.

We know from the community mapping exercises with refugees in Ariaze B but especially Village 6 of Omugo[15] extension that public static health service points provide free SRH services, but they are not evenly distributed in Rhino settlement and may not be accessible to all, especially those that stay in distant places from the facility. Also, we know that some development organisations like the UNFPA working with the Ministry of Health and the District Health Office support the provision of FP/SRH services at community level, but they are sporadic and less regular albeit popular. Accessibility at night times for women and girls is challenging and especially for those that may not be able to afford the transport that is double the usual rate during night-time or during the rainy season when public transport cycles have to take longer routes to service points. With the COVID-19 outbreak and restrictions on the number of passengers that can be transported per vehicle/motorcycle, transport fares have doubled.

But physical distance and cost are not the only obstacles. Gender division of labour that allots women and girls the bulk of domestic works limits their mobility and hence accessibility to public places and services. Some of the participants also pointed at safety considerations through bushy paths where the risk of sexual assault or rape can limit women's mobility.

According to a men's FGD in Omugo, information about sexual reproductive health is obtained from the village health teams (VHTs), traditional birth attendants who are very common amongst South Sudanese Refugees, and Volunteers from development organisations' especially when they conduct community outreach activities.

It is not always safe for girls and women to move freely in the settlement at all times. To avoid danger, girls in a focus discussion group held in Omugo Village 6 on 4th March 2021 reported measures they undertake to remain safe while moving long distances to access the various services which include;

[15] Apart from same drug shops, Omugo 6 has no public health centre. The nearest health outpost is in Ofua 4 – one hours walk, and the second Ocea health Centre 3, where the residents have to Cross Nara for a distance of 2 hours on foot, Rhino Camp Extension Omugo Health Centre 3, which also takes two hours across river Nara.

- Girls moving along with their elder brothers for security reasons
- Girls moving together in groups while going to access nearby services. They feel safer when they move in groups
- Girls move around with people who are closely related to them because they believe these cannot harm them

Travel costs were identified during FGDs as critical in accessing SRH services as women and girls especially find it difficult to afford travel costs to health centres, which costs rise at night. As such accessing maternity services during times of delivery at night becomes difficult rendering women and girls to resort to services of unqualified traditional birth attendants more so for south Sudanese refugees in Omugo Extension 6. Without a community transport plan for pregnancy related complications that require urgent attention and due to the fact that the few available ambulances do not pick patients from communities[16] (but from health facilities), available options include using private clinics located in the settlements though at a cost, utilising members of Village Health Team members (VHTs) and Traditional Birth Attendants (TBAs).

Spousal support and relations influence accessibility to SRH services. *"Our men have a big stake in making decisions regarding use of family planning services. If he says yes, I go for it and when he objects, I listen to him so that I get no problems."* Woman respondent- Omugo. A few men willingly accompany their spouses/wives to access SRH services in the health centers. Although health workers including VHTS and community-based facilitators (CBFs), encourage male involvement and coming for sessions as couples, most men do not accompany their spouses to health facilities for SRH services. They show limited interest, with relatively few of them seeking for services such as HIV testing, counselling and treatment for sexually transmitted diseases. Expectant women go unaccompanied to the hospitals and create excuses that their husband remained in Congo or Southern Sudan – since health workers usually prioritize women who turn up with their spouse in provision of ANC services by attending to them first.[17] Women have also been reported hiring *boda boda*[18] riders who take them to facilities and pretend to be their spouses to avoid questions from health workers. Most health workers in Uganda are female although their leadership is dominated by men. Nurses and midwives (most of whom are women) are much more common in Rhino Camp settlement than doctors (most of whom are men).

There is limited access to drugs including contraceptives at the health facilities. Prescribed drugs are sometimes acquired at a cost from private pharmacies and drug shops. Only a few people afford the drugs. A respondent from Ariaze B said *"I fell sick and decided to go to Ocea health center for further management. medical workers diagnosed what I was suffering from and prescribed the drugs, but I needed to buy it from a pharmacy. Since I didn't have money and couldn't afford to buy the medicine, I returned home and struggled to heal on my own*". Another female respondent with power to decide over her family' food ration from Ariaze B said; *"when we receive our food rations, I sell part of it and use the money to buy essential over the counter drugs to treat me and my family members in case they fall sick. This saves me from having to go to Arua just to buy these drugs. I also help my neighbors if they are in need".*

