Gender Assessment

Graduating to Resilience

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Graduating to Resilience is implemented by AVSI Foundation in partnership with

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LIST OF EXHIBITS

LIST OF ACRONYMS

AVSI	Association of Volunteers in International Service Foundation
COVID-19	Coronavirus disease 2019
FFBS	Farmer field and business school
FGD	Focus group discussion
G2R	Graduating to Resilience
GBV	Gender-based violence
ICT	Information and communication technology
IGA	Income-generating activity
IPA	Innovations for Poverty Action
IPV	Intimate partner violence
IRB	Institutional Review Board
KAP	Knowledge, attitudes, and practices
KII	Key informant interview
LC	Local council
M&E	Monitoring and evaluation
MEASURE DHS	Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys
MUREC	Mildmay Uganda Research and Ethics Committee
NGO	Non-governmental organization
OPM	Office of the Prime Minister
RWC	Refugee welfare committee
SACCO	Savings and credit cooperative
SBCC	Social behavior change communications
SMS	Short Message Service
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development
VSLA	Village savings and loan association
WASH	Water, sanitation, and hygiene
WFP	World Food Programme

EXECUTIVE SUMMARY

The USAID Graduating to Resilience Activity (the Activity), implemented by the AVSI Foundation (AVSI) in partnership with Trickle Up and the American Institutes for Research (AIR), aims to help ultra-poor refugee and Ugandan (host community) households in Kamwenge District graduate from food insecurity and fragile livelihoods to self-reliance and resilience. The Activity is engaging with 13,200 economically active households that are unable to meet their basic needs consistently without some form of assistance, in two 30-month cohorts. Using a woman-plus-household approach, focusing on the women as the entry-point for engagement in a multifaceted approach combining livelihood promotion, financial inclusion, social empowerment, and social protection components called the Graduation Approach. In doing so, the Activity is testing three variations of the graduation approach to identify the most effective and efficient approach to reach ultra-poor refugee and host community populations. Cohort one began in January 2019 and cohort two is planned to begin in January 2022.

During the first refinement period in 2018, the consortium conducted a series of assessments, including a Gender Analysis[1]. The Gender Analysis found that male household members, both in host and refugee communities, dominated decision-making processes on topics including food security, livelihoods and income, and children's health and nutrition. There was an unequal balance in household workload, with women taking on most of the unpaid care work, including fetching water, collecting firewood, cleaning the house, and caring for children and the elderly/sick. Furthermore, whereas women were involved in agricultural labor related to households' livelihood production, men tended to maintain control over selling and marketing of the harvest, which, in turn, resulted in their control over financial decisions. This behavior was reflective of social and community norms and practices of the man as the head of household. This is further supported by norms and beliefs, expressed by both men and women, that a husband needs to discipline his wife if she is deemed to be out of line. This discipline often resulted in violence, which tended to be underreported by survivors. Findings from the initial Gender Analysis informed the design and implementation of activities for cohort one.

To examine the extent to which the Activity facilitated a change in gender norms and explore which interventions were most influential in changing gender dynamics, the Activity designed a follow-on Gender Assessment, which includes quantitative data from a survey of 776 households in host and refugee communities. To complement the quantitative data, qualitative data was collected from 32 key informants, including local and religious leaders, local government officials, health facility representatives, and non-governmental organizations, as well as 23 focus group discussions with Activity participants and staff. Insights from this Gender Assessment will inform design improvements of the Activity's cohort two interventions. The follow-on Gender Assessment was conducted from May – July 2021. Throughout the data collection period, Uganda, specifically the Kamwenge District saw a significant increase in COVID-19 cases, leading to the implementation of increased movement restrictions in July 2021. The movement restrictions impacted data collection and may have also impacted findings as based on previous data collection efforts as we know that COVID-19 effected household gender dynamics, including gender-based violence.

[1] https://pdf.usaid.gov/pdf_docs/PA00TXW7.pdf

Findings

The Activity captured changing gender dynamics in many dimensions. Self-efficacy among female participants was reported as high. Female participants indicated that they feel more confident negotiating with their spouse, managing conflict, and participating in joint decision-making, particularly around household financial decisions. Female participants also noted increased participation in business and community activities, including taking on leadership roles within community structures such as VSLAs, local councils, and refugee welfare committees (RWCs).

Attitudes and perceptions around gender equality vary based on gender and status, with more women than men agreeing with gender equality statements and more refugee members agreeing with gender quality statements then host community members. Changes in attitude appears to have facilitated improvements in behavior, particularly around joint decision-making. Specifically, men and women appear to be jointly making decisions on food crop farming, livestock rearing, and household expenditures. To some extent, there appears to be joint decision making around nutrition, children, family planning, and healthcare; however, those are still perceived as largely female domains.

Although participants indicated that gender-based violence (GBV) is still an issue within their communities, few individuals reported directly experiencing GBV in the past 30 days. Although this may partially be due to underreporting, feedback from participants suggests that there has been a reduction in GBV since the Activity began. This reduction in GBV could be due to the role and engagement of the coaches employed by the Activity.

Although attitudes and perceptions around gender equality have improved, there is still an unequal division of labor, with women spending more hours a day working than men. This is largely driven by the fact that women are still primarily responsible for completing household activities such as cooking, cleaning, fetching water and firewood, and caring for children and elderly/sick household members. Women complete these household tasks in addition to participating in economic activities. As a result, women are employing coping mechanisms such as time stretching, defined as managing a household and economic activities by waking up early, taking minimal free time, and going to sleep late, and multi-tasking to manage their household duties and economic activities. This leaves many women time poor, which reduces their ability to participate and engage in community and social activities. When women do to engage in community activities, they largely participate in VSLAs or religious groups.

Household assets are largely jointly owned by men and women, including assets such as land, livestock, mobile phones, and houses or other structures. Fewer households own assets such as farm equipment, consumer durables, or means of transportation. These labor- and time-saving assets could help alleviate time burdens on women and promote more gender-equal roles if households invest in them. Most households have access to credit and savings. Participants noted that women played a large role in promoting household savings through their participation in VSLAs. Although mobile phone ownership among women is lower than among men , women's usage of mobile phones is high. Households typically share a mobile phone, but women are often not involved in deciding when and how often the mobile phone is used. Literacy around mobile technology continues to be a barrier to women.

Coaching was overwhelmingly identified as the most influential activity in changing gender norms. Through coaching, households learned how to better communicate, resolve disputes, and jointly plan. Coaching was also noted as an essential tool for reducing GBV, as coaches often served as mediators when issues arose. Individual coaching was more commonly preferred than the group coaching model, as individual coaching provides households with a safe space to discuss and work through specific challenges they were encountering and allows other household members, including children, to participate in sessions, which increases buy-in and uptake of learnings. Although successful thus far, better messaging around household participation and refinements to the coaching modality and curriculum could enhance the effectiveness of the coaching activity.