Participants in a men's FGD in Omugo believed that family planning (FP) should be left to married couples to decide. They believed that once married, there is no need for family planning as the purpose is to produce children. They argue that FP should only be done after children have been born, not before. On contraception use, South Sudanese men stay away from their wives (sexual relations) for a period of

[16] As reported in FGDs in ARIAZE B.
[17] During the scoping visit, the team learnt that health facilities are often located on main roads with outdoor waiting areas. Since certain services (e.g. Family Planning) are provided on certain days, it is quite easy to tell who is getting these services. In other words, the lack of privacy and anonymity is a barrier.
[18] *Boda Boda* is a Public Transport motorcycle

about two years or more after childbirth. This was said to be a natural method of family planning to allow the women to raise the children. It also emerged that this ultimately resulted in polygamy since men do not abstain from sex for all this while. The practice was high amongst the Nuer ethnic group who are the majority in Omugo Extension Village 6. However, voices of women and girls and development partners showed that the uptake of family planning did not necessary take the pattern shown in the men's FGD.

Figure 2: Girls in Ariaze B village, Rhino camp settlement drawing a map to identify available resources and services in their locality during the RGA exercise

Beyond SRH and health resources and services; FGD participants for women, girls, men and boys identified various resources and services that are available in the Ariaze B and Omugo Extension. These identified services include: women and girls' spaces/centres established by CARE and development agencies; schools; water points – taps and boreholes; churches, play grounds. Omugo Village VI does not have health centres, administrative units, secondary schools, and food distribution points which are essential services. Food distribution point (boarders Block E and F at the extreme SW). the food distribution point is about 7-9km depending on which block one comes from. At the time of collecting food, one has to sell off about 5kgs from what they received so as to be able to hire boda-boda to transport the remaining ration home.

The OPM, UNHCR and Police offices in Rhino Camp are all located at a place known as Yoro (about 4 hours walk for a return journey/10,000 shillings on boda-boda). However, this price is dependent on weather and the times of the day/night. During the rainy season and in the night the transport fares double. The distance between the administrative units leaves a gap that makes it hard to access related services like registration of new arrivals, verification of ration cards, obtaining recommendations and so on.

One of the most important resource identified is schools, as "it unlocks all opportunities" as described by refugees. Though not all can access education, a few resilient boys and girls travel over 10 Km daily to the neighbouring settlements to access education. Schools through heath and sanitation clubs provide SRH and GBV information to school going learners and sometime parents or neighbouring communities. Due to importance attached to schooling, some parents are left with no choice but sell part of the food rations to acquire money to rent for their children houses in the host community nearer to schools. This is done to ease access and reduce the risks involved in travelling long distances to and from schools. (Rent is 30,000-50,000 UGX monthly). One participant exclaimed *"to get this money, we [mostly men but also some women] have to risk going back to Sudan where we can work and get some money. Some of us*

have died as we keep moving back and forth. The land we are occupying in Uganda is rocky, dry and unproductive. You cannot even grow food to eat because whenever we try the crops simply wither."

Women and girls' spaces/centres established CARE and other development agencies have been critical in providing GBV services, access to savings and loans and training in vocational skills including knitting, tailoring and provision of psychosocial support, counselling and training in leadership.

Meaningful participation in public decision-making

> *"Most of the women do not participate in meetings because they are usually committed performing their household duties. They have to cook, take care of the children, husbands and as well manage their homes. At times a few can manage to participate but mostly those are in leadership positions like women group representatives."* Men's Group Omugo 6

Observations by the field team administering the FGDs and interviews was that while there is significant variation, in general, 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 women FGDs in Omugo and Ariaze identified committees they deemed important including: the market Committee; Video Hall Committee; Solar Charging committee; School Management Committee; Church Committee, Health Centre Committee; Tri-cycle committee and the Grinding Mill committee. These committees are not necessarily under the formal and powerful Refuge Welfare Councils. They are spaces dear to the lived experiences of women and girls as the women's list did not bear political leadership committees which do in fact exist – and women are part of them constituting over 30% of the RWCs as by Ugandan law. While there are women who are active in the RWCs and their capacities and influence continue to improve, they are limited by experience and sometimes women councillors are intimidated by colleagues into silence making their contribution limited. A number of development organisations including CARE through the Women lead in Emergencies (WLiE)[19] approach implement capacity development activities including enhancing English language skills with the aim at enhancing their capacity.