Asset transfer and consumption support were cited as useful tools for helping improve household's well-being. In particular, the support helped households expand or start new businesses, meet their households' basic needs, improve their living conditions, and increase their savings, making them less vulnerable to shocks. However, confusion around the purpose of giving the transfer to the female household member led to conflict within several households and, in some cases, exacerbated existing tensions, which led to violence. Improving messaging around the support, in addition to ensuring that coaching on conflict management and resolution is provided prior to distribution, could mitigate these issues moving forward.

VSLAs were also noted as an essential component for helping improve household economic security. Many participants, particularly males, noted that prior to the Activity they did not actively save or plan for future expenses. However, through participation in the VSLAs, households were able to save and better manage shocks, including medical emergencies and COVID-19, using their savings. In addition to strengthening household security, VSLAs also helped female participants build social connections and bonds with community members. Additionally, coaching reinforced savings messages and when coupled with the critical skills learned in coaching such as conflict management, business, and communications skills, these helped improve relationships both within their households and communities.

Recommendations

Based on the Gender Assessment findings, we recommend several specific refinements to be made to the Activity components, in addition to higher-level recommendations to inform Graduating to Resilience's broader implementation strategy and approach for cohort two.

Specific Activity Component Refinements

- Increase engagement of all household members, particularly men, in coaching sessions from the beginning of the Activity to encourage uptake of learnings and further change in attitudes and behaviors around gender norms.
- Refine the coaching curriculum to allow for better sequencing of topics that build upon foundational components that focus on gender equality (e.g., conflict management, joint decision making, and shared responsibility).
- Refine the coaching modality to include longer coaching sessions and the use of visuals and interactive games to increase participation, engagement, and retention of information.

- Provide additional sensitization and coaching around the asset transfer and consumption support to ensure that the Activity does not create or exacerbate tensions within households.
- Incorporate more gender discussions in the VSLA or group coaching to create a platform to discuss their experiences together.
- Involve men in the VSLA training so they understand its utility and purpose.

Strategy and Approach Refinements

Increase male engagement.

- Include male household members in sensitization sessions at the beginning of implementation, clearly defining the woman-plus household approach, outlining how activities benefit the entire household, and providing guidance for how men can engage in and support women's participation in the Activity.
- Consider implementing some activities focused on men – for instance, creating male youth groups and identifying male champions to serve as advocates for changing norms around gender roles and GBV.
- Consider focusing engagement efforts on males ages 18 to 24, as they report spending more time on household tasks than any other male age group. Engaging younger males presents an opportunity to create generational change.

Increase local and religious leader engagement.

- Engage local and religious leaders to identify key gender issues facing communities and assist with developing strategies and approaches for addressing those issues.
- Consider delivering gender training sessions to local and religious leaders to provide them with tools to better address and respond to GBV issues within their communities.
- Mobilize local and religious leaders to support and reinforce social behavior change communications campaigns.

Strengthen GBV referral systems and mechanisms.

- At the individual level, sensitize participants to the purpose of referral mechanisms; identify family members who could assist in resolving GBV issues when survivors are not comfortable seeking services and include these processes in the referral standard operating procedures (SOPs) and train frontline staff accordingly.
- Train frontline staff (coaches and community-based trainers) on survivor centered approaches to GBV support and building their capacity to provide basic case management services directly to households.
- At a community level, conduct community dialogues to raise awareness of GBV; leverage radio to promote social behavior change communication (SBCC) campaigns around GBV; and coordinate with implementing partners, local and religious leaders, and government agencies to strengthen the capacity of service providers to respond to GBV cases.

Explore the use of radio and other community-based activities to promote SBCC to a broader audience.

- Consider using radio as a platform to disseminate information and raise awareness around GBV referral mechanisms, reporting frameworks and the law, and survivors' rights.
- To reach those who may not have access to radio, consider using community events involving music, dance, drama, and role-play as media to disseminate messages.

Promote access to and the use of labor-saving or time-saving technologies, potentially through asset transfer, to support improving equal gender roles and overall wellbeing.

- Promote improved access to water to minimize time spent fetching water.
- Promote access to improved cook stoves to decrease time spent on food preparation. Consider embedding the use of the improved cookstoves within the Activity cooking demonstrations to promote behavior change, whereby participants and their household members can see first-hand the benefits to promote adoption of this technology. This could also include increasing access to consumer durables goods, such as cookware and small appliances, particularly to refugees.
- Promote access to and ownership of time-saving farm equipment to alleviate time women (and other household members) spend on agricultural tasks.
- Promote these technologies at the market event so participants can see products on display.

Increase access to and literacy around mobile technology.

- Increase access to affordable mobile phones and promote improved female ownership over or involvement in managing usage of the mobile phone within the household.
- Provide mobile phone literacy trainings, particularly for women, as lack of understanding on how to use a mobile phone was cited as a barrier for women. This is especially important as the cash injections into the household are provided via mobile money. From cohort one learning, this training needs to go beyond the information provided in the know your customer (KYC) curriculum provided by the mobile network operator (MNO).
- Leverage mobile phones to deliver content and messaging around crop prices, agricultural techniques, weather, savings accumulation, loan repayment reminders, and the like to help households improve their livelihoods and resilience. Mobile phone messaging could also be used to disseminate SBCC information around gender norms and GBV. The Activity should be mindful of low literacy rates in the area of operation, especially among women and refugees, and may want to promote mobile phones within the Activity that have the capacity to receive voice messages to increase knowledge transfer.

CHAPTER 1. INTRODUCTION

1.1 Background

AVSI Foundation (AVSI), in partnership with Trickle Up and the American Institutes for Research (AIR) AIR (the consortium), is leading the USAID-funded Graduating to Resilience (the Activity) in Western Uganda. The Activity seeks to graduate ultra-poor refugee and host community households in Kamwenge District from conditions of food insecurity and fragile livelihoods to self-reliance and resilience. The Activity is engaging 13,200 economically active households that are unable to meet their basic needs consistently without some form of assistance, in two 30-month cohorts. Half of participants are selected from the host community and half are refugees from Rwamwanja Refugee Settlement (Rwamwanja). Using a woman-plus-household approach, focusing on the women as the entry-point for engagement in a multifaceted approach combining livelihood promotion, financial inclusion, social empowerment, and social protection components called the Graduation Approach. The Activity provides an integrated mix of interventions, including, but not limited to, coaching, farmer field business school (FFBS), village savings and loan associations (VSLAs), consumption support, asset transfer, and business coaching. In doing so, the Activity is testing three variations of the graduation approach to identify the most effective and efficient approach to reach ultra-poor refugee and host community populations. Cohort one began in January 2019 and cohort two is planned to begin in January 2022.