According to a boys' FGD in Ariaze B, *"both men and women are in leadership positions [in Refugee welfare committees and various service-oriented committees) but top positions like, Chairperson, Vice Chairperson and Treasurer are usually [occupied] by men..."*. This finding has been made by other CARE RGAs on Power and Participation (RGA-P) in Omugo Settlement (e.g., CARE Uganda March 2020). The general belief and reality regarding women's relatively limited participation in decision-making and leadership is entrenched in boys, men, girls and women. This is rooted in the social and gender norms that sustain inequality regarding women's participation in decision-making.

While leadership structures such as the Refugee Welfare Councils (RWC) at multiple levels (RWC 1 = Village; RWC 2 = Zone; RWC 3 = Settlement) provide for women's representation[20] as noted from previous RGAs, women in Refugee Welfare Councils 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 Sanitation[21] . Assessments in Omugo settlement has found

[19] http://insights.careinternational.org.uk/in-practice/women-lead-in-emergencies
[20] The Guidelines for election of RWCs as issued by Government of Uganda and UNHCR provides that one-third of elected committee members must be women.
[21] E.g. CARE – Uganda (2020); The RWC 1 (Village); RWC 2 (Zone) and RWC3 (Settlement) each level has 11 executive positions as follows: Chairperson, Vice Chairperson, General Secretary, Secretary for Security; Secretary for Finance, Secretary for Women Affairs, Secretary for Production and Environment, Secretary for Disability and other Persons with Special Needs (PSNs), Secretary for Education, Secretary for Health and Sanitation and Secretary for Youth and Sports.

that a majority of women elected to RWCs have been trained through the Women Lead in Emergencies approach piloted by CARE indicating that effective support for women leadership is critical for women to effectively take up the space. Indeed, due to the encouragement from the government Office of the Prime Minister as well as from humanitarian organisations, the proportion of women in the RWCs is improving with recent elections having returned women as more than 40% of elected RWCs in Adjumani Refugee Settlement[22].

An earlier RGA found that the "30% quota for women in the RWC1 poses a barrier by its structural design which limits women from aspiring for higher positions in leadership. The RWC1 chairperson and vice positions has no women occupying them. All the secretary for women affairs positions are designated and occupied by women across the villages in Omugo zone. Most top leadership positions are taken up by men where they hold the power to make decisions. Out of the 33 RWC1 positions in Villages 4-6, only 8 (24%) are occupied by women which is less than the planned 30% quota for women" (CARE – Uganda 2020)

Women have formed groupings such as VSLA groups while some female and male youth engage in YSLAs and sporting groups with encouragement from INGOs and local NGOs. More women have formed several community-based organisations around common interest such as income generating activities and provision of psycho-social support, access to SRH and GBV information and services. There are also women spaces/centres in Rhino Camp including Omugo Extension established by CARE and other development partners around which women and girls meet to support each other, undergo training and receive various services from government, INGOs and NGOs. However, in general, women are less represented in formal decision-making spaces such as Refugee Welfare Councils/Committees as compared to men– though the trend is showing an improvement.

Due to relatively lower exposure to public spaces, women FGD voices indicated that leadership positions in committees are frequently dominated by men. Women's effectiveness in those committees is sometimes constrained due to limited experience or outright intimidation from male colleagues that could silence women's voices as they sit back and shy away from expressing their opinions.

As per Ugandan law, women must constitute at least 30 percent in the elected Refugee Welfare Councils. While in some councils they are still less than 30%, women's participation has been growing in proportions over successive elections. Women have also established groups (e.g. VSLA, YSLAs, IGA Groups, Sports groups, associations, community based organisations and other self-help groupings) that they lead as alternative spaces to effectively engage in decision-making and ensure women's voices are heard. Despite these, sticky social and gender norms still pose obstacles to participation. Multiple domestic chores, multiple responsibilities, and large family sizes further limit participation. Discussions in RWCs are held in various languages with translations into Arabic and then English – especially if attendance involves the Office of Prime Minister and development partners. As such speaking and writing in English can be a gateway to women's involvement in decision-making spaces as has been the experience from functional adult literacy programmes provided by CARE and other development agencies that enhance proficiency in the English language for especially women.