During the first refinement period in 2019, the consortium conducted a series of assessments, including a Gender Analysis. The 2019 Gender Analysis used survey data from refugee and host community beneficiaries as well as data from focus group discussions (FGDs) and key informant interviews (KIIs) with stakeholders including community members, gender-based violence task force leaders, community local council leaders, religious leaders, and implementing partner organizations. The purpose of the 2019 Gender Analysis was to identify the barriers to food security, nutrition, and livelihoods/economic empowerment that participant households may face on their upward trajectory out of poverty and toward food security, self-reliance, and resilience.

The 2019 Gender Analysis found that male household members, in both host and refugee communities, dominated decision-making processes within the household on topics including food security, livelihoods and income, and children's health and nutrition. There was an unequal balance in household workload, with women taking on most of the unpaid care work, including fetching water, collecting firewood, cleaning the house/compound, and caring for children and the elderly/sick. Furthermore, whereas women were involved in agriculture labor related to many households' livelihoods, such as planting, weeding, harvesting, and post-harvest handling, men maintained control over selling and marketing of the harvest, which, in turn, resulted in their control over financial decisions. This dominant male behavior was reflected in the community norms and practices, as both men and women expressed a belief that a husband needs to discipline his wife if she is out of line. This discipline often results in violence, which tends to be underreported by victims because of a lack of support services and follow-up from service providers and law enforcement. Several recommendations were made for how the Activity can promote gender equality and change gender norms at the household and community levels. Findings from the initial Gender Analysis were used to inform the design and implementation of activities for cohort one.

To examine the extent to which the Activity facilitated a change in gender norms, the consortium designed and conducted a follow-on Gender Assessment from January through July 2021. This Assessment seeks to understand current participant behaviors and gender dynamics at the household and community level and explore which interventions were most influential in changing gender dynamics. The insights will help inform design improvements of the Activity's cohort two interventions.

1.2 Methodology

1.2.1 Study Design

The Gender Assessment used a mixed-methods approach, including quantitative and qualitative data collection and analysis. We designed the Gender Assessment to address three research questions through survey data and desk review findings and triangulated these responses with data through FGDs and KIIs (Exhibit 1).

Exhibit 1. Gender Assessment Research Questions

RQ1	How have the Activity interventions affected gender dynamics (e.g., time usage, interpersonal relationships, expectations), inequalities, and constraints of program participants?
RQ2	Which interventions, or combination of interventions, had the greatest effect on gender dynamics?
RQ3	How can the Activity adjust or refine the design of implementation of interventions to improve gender outcomes for cohort two?

We designed the Gender Assessment to also analyze the Activity's responses to three learning objectives:

1. **Balancing a woman-plus approach while effectively engaging the entire household**. The Activity's assumption is that women need to be directly engaged as primary program participants to ensure their full participation and consequent empowerment. However, recognizing that women operate as part of a household unit, the Activity understands that engaging not only the women, but also the entire household, is essential for promoting long-term sustainable changes in gender norms and empowerment. This Gender Assessment explores the extent to which the Activity engaged both women and their households in implementation and seeks to identify how this participation did or did not contribute to changes in gender norms at both the household level and the broader community level.
2. **Understanding the most effective way to mitigate, respond to, and address GBV besides referrals**. As identified in the initial Gender Analysis, GBV is an issue that effects both host and refugee communities. Although qualitative information revealed that GBV was common, reporting on GBV incidents was very low. To address this concern, the Activity implemented several GBV-related interventions, including GBV sensitization sessions during coaching, providing information on support services, and strengthening GBV referral mechanisms. This Assessment explores the extent to which those interventions have been effective at mitigating, responding to, and preventing GBV within host and refugee communities. The Assessment also seeks to identify the underlying barriers to fully addressing GBV issues within the community to provide recommendations for how the Activity can better address GBV in cohort two.

3. **Identifying changes in gender dynamics and understanding implications for time use and women's empowerment**. Changes in women's empowerment can lead to increased economic opportunities, income, and resilience to overcome shocks. However, women's economic and social empowerment can be achieved only by transforming unequal power relations and discriminatory structures. The Assessment explores how gender dynamics have changed within households, including between spouses, adults and children, and other members of the household. It also explores dynamics between female participants and other community members and peers, local and religious leaders, health care services providers, GBV service providers, and within VSLA groups. The report seeks to further unpack transformations in gender dynamics and identify if and how they have led to shifts in time use, particularly in time spent on household responsibilities, economic activities, leisure, and/or community engagement activities. Lastly, the Assessment seeks to identify how changes in gender dynamics have contributed to or facilitated women's agency, specifically in female participants ability to negotiate, manage conflict, and take on leadership roles within the community.

The remainder of this section describes the data sources and analysis used by the Assessment team.

1.2.2 Desk Review

Prior to the development of qualitative data collection tools, the Assessment team reviewed existing assessments, reports, and research from cohort one. This review provided key context for designing the FGD guides, contextualizing findings, and developing evidence-based recommendations. The Assessment team reviewed the following sources during the initial desk review:

- Programming Guide
- Individual Coaching Guide
- Group Coaching Guide
- Facilitation and Coaching Skills Guide
- 2019 Gender Analysis Report
- 2019 Gender Analysis Protocol
- 2019 Gender Analysis Survey Tools
- IPA Baseline Report 2019
- Indicator Performance Tracking Table
- Meta-Analysis of Previous Activity Assessments
- Gender Mainstreaming Framework
- Graduating to Resilience Quarterly Reports
- Standing Committee Summaries
- Qualitative Case Study Summaries
- April 2020 COVID-19 Context Assessment
- June 2020 COVID-19 Context Assessment

1.2.3 Household Survey

Questionnaire

The Assessment team conducted a quantitative survey with Activity participants in Biguli, Bihanga, Bwizi, Nkoma sub-counties, Nkoma/Katalyeba town council within Kamwenge District, and within Rwamwanja. The survey was administered to the households' primary participant and their spouse and explored a breadth of topics, as shown in Exhibit 2. The questionnaire was built upon the previous household surveys administered at the beginning of the Activity.