Furthermore, when services are far from their locations, participation in public decision-making spaces is even more limited. While RWC I committee meetings are held at village level, meetings may be taken farther away for higher levels such as RWC II (Zonal Level) and RWC III (Settlement level). While RWC 1 meetings may be held in local languages for the majority group such Nuer, Kakwa, Acholi or Arabic for South Sudanese Refugees and Lingala for the Congolese, as you move higher the administrative ladder, translations into English are necessary particularly if OPM and humanitarian agencies are in attendance.

[22] TV Interview with Refugee Desk Officer in the OPM on World Refugee Day 2021.

A reverse translation from English to Arabic, Lingala or Swahili could be required. Responsibilities at RWC 2 and 3 involves a great deal of coordination with UN Agencies, OPM and NGOs where English is the main language of communication. As such fluency in the English language can be an added advantage in meetings that involve development partners and or government officials who do not speak the vernacular of refugees. Several RGA analyses conducted by CARE in Rhino Refugee settlements have identified relatively high illiteracy levels of women and inability to speak and write in English as a limiting factor in women's meaningful participation in decision-making structures. While men face the same problem, women are a majority of those that have low education levels in general and with lesser ability to speak in English. Indeed, FGDs of women and girls identify literacy and education as a major challenge even in accessing and using SRH services. As explained above, failure to speak to medical workers in the English language limits accessibility to confidential SRH services at health facilities. The RGAs conducted have found that learning to speak and write in English has boosted confidence of some women leading to their election into leadership positions. Young people, girls and boys, are learning English in schools.

Decision making is understood as critical for everyone. However, information from girls FGDs shows low involvement of girls in development programmes in refugee settlements due to lack of information on planned interventions. In some established women spaces/centres, girls say they are not represented in leadership and decision-making positions. Development projects especially on SRH usually target adult women and men. Indeed, some girls attribute high rates of teenage pregnancy, which escalated during the COVID-19 lockdowns to limited involvement of girls in public decision-making spaces and exclusion from development programmes which focus mainly on adult women and men and ignore girls. Improving development and especially SRH and family planning programme outcomes for girls would therefore require their direct involvement.

Furthermore, Omugo women's FDG indicated exclusion of persons with disability (PWDs) from decision making structures. It was reported that PWDs are missing or less influential in water committees which are dominated by block leaders. Blocks are units that form villages and are led by leaders appointed by the RWC1 and they oversee services and solve minor conflicts but they are not formal structure of the Refugee Welfare Councils. When water sources are far and usually congested – and characterised with hustling – PWDs find it hard to access the services alongside people with special needs such as the elderly. This may require good sanitation at water as well as increasing access points to eliminate congestion and provide for those who are more vulnerable. PWDs who may be poorer cannot afford to buy water or install water harvesting on their roofs.

Control over one's body and relationships

A common characteristic of refugees living in Omugo village 6 is that they are almost 100% Nuer ethnic people from South Sudan. These are predominantly cattle keepers. While the ethnic groups from South Sudan are said to be predominantly Christian, their traditional culture remains strong and influences their way of life. As such, the Nuer men are also largely polygamous – with multiple spouses sometimes living in different settlements and villages from their partners and all households are reportedly constituted of extended families of in-laws, cousins, uncles and other relatives. According to FGD discussions it is estimated that 75% of the households in Omugo are female headed – with some spouses having died in civil conflict, in flight, or stayed back in South Sudan or elsewhere. It is possible that FHH and child-headed households do not completely mean that the man is not present at all, but that he could be away from the household and reunites with family occasionally. Also noted from the FGDs is that relatives of the husband living in the settlement continue to have watchful eyes over the wife of their relative even when the husband stayed in South Sudan or away for prolonged periods. The extended controls – based

on the view that the man is the de-facto head - continue to constrain decisions that women and girls may take about their bodies, lives and livelihoods.

Hence, according to the discussions among the Nuer, decision making and leadership lies solely in the hands of the men because it depends on: level of education, whereby men are more educated and exposed while the women are largely illiterate because culture has it that girls are raised to get married usually by age 15. The men therefore not only dominate public space leadership positions and household decision making but extend their power into controlling women's bodies and rights.

It is also believed that the more children, one has, the more the chances a man has to be elected into a leadership position, with usually 7 children from one mother or more and above, with an ideal average family size believed not to be less than five children with no upper limit.

The clan was reported as a strong decision-making institution and failure to observe its decisions would invite reprimand from the clan court or even excommunication. According to a men's focus group discussion in Omugo Village 6; the decisions that this male-dominated clan leadership has power over included: the number of children to have and the amount of bride-price reward to the girl's family for marriage. After the death of a husband, a woman is given an heir who takes up all the dead man's responsibilities including decision making on behalf of the late and fathering children for the late[23]. In absence of a male heir, the woman assumes the decision-making roles and makes decisions on the family's future. Parents also carried the responsibility of identifying husbands for their daughters.

Once married, divorce/separation is said to be rare. According to a 22-year-old woman respondent of the Nuer ethnic group in Omugo 6;

> "it's very rare to find married people separate. Because of cultural norms, their marriage is permanent. This is because a lot of bride-price is paid – about 45 heads of cattle and above; and these heads of cattle are always contributed by the clan members. So, in case of issues between the married couple, they involve the clan leaders to resolve. If a man is far away, a woman is not supposed to get involved in any love affairs. If the man is dead, the woman is taken over by the brother of the man."[24]

In agreement with the preceding view another woman respondent from Omugo 6 affirmed that: *"I am here in the settlement with my 2 children, my husband remained in South Sudan. it's now 2 years we have not heard from him but his family is here guarding me. I cannot have sex with another man here because I have to wait for him."* In case a woman has extra marital sex, the community kills the man and the woman is beaten seriously by the family of the man, -according to a female respondent.

In another example, we learnt that divorce is not common in the South Sudanese Acholi[25] ethnic groups/ culture, and that "*if your wife wants to divorce, elders are called to intervene; but if this fails, then bride-price is paid back to the family of the boy. In the worst-case scenario divorce can happen, but the 45 cows will have to be paid back to the boy's family if there is no child; if a woman produced 2 children 10 cows will be deducted from the total and the balance is taken by the man's family. 1 child represents 5 cows, but the children remain with the man."* *(A male respondent age 30, Acholi clan from South Sudan-*

[23] This means that children born between the heir and the inherited women are assumed to be of the dead man and an extension of his lineage and legacy.
[24] A woman takes up all responsibilities after the death of her husband in situations where there is no man found to inherit her or if conditions may not allow such as during displacement.
[25] The Acholi constitute about 57,800 refugees as of June 2021 according to Uganda Refugee Statistics provided by UNHCR and the OPM. Many live in the West Nile Refugee Settlements including Rhino camp. They are also closely related to the Uganda Acholi linguistically.

Omugo 6 Zone 7). Congolese refugees and other ethnic groups did not report a similar culture or practice and perhaps handled it differently.

Of course, the above were perhaps not happening in the refugee settlement as displaced persons could not raise the 45 heads of cattle for bride-price and would not afford to go through the elaborate cultural processes. However, the beliefs and social norms nurtured prior to displacement linger on in the psych of the refugees thereby impacting the lives of women and girls who could be betrothed for marriage at age 5. As noted by a boys focus group in Omugo extension: *"a girl child is booked for marriage at the age of 5, by the boy's parents. When she becomes big they come and pick her without any objection and not even checking for diseases like HIV."*. The women also live in relationships with limited chances of separation or divorce because heads of cattle have to be refunded. The women and girls may have no say at the time of marriage following a betrothal by their families. However, unions that have happened in the settlement during post displacement may have not followed this rigid tradition as conditions of economic vulnerability may not allow for many of the refugees.

As noted from the scoping exercise for this project and from field work conducted in Arua, Uganda by consortium partners in June 2019, it was observed that men living in refugee settings are strong influencers on women's and girls' reproductive lives and a barrier to their use of contraceptive services. Women, especially adolescents and young women, often do not access health care in cases of pregnancy or do so late, and rates of contraception use are low. It is also understood that traditional social and cultural norms that value men's control and decision-making are the drivers of these behaviours, but the field work team found a complex inter-play between gender-based norms, men's experience of forced migration, their status as refugees, and their lives in a fragile context."[26]

Discussions in FGDs for women in Ariaze B indicate that Congolese men who reportedly had more accommodative gender norms prior to displacement had been influenced. Women in the FDG reported their spouses back in Congo were more involved in domestic work such as cooking and babysitting more than they do while in the Refugee settlement in Uganda. In a way experiences of displacement for Congolese men and their interaction with communities from South Sudan and the host communities have made them adopt more conservative gender norms due to interaction with and imitation of South Sudanese and perhaps Ugandan men whom the women see as exhibiting, in general, more conservative and rigid gender norms – with respect to gender roles.[27] Thus while some South Sudanese men could have eased up due to displacement and adapted more accommodative gender norms such as sharing in domestic chores, there is the opposite impact amongst some Congolese men that have hardened up on their social norms. This finding presents the complex changes in gender and social norms as families in displacement leave their home, settle in and interact with different communities. While opportunities for positive change arise in times of crises, it is also possible that more conservative norms could be picked in the new destinations that development workers ought to be aware of.