Exhibit 2. Quantitative Survey Topics

Section	Respondent	Topics	
1	Primary Participant	Household Demographics	Group Membership

Section	Respondent	Topics	
	Spouse (or another male member of the household if no spouse or spouse unavailable)	Role in Household Decision-making Access to Productive Capital Access to Credit Time Allocation	Perceptions of Gender Equality Information Communication Technology
2	Primary Participant (Primary participant provides responses for herself and up to 3 additional household members)	Education and Skills Gender Roles Livelihood Activities On-Farm Crop Activities	Salaried Employment Casual Labor Off-Farm Activities
3	Primary Participant	Livestock Activities Transportation Self-Efficacy GBV	Food Security and Nutrition Water, sanitation and hygiene (WASH) Health Status

Sample Selection

The Assessment team used a two-stage random stratified sampling process to select the quantitative sample. For the **first stage**, the Assessment team randomly sampled households from the current list of all active participant households. As over 92% of Activity households include women as primary participants who are the focus of the project, we excluded households with a male primary participant. We stratified our household sample by geography, age,[2] and nationality of the female primary participant to ensure equal representation of respondents across these characteristics.

For the **second stage** sampling, the team selected the female primary participant in each household to act as the primary survey respondent for the household. We then randomly selected up to three additional members from the household.[3] Within households, we excluded children (those younger than 18) and short-term visitors (residing in the household for less than 6 months). The primary participant was asked to respond to a subset of questions about each household member (Part 2 of the survey). Spouses[4] of the female primary participant were also asked to separately answer a subset of questions (Part 1 of the survey).

The Assessment team aimed to recruit a sample size of 800 households because evidence from the Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys[5] shows that a household sample size of 800 on woman-based indicators for high fertility countries like Uganda, can deliver a reasonable precision for a wide range of demographic and economic variables. Our sample size was further justified by an influential food security and livelihood assessment guide[6] for statistical random sampling that recommends that between 150 and 250 households be visited for each reporting group to be compared. Thus, our sample size of 800 was deemed large enough to conduct statistical *t*-tests of differences between outcomes of interest, at a 95% level of confidence, between host and refugee, youth and adult, men, and women respondents. Even within host (N = 400) and refugee communities (N = 400), the survey

[2] Individuals were categorized into youth if between the ages of 18 and 30 and adult if older than 30.
[3] If the household had fewer than 4 eligible members (primary participant and other adults), then all eligible members were selected.
[4] If the primary participant did not have a spouse, or if the spouse was not available to be surveyed, then another adult male member of the household was asked to complete the spouse's portion of the survey.
[5] https://dhsprogram.com/pubs/pdf/DHSM4/DHS6_Sampling_Manual_Sept2012_DHSM4.pdf
[6] https://www.actionagainsthunger.org/sites/default/files/publications/acf-fsl-manual-final-10-lr.pdf

was designed so that sample sizes were expected to be within the 150–250 range to allow comparison between adults versus youth and men versus women for a range of outcomes.

To allow for non-responses, refusals, or other factors that prevent a household from being surveyed, the Assessment team provided the field team with information for an additional 80 households, for a total sampling frame of 880 households. At the outset of data collection, field teams were instructed to end data collection once a total of 800 households were surveyed. Annex I shows the sampling frame used to inform data collection for the quantitative household survey.

During data collection, enumerators attempted to interview as many of the primary participants as time and funding would permit, surveying a total of 776 primary participants (Exhibit 3). Among these respondents, 384 were from refugee communities and 392 were from host communities. Most respondents were adults (562) rather than youth (214) primary participants and nearly all were female (776). The sample is sufficiently distributed across demographic characteristics of interest, thus providing a representative sample of cohort one participants for the purpose of this Assessment.

Exhibit 3. Quantitative Actual Sample Collected

Demographic Group	Household sample size †	Individual sample size ‡
Overall	776	1,643
Refugee	384	745
Host	392	898
Adult	562	992
Youth	214	651
Male	0[7]	701
Female	776	942

Note: There was drop-off of respondents throughout the fielding of the survey, with some respondents completing only earlier parts of the survey. This drop-off was less than 5% of the overall sample and did not affect the overall distribution of respondents. † Overall – primary participants; ‡ Part 2 – up to 4 members per household

The average household size among primary participants surveyed was about seven members, which was similar across hosts and refugee households. Refugee primary participants in our sample were significantly more likely (82%) to be currently married than host households (73%) and were more likely to be youth (36%) than host households (19%). However, host households in our sample were significantly more likely (45%) to be female-headed households than refugees (29%).

1.2.4 Focus Group Discussions

Selection of Focus Group Participants

In addition to quantitative data, the team designed 24 FGDs with between eight to 12 respondents each (11 in the host community, 11 in the settlement, and two with Activity staff). The FGDs were split between seven groups: adult women (31+ years), adult men (31+ years), youth women (ages 18–30), youth men (ages 18–30), adult women VSLA leaders, coaches, and Activity staff

[7] There were seven male primary participants who completed Part 3.

consisting of technical advisors and program officers (POs). In addition to gender, groups were separated by host and refugee status.

In June 2021, AVSI POs completed 23 FGDs, including 21 in-person FGDs over a two-week period, and two remote FGDs during a third week (Exhibit 4). One of the FGDs with adult women host community members was not conducted because of scheduling issues. In addition, the FGD with youth men from the refugee community was not conducted because of a scheduling mix-up, and instead an additional FGD was conducted with adult men from the refugee community.

Exhibit 4. Final Focus Group Discussion Sample

FGD Participants	Host Community		Refugee Community		Project Staff	
	No. of FGDs	No. of Participants	No. of FGDs	No. of Participants	No. of FGDs	No. of Participants
Adult Women (31+ years)	2	24	3	31		
Adult Men (31+ years)	3	32	4	47		
Youth Women (ages 18–30)	1	8	1	12		
Youth Men (ages 18–30)	1	8	0	0		
Adult Women VSLA Leaders	1	12	1	9		
Coaches	2	18	2	20		
Technical Advisors and Program Officers					2	13
TOTAL PARTICIPANTS	10	102	11	119	2	13

Focus Group Discussion Protocols

The FGDs helped the Assessment team understand how gender attitudes and practices of primary participants and other household members have changed throughout Activity implementation. Specifically, the FGD gathered feedback on the following:

- Household relationships
- Agency and confidence
- GBV
- Division of labor
- Household decision-making processes
- Participation in community activities
- Extent to which Activity helped change gender dynamics
- Barriers to participating in Activity interventions

The Assessment team developed seven distinct FGD protocols to explore these dimensions with the seven target populations listed above. After preparing draft protocols for each group, the drafts were shared with Activity staff, who workshopped the questions in the protocols to ensure that all questions were contextually appropriate and achieved the research objectives detailed earlier. In addition to workshopping the questions with Activity staff, we also piloted the FGD protocols with a select group of participants to ensure the validity and relevance of the questions. We incorporated participants' feedback into the final versions of the FGD discussion protocols, which are included in Annex II.

1.2.5 Key Informant Interviews

Selection of Key Informant Interview Participants

The team also conducted 32 KIIs with Activity staff, implementers, and external project stakeholders who were involved in providing essential services to participants (Exhibit 5). AVSI field staff completed all KIIs in-person over a two-and-a-half-week period in April 2021.