A common expression from various FGD conversations with men and women especially among the South Sudanese Refugees in Rhino Camp was that social and gender norms confer a higher status on large family size, and that there is stigma associated with accessing SRH services such as STI treatment

[26] MSI (2020) ASPIRE Programme Summary and Annexes ANNEX 1.1

[27] It is important to note that Congolese Refugees settled in the settlement, Interact with South Sudanese, Ugandans and other nationalities such as Somalis, Rwandese and Burundians. Alongside other things, they use and share public services such as schools and health centres, as well as transport services. Refugees work on the land owned by Ugandans, and so on. These are not only people interactions but also of their respective socio-cultural values whose impact is multi-dimensional and could be positive or negative to gender relations.

and FP services particularly for young women and teenage girls. As noted from a girls' FGD discussing seasonal calendar in Omugo, 6 March 2021

> *"Girls are not supposed to use family planning; they [are supposed to] only engage in sex when ready to have children. Engagement in sex means you are ready to become a mother. The boys engage girls in sex and when a girl gets pregnant, they ran away. Girls always consult their mothers and big sisters on SRH related issues"*

From a girls' FGD in Ariaze B:

> *"The father decides on who goes to the hospital. But if you have the money, you just inform your parents. Information about family planning use among girls is only shared with friends and sometimes mothers. Use of family planning is considered negative. You are considered a prostitute. Those who educate young people about family planning are considered to be promoting prostitution. Use of condoms is considered a boy thing, not for the girls."*

About the life prior to displacement, the change that has happened with in the Refugee Settlement and looking ahead to perhaps a post-displacement era; a participant in an FGD for women in Omugo Extension stated as below:

> *"Among the Nuer community in the rural setting people are ignorant about family planning and even when they are sensitized, they don't believe in it. Actually, the more number of children one has the more influential you become. Life has changed from the time we moved to the settlement, we have got some bit of exposure and information, once we go back to South Sudan, we shall take the opportunity to sensitize our community of the benefits of family planning."*

Similarly, a Congolese refugee woman in Ariaze B stated that:

> "I do not use family planning because it makes me bleed, so I count my days. Some women go [for family planning services] secretly but men still dominate decisions. On ownership of resources, men take decisions. For us women, we just beautify ourselves; those other things are for men"

One ceases to be a child the moment they reach the age of 15, the girl child begins getting initiated into marriage rites because they are considered adults that can get a suitor anytime. The boy child also is expected to construct for himself a shelter by the age of 18. At this age a boy is expected to start thinking of getting a woman to settle with as his partner. Key informant interviews indicated that girls frequently marry at 15, while boys' age of marriage ranges from 15 to 17 years.[28] The form of marriage could include cohabitation or temporary unions where a girl joys the boy when pregnant and return to her parents after childbirth. Apart from those that are betrothed as early as age five, FGDs indicated that parents particularly fathers are key is selecting marriage partners for boys as they provide the bride-price as well as for girls as key decision-makers in the households. While these arrangements have shifted due to displacement and death of male household members, the extended family still plays a role in which the relatives of the men are critical in the choice of a marriage partner. Polygamy was also reported as high particularly amongst the Nuer ethnic group that is the majority in Omugo village 6, with men having partners spread in various villages of Rhino or even other settlements such as Imvepi and Bidi Bidi.

There are women who opt to do abortion as a birth control measure or remove a pregnancy which could have been conceived when the spouse is away such as in South Sudan or Congo. It was not clear if traditional birth attendants are involved. Abortion is illegal, and women reportedly do it using local herbs, tablets and concentrated tea leaves which they believe can force out the foetus. This is done without the

[28] According to UNICEF: 37% of girls in the Democratic Republic of Congo (DRC) are married before their 18th birthday, and 10% are married before the age of 15. The most recent available data from 2010 shows that 52% of girls in South Sudan are married before their 18th birthday and 9% are married before the age of 15. I Uganda; 34% of girls are married before their 18th birthday and a 7% are married before the age of 15

approval and consent of their husbands. Many women avoid using family planning methods as a birth control measure simply due to misconceptions around it and lack of support from their partners. Much as there is awareness raising around the dangers of unsafe abortion, women and girls still continue to eliminate unwanted pregnancy.

We did not encounter FGM. It is uncertain where it is present among the Nuer who we mainly interviewed of all the South Sudanese Refugees. UNICEF Sources show a low prevalence of less than 1% but it was not capture in FGDs, perhaps one need to probe further in future studies.

Sexual and Gender-Based Violence.

While a Congolese girls' FGDs in Ariaze noted that cases of defilement are higher in Congo than in Uganda - because the Congolese fear the Ugandan laws, sex before the age of 18 is prevalent and reportedly went up during COVID-19 pandemic as evidenced by the rise of teenage pregnancies. As per a UNFPA Report: the COVID-19 pandemic further aggravated the situation by providing fertile ground for the major drivers of teenage pregnancy to prevail especially with school closures, disruption in economic life of households and resultant poverty and disruption of SRH services among others.[29]

Also noted was that water scarcity during the dry season makes the women move a long distance to access water and frequently they return late and very exhausted. This exposes the women to the risk of being sexually abused or physically attacked by wrong elements in the community, or exposed to GBV at their homes. Fights at water points amongst women, girls, men and boys collecting water have also been noted in situations where supply is constrained. When scuffles and fights occur people with disability and persons with special needs such as the elderly and the physically weak find it difficult to access the water. Delays at water points caused by long queues may also trigger domestic violence when women spend long hours at the points and fail to attend to the domestic chores such as preparing meals in time or childcare.

A girls' group in Omugo discussing norms reported that girls who move at night are prone to rape and other sexual abuses and when this occurs, it is often blamed on the girl and not the rapist. Girls in Ariaze B discussing norms noted that a girl who eats more than the men or a woman who eats more than the husband is beaten. This points to the fact that both Congolese and South Sudanese refugees view sexual and gender-based violence as "norms" and frequently blame the girls and women if they occur. If a girl or woman is raped or sexually abused while moving alone in the night or in some other isolated place/bush, she is seen as having invited the trouble over herself – rather than holding the perpetrator accountable. A girl who eats more than a boy or a woman who eats more than a man should be "disciplined" to eat less irrespective of her nutritional needs in comparison to the male counterpart. Even if the reality is and could be different, these norms linger and influence behaviour.

[29] http://Uganda.unfpa.org

Conclusions

A comparison of Congolese and South Sudanese refugees as well as interactions with women, men, boys and girls in focus group discussions showed relatively more progressive gender norms amongst Congolese communities than for South Sudanese. However, they remain at a more generalised level as changes in individual families are more complex and cannot be generalised. While displacement has contributed to a more conservative tendency among Congolese men, the general perception is that they remained generally more progressive in terms of gender norms. Similarly, whereas the South Sudanese communities are shifting, the conservative social and gender norms linger. The social construction of gender norms, decision making patterns and control of women's bodies that were nurtured while in their homes before displacement linger on in the psyche of the respective refugees even when the reality is clearly different.

In Omugo Village 6, the majority Nuer ethnic group held more to their natal gender divisions of labour and social norms. Even then, humanitarian organisations that target food rations to be received mainly by women and programming that focuses benefits directly on women and girls' empowerment is likely to strain the division of labour between females and males. Besides a large presence of FHH coupled with absent spouses in reality shifts the gender division or labour and household decision-making power – though patriarchy and male control has a tendency of re-inserting itself when under stress and manifest in new ways. In Ariaze B, Congolese women reported spouses who assisted with domestic chores when back in Congo but had abandoned this support in emulation of their South Sudanese (and perhaps Ugandan) counterparts who show more negative norms. While it is not clear if Congolese men feel social censure from South Sudanese or even Ugandan men if they perform social roles, at least they have encountered situations where men culturally participate less in domestic chores and this is seen as "normal".

While displacement frequently upsets rigid social and gender norms, in a way, displacement of Congolese men and their living and interaction with communities with more negative norms could have influenced some of them in the opposite direction. The scoping study for the project however, also found that some men held on natal gender norms and wanted their wives and daughters to uphold them because they understood that their stay in refugee status is temporary and as such they need not abandon their natal norms. The scoping also found that people who had lost family members in their country of origin wanted more children in part to rebuild the population. Similarly, like in the scoping study, the field work and many other interactions with refugee populations have found that people who had lost family members in their country of origin wanted more children in part to rebuild the population.