Exhibit 5. Final Key Informant Interview Sample

Key Informant	Host Community	Refugee Community	Total
Local Council (LC1)	4		4
Refugee Welfare Committee (RWC)		4	4
Religious Leaders	2	1	2
Parish Chief	1		1
Para Social Workers		1	1
Youth Group		1	1
Sub-County/District Community Development Officers	6		6
Police	1	2	3
Health Facility Representatives	2		2
Non-governmental organizations			8
TOTAL PARTICIPANTS	15	9	32

KII Protocols

The KIIs with Activity staff and implementers collected information relating to the fidelity of Activity implementation, their perspectives on the possible mechanisms of change, and insights into external factors contributing to the observed outcomes. The KIIs with external stakeholders provided in-depth understanding, from an outsider perspective, of how program activities may have affected gender dynamics over time.

The Assessment team developed unique KII protocols to tailor interviews to each stakeholder. After preparing draft protocols for each group, the Assessment team shared the drafts with local Activity staff, who reviewed the protocols for relevance. Feedback was incorporated into the final versions of the KII protocols, which are included in Annex II.

1.2.6 Fieldwork

Training of Coaches; Supervision and Any Issues in the Field

The team chose to use Activity coaches to collect data for the assessment because the coaches possessed existing knowledge of the Activity, had existing relationships with participants, and could easily identify the location of participants' homes. These factors created an efficiency gain compared with using external enumerators, thereby reducing the number of interactions between data collectors and people in Activity communities. This allowed data collection to safely continue in-person while minimizing the risk of transmitting COVID-19.

The team conducted a training and pilot of the quantitative survey with 50 male and female coaches, 25 from the host and 25 from the refugee community between March 15–18, 2021. The coaches were trained on how to use the study tools, their purpose, proper data collection practices, and ethical considerations. The team conducted a second training with an additional 156 coaches between March 24–25. During this training, concerns were identified regarding the functionality of the household survey and how data was stored after collection. To reduce the risk of error during full-scale data collection, the team chose to recode the survey in the first three weeks of April 2021, after which all 206 enumerators (coaches) participated in a refresher training on April 26 to orient them to the updated tool.

With issues in the survey tool fixed, the team launched data collection on April 27. The field team divided the coaches into nine regional teams, overseen by POs with support from monitoring

and evaluation (M&E) officers. The M&E officers visited the field throughout data collection to answer any questions the coaches had and resolve issues with the operation of the survey or mobile phones used in data collection. The field staff attempted to address all issues in the field as they were identified, and POs were encouraged to identify workable solutions that did not require major logistical changes. For instance, POs were able to fix occurrences of the survey not pulling participant information by updating the enumerator's tablets and survey software in the field. In addition, the fieldwork delays created scheduling conflicts between data collection and maternity or scheduled annual leave for some coaches, which increased the workload on remaining personnel. To account for this, POs reassigned the households allocated to those coaches on leave equally among the remaining coaches. Finally, the length of the survey tool created some issues for the field team, as this caused some participants to complain and grow uninterested during the interview, whereas others (especially spouses) found it difficult to honor their scheduled interview because of scheduling delays and competing priorities. The number of interviews that had to be rescheduled reduced the number of interviews that could be completed each day, which affected the size of the final sample.

The coaches conducted surveys through May 14, 2021, at which time the team concluded that we had achieved an appropriately large sample size and further days in the field would not yield significantly more data because of the issues described above.

COVID Mitigation

The Assessment team was informed by local staff on June 16 that four AVSI staff in Kamwenge District tested positive for COVID-19 and that the overall positivity rate in the district was over 20%. Considering these numbers, and guidance from the Office of the Prime Minister (OPM) and United Nations High Commission for Refugees (UNHCR) to limit engagement in the district to only essential work, the Assessment team decided to reduce any FGDs that were not already scheduled from 10 participants to five, allowing for greater social distancing, and reviewed in-person qualitative data collection on June 16 to determine whether data collection should be conducted remotely or discontinued. In addition, throughout FGDs, KIIs, and household surveys we used our prior experience adapting data collection in this context by 1) requiring all coaches to wear masks while conducting surveys and focus groups; 2) providing participants with facemasks if they did not have them; 3) providing hand sanitizer; 4) maintaining social distancing during interviews and focus groups; and 5) holding all interviews and focus groups in a private outdoor location, where feasible.

1.2.7 Ethical Considerations

Institutional Review Board

The team outlined the ethical considerations of the study and processes for protecting participants privacy and confidentiality and reducing potential harm in an application to the Mildmay Uganda Research Ethics Committee (MUREC) Institutional Review Board (IRB) in Uganda. We submitted the IRB package, encompassing the study proposal, protection of human subjects plan, data collection instruments, and informed consent forms, to the review board on January 11. MUREC returned the IRB protocol with clarification questions on February 17, which our team responded to and resubmitted the IRB package on March 15. We received final approval from MUREC to conduct the Assessment on March 15.

Informed Consent

We informed all survey, FGD, and KII participants prior to their agreement to participate that their responses would be confidential. Participants were informed that they may refuse to answer any question or leave the interview or discussion at any time. Participants were assured that refusing to participate or leaving any interview would not harm them in any way or affect their continued participation in the Activity. Individuals who agreed to participate were required to sign a written consent form – either signature or thumbprint – and a copy of the consent form remained with the participants. The interviewers then ensured that the surveys, FGDs, and KIIs, including those conducted remotely, were conducted in a private setting to ensure confidentiality of responses. Interviewers ensured that surveys were conducted one-on-one with the respondent or spouse (where applicable) so no one else could hear the respondent's answers. Group discussion facilitators ensured that the FGDs were held where respondents felt free to discuss openly so community members outside the group could not overhear their responses. Finally, interviewers and facilitators were instructed during training on how to request informed consent.

1.2.8 Limitations

The Assessment possesses some limitations that may affect the findings presented in this report.

Use of Coaches for Data Collection. As discussed previously, the Assessment team chose to use existing Activity staff to conduct data collection rather than hire unaffiliated enumerators. There were clear benefits to using the coaches to conduct survey data collection – for instance, coaches know where participants live, and participants are more likely to agree to a long survey because of their familiarity with the coach. Regardless, there is a possibility that the existing relationship between coach and participant may bias the respondent's answer, such as the respondent providing a more socially desirable answer to please their coach, or the coach assisting the participant in recalling past information. Taking this into consideration, the Assessment team concluded that the benefits of working with Activity staff as enumerators far outweighed the drawbacks; these concerns were mitigated through 1) training enumerators on how to conduct a survey, explaining to respondents in detail that the information collected as part of the survey will be used to improve the Activity design and will benefit cohort two participants and has no benefits/consequences for them based on responses provided; 2) triangulating responses through qualitative data collection gathered by POs; and 3) recognizing that the coach–participant relationship was near the tail-end of programming, as data collection took place during the close-out period of cohort one implementation.

Length and Complexity of the Survey Questionnaire. Building off lessons learned from the first refinement period, the Assessment team developed a comprehensive assessment framework to integrate the five individual assessments, including a Value Chain, Labor Market, Gender, Nutrition and WASH Knowledge, Attitude, and Perceptions (KAP), and Youth Assessment, to ensure that key research and learning questions were answered, and the program implementers had meaningful, timely information to make decisions regarding the design of cohort two. By creating a comprehensive assessment framework, the Assessment team was able to streamline data collection, minimize duplicative data collection, and mitigate survey fatigue among participants and staff. However, the length and complexity of the survey required exceptional skills from the field staff to administer. On average, it took approximately six hours per household in the refugee community and approximately five hours in the host community to complete the

entire survey. Because of the length and complexity of the survey, field staff conducted the household survey in two visits per household, reducing the amount of time respondents spent answering questions per visit to three hours in the refugee community and 2.5 hours in the host community.

CHAPTER 2. FINDINGS

Next, we present the findings from the quantitative and qualitative analysis by research question.

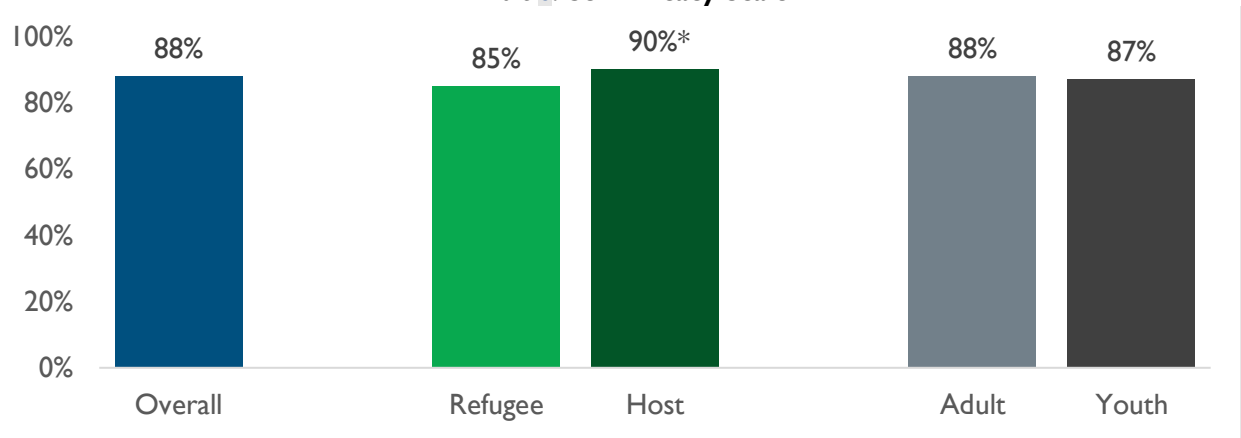
2.1 Gender Dynamics, Inequalities, and Constraints of Program Participants

Based on research on agency and women's empowerment, findings are organized related to gender outcomes that measure three types of agency.[8] We begin with findings related to intrinsic agency or "women's power within" such as self-efficacy, attitudes about GBV and intimate partner violence (IPV), and respect among household members. We then discuss findings related to women's instrumental agency or "their power to," such as input in productive decisions, ownership of land and other assets, access to and decisions on financial services, information, and communication technologies (ICT), and work balance. Finally, we present outcomes related to collective agency or "women's power with," such as membership in various groups.

2.1.1 Self-Efficacy

An important predictor of a woman's empowerment is her level of self-efficacy, the belief in her own abilities as it pertains to dealing with various situations.[9] Overall, 88% of primary participants were considered to have self-efficacy, with no differences between youths and adults (Exhibit 6). Refugee primary participants reported marginally lower self-efficacy compared with host respondents; 85% relative to 90%, respectively ($p<0.1$).

Exhibit 6. Self-Efficacy Scale



Source: Household Survey Part 3, n = 758

Qualitative data from FGDs with participants suggest that there has been a positive change in self-efficacy since the beginning of the Activity. This change in self-efficacy was confirmed, by both men and women, as well as host community and refugee members, during the FGDs. Self-efficacy reportedly improved both within the household and outside the household. Within the household, improvements in self-efficacy manifested as women being more comfortable negotiating with their spouse around household responsibilities, women feeling more comfortable

[8] https://weai.ifpri.info/versions/pro-weai/

[9] To assess participants' self-efficacy, enumerators asked respondents the extent to which they agreed or disagreed, on a 4-point Likert scale with ten statements related to how they handle difficulties (Schwarzer and Jerusalem, 1995). A woman is defined as having self-efficacy if she agrees or strongly agrees, on average, with the ten statements.

and confident in managing conflict within the household, and, most importantly, increased joint decision making, particularly around financial and business decisions.

> **Women and men sit at the same table and discuss issues pertaining to business and make joint decisions on which exact business will be profitable to their household while utilizing the guidance received from the different coaching sessions.**
>
> **Adult male FGD from the refugee community**

At the community level, FGD respondents noted that women are more engaged in community activities such as VSLAs and religious events (e.g., burials) as well as livelihood activities such as running businesses and negotiating at markets. Most importantly, respondents indicated that women are increasingly taking on leadership roles within community structures including VSLAs, local councils, refugee welfare committees, and water user committees.

Both men and women indicated that this increase in confidence contributes to better outcomes within the household, including increases in household savings, improved ability to pay for unexpected costs such as medical bills, better nutrition practices and meals, and the ability to pay for education related expenses, including school fees, books, and clothes. Women commented that this increase in self-efficacy came from their participation in Activity components including coaching, VSLAs, and the asset transfer. Women noted coaching as a particularly important component that helped them learn how to better plan and manage their finances, buy, and prepare more nutritious meals, and negotiate within their households, which helped women feel more empowered to contribute as leaders within their communities. This indicates that as women gained skills, they felt more empowered, which improved overall self-efficacy.