As noted in an earlier ASPIRE project scoping exercise, the rights of women and girls to enjoy their sexual and reproductive health rights including accessibility and use of family planning services and protection from gender-based violence are integral to the effective realisation of gender equality and achievable through gender transformative approaches. The absence of inclusive and non-judgmental SRH services threatens women's bodily integrity, their health, their freedom to make life decisions, their ability to participate fully in political, social and economic spheres and their overall agency. By investing in increased access to quality SRH information and services and thereby preventing unintended pregnancy and unsafe abortion, the partners will not only improve the health, and socio-economic outcomes of individuals and communities, but will also contribute to transformation of cultural and gender norms.

While known programme interventions on SRH, GBV and family planning focus heavily on women and girls and their access to services, it is crucial that demand generation, behaviour change communications and social norms change approaches also address men's and boys' family planning needs, engagement and gender equity. This will provide a more holistic and sustainable approach that goes deeper to

transform gender norms that may limit accessibility, use and sustainable building of resilience in conditions of displacement.

Recommendations

These recommendations are intended for use by ASPIRE Consortium partners as well as development actors to inform SRHR programming in refugee contexts and beyond. They are applicable to actors whose objective is to increase women's and girls' utilisation of SRH information, services and products especially in Refugee settings in Uganda.

1. **Consult various categories of women/girls and men/boys beneficiaries in activity designs, reviews, monitoring** and taking corrective action to ensure that interventions are effective and involve all key actors but especially the impact group – especially women and girl refugees. Development projects particularly for SRH should not only target adult women and men but also provide adequately for boys and girls.

2. **Consortium partners should ensure the meaningful engagement of men and boys**, including male community leaders, in SRHR programming to increase women's and girls' access to SRH services and to minimize the risk of backlash by husbands/fathers against women/girls who use FP or other SRH services with or without prior permission by:

    - Using the Role Model Men and Boys' (RMMB) approach to: engage boys and men in male-only discussion forums to reflect on unequal social and gender norms and relations in the context of SRHR; define solutions to overcome obstacles arising from negative masculinity; overcome backlash especially on use of family planning services and commodities, transform mind-sets and entrenched social norms that sustain inequality; address intimate partner violence arising from utilisation of FP and SRH services; and strengthen men's support to women and girls to uptake SRH services;

    - Packaging communication messages and SBC materials to: engage men and boys to transform deeply rooted social and gender norms that block access to SRH services, including GBV and Family planning; develop positive behaviours that support women and girls to access and utilise SRH services especially family planning and post-abortion CARE.

3. **Consortium partners should integrate an economic empowerment component** into SRH programming by working with Youth and Village Savings and Loan Associations (VSLA/YSLA)[30] and other existing economic groups (e.g. farmer groups and other self-help groupings) so that women and girls can afford to access and use SRH and family planning services provided by the public and private sectors.

4. **Work through established women and girls' safe spaces/centres to** implement measures that make them more inclusive for girls and utilize the spaces for adolescent friendly SRH programming including providing SRH information and services as well as making appropriate referrals.

[30] V/YSLA, village or youth savings and loans associations are proven CARE approaches that voluntarily bring together women, men or youth in separate or mixed groups for savings and investments. These groupings have been very useful in integrating GBV and SRH services and have high sustainability chances as most of them outlive project lifespans.

5. **Institute community engagements and conversations** (e.g. with clan leaders, religious heads, female and male youth groups among others) to reduce stigmatisation in using family planning commodities such as condoms that can be accessed from drug shops and retail outlets by women and girls as well as men and boys.

6. **Amplify positive practices and social/gender norms that promote gender equality** especially those that enhance utilisation of SRH information, services and commodities such as through recognising and incentivising positive behaviour e.g. as noted amongst Congolese refugees and beyond; documenting and sharing positive examples and progress amongst actors on the ground.

7. **Consortium partners should work with stakeholders and development partners[31] in the project area to strengthen, promote and reinforce gender equality norms on SRH**, through communicating this and other gender analyses results as well as participating in coordination mechanisms where experiences are shared as well as in project designs with likeminded agencies.

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[31] UN agencies, INGOs, Local NGOs and District Health Office

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