> **For me, I thought that leadership was for those who are gifted by God until when I saw people entrusting me with the authority to be their leader in my community. I saw everyone raise their hand up to mention my name to be their leader and that's when I started believing in myself.**
>
> **Adult female FGD from the refugee community**

2.1.2 Gender-Based Violence and Intimate Partner Violence

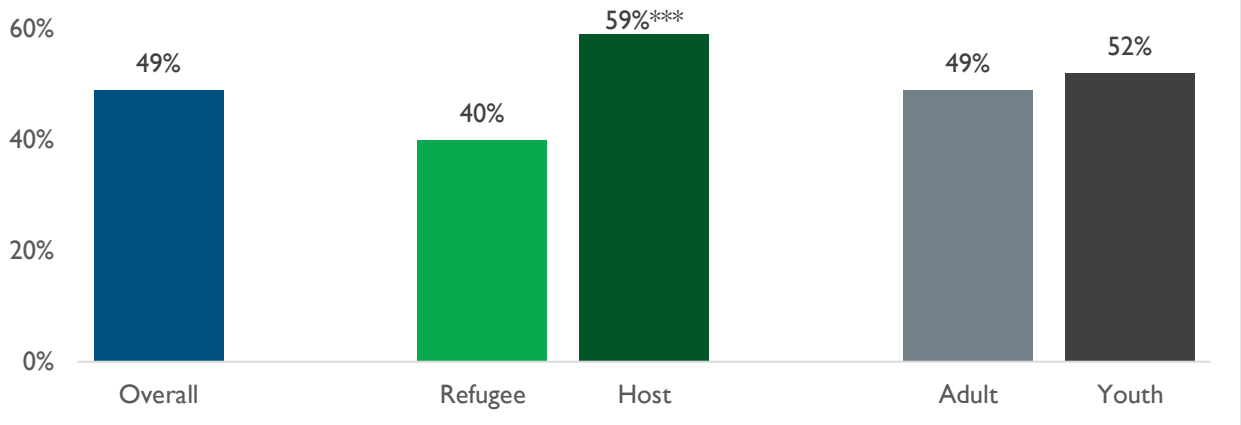
Gender-based violence refers to harmful acts directed at a person based on their biological sex or gender identity. It may include physical, psychological, economic, or sexual harm inflicted in public or in private. GBV may be perpetrated by intimate partners, or involve harmful traditional practices like forced marriage, child marriage, female genital mutilation, dowry-related violence, and widow inheritance.[10] Forty-nine percent of women surveyed reported that GBV was a problem in their community (Exhibit **7**). This finding suggests that GBV remains a problem and it may have even increased since baseline which supports Uganda Police Force reports of a 19% increase in domestic violence between 2019 and 2020[11]. However, it is important to note that

[10] Enumerators asked female primary participants whether they believed that GBV was a problem in their community. If the respondent indicated that GBV was indeed a problem, the enumerator proceeded to ask her to select the most common forms of GBV in her community.

[11] UPDF (2020). Annual Crime Report (upf.go.ug)

high rates of reported GBV may also reflect women's growing awareness of the types of behavior that constitute GBV. Female refugees (40%) were significantly less likely than female hosts (59%) to report that GBV was a problem in their community ($p<0.01$). However, among females who reported that GBV was a problem in their communities, refugees (2.95) indicated that more distinct types of violence were common in their community than hosts (2.54) ($p<0.01$). Specifically, female refugees were more likely than female hosts to report that psychological/emotional violence and harmful traditional practices were a problem in their community ($p<0.01$).

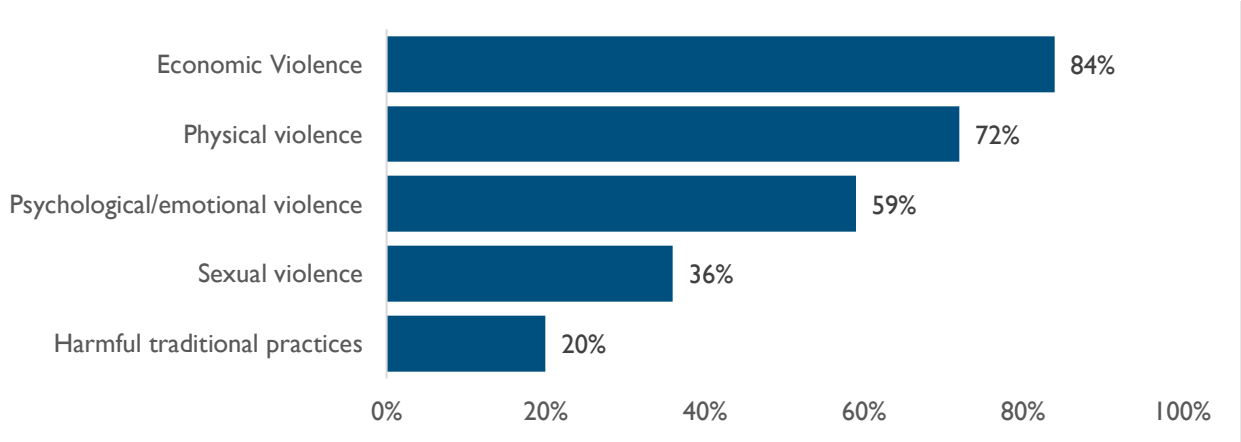
Exhibit 7. Percentage of Respondents Reporting that GBV Is a Problem in Their Community



Source: Household Survey Part 3, n = 754
*Note: Data include females only. *p < 0.10, **p < 0.05, ***p < 0.01*

Participants indicated that the most common forms of GBV in their community were physical, emotional, and economic. Among females who indicated that GBV was a problem in their community, 84% indicated economic violence was a problem, 72% indicated physical violence was a problem, and 59% indicated that psychological/emotional violence was a problem (Exhibit **8**). Several female FGD participants confirmed that economic violence was an issue, citing incidents in which their spouses would steal or hide money from the household or make financial decisions, such as lending money or selling household property, without consulting them.

Exhibit 8. Types of GBV Reported

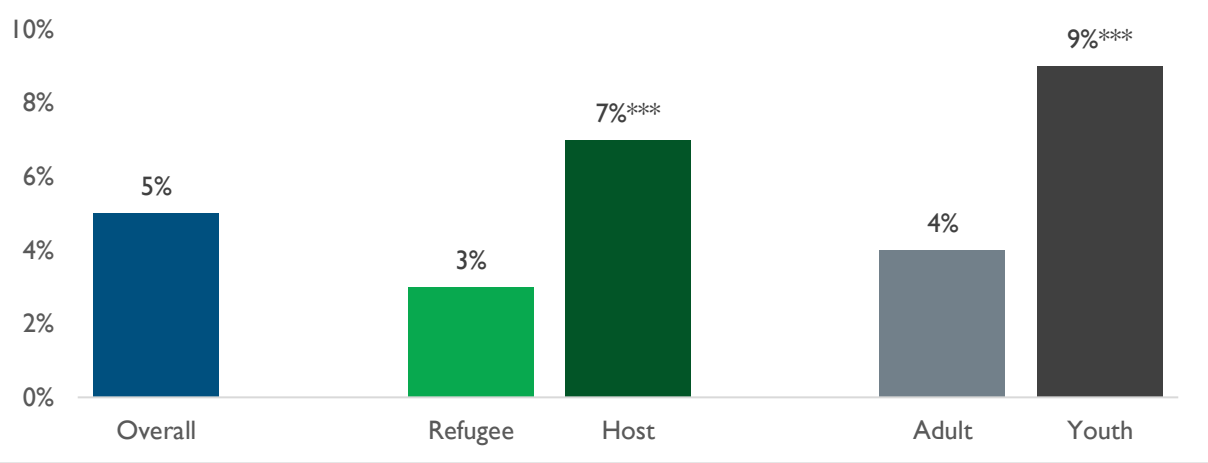


Source: Household Survey Part 3, n = 373
Note: Data include females who reported GBV was a problem in their community only.

Whereas almost half of female respondents reported that GBV was a problem within their community, only 5% reported that they had personally experienced GBV in the past 30 days, possibly suggesting a reduction in GBV prevalence among Activity households or an underreporting of GBV instances experienced by participants (Exhibit 9**Error! Reference source not found.**). Although underreporting was confirmed by key informants and FGD participants, including men and women, both host and refugee community members indicated that since their involvement in the Activity they have seen a decrease in GBV within their households. They noted that through coaching they have been able to resolve issues within their household before an incident occurs. Participants routinely mentioned that they would seek support from the coaches if they were experiencing GBV rather than report it, which may also be contributing to the low reporting rates. Although coaches didn't comment on whether participants chose not to report GBV to the relevant authorities, they did confirm that many participants would come to them seeking advice and guidance when they were experiencing GBV.

> **I think the coaching sessions have caused positive behavioral change in the household; currently there is joint decision making, which has greatly reduced GBV cases in the households.**
>
> **Youth male FGD from the host community**

Exhibit 9. Percentage of Primary Participants Experiencing GBV in Past 30 Days



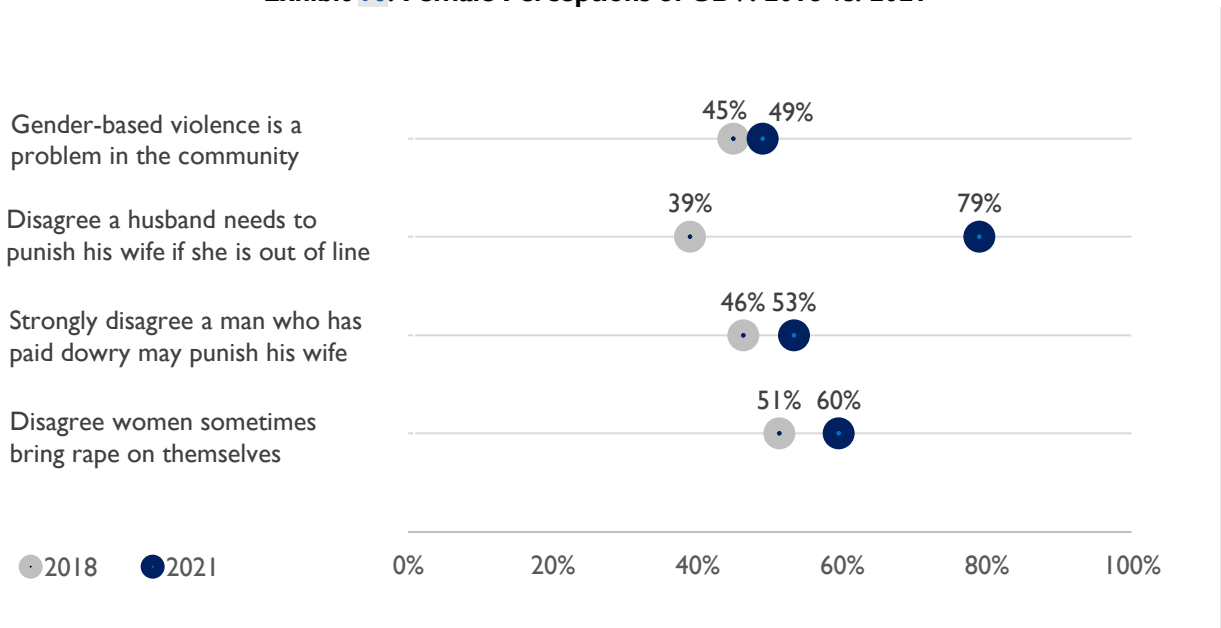
Source: Household Survey Part 3, n = 754
*Notes: *p < 0.10, **p < 0.05, ***p < 0.01*

Of those who reported personal experience with GBV in the preceding 30 days, physical/emotional violence was the most common (59%), followed by economic violence (46%), physical violence (21%), and sexual violence (13%). On average, respondents indicated that they experienced more than one type of GBV (1.38). Most often the violence reported to enumerators was perpetrated by intimate partners (82%) and occurred at home (92%). This finding was driven by respondents from host communities; 93% of host community respondents who reported personal experience with GBV indicated that it was inflicted by an intimate partner, compared with 55% of refugee respondents. IPV was also the most common form of violence reported within the refugee population (55%); refugees also reported GBV inflicted by strangers (18%) and community members (27%).

Although some FGD respondents indicated that they have experienced a decrease in GBV in their households since participating in the Activity, many barriers may prevent a respondent from reporting their personal experience with GBV to an enumerator. Barriers include fear of stigma, community exclusion, desire for family cohesion, and lack of follow-up and support services. Therefore, reliable conclusions on personal experience with GBV cannot be made.

Relative to baseline, women were less likely to justify GBV (Exhibit 10). In particular, the percentage of women who disagreed or strongly disagreed that a "husband needs to punish his wife if she is out of line, to correct her behavior" increased from 39% to 79%. The percentage of women who disagreed or strongly disagreed that "women and girls sometimes bring rape on themselves" increased from 51% to 60%. In addition, the percentage of women who strongly disagreed that "a man who has paid dowry to marry a woman may punish her if she does not conform to his wishes" increased from 46% to 53%. This last finding may suggest that attitudes toward sexual or economic violence may be slow to change relative to attitudes on partner communication. Therefore, the number of women who indicated that GBV is a problem in their community may be a lower than reality because women may justify the violence and not perceive it as an issue.

Exhibit 10. Female Perceptions of GBV: 2018 vs. 2021



Source: Household Survey Part 3, n = 754, G2R Gender Analysis Report 2019, n = 349
Note: Data include females only.

Males' attitudes toward the justification of GBV improved slightly. The percentage of men who strongly disagreed or disagreed that a "husband needs to punish his wife if she is out of line, to correct her behavior" increased from 67% to 72%. The percentage of men who strongly agreed or agreed that "women and girls sometimes bring rape on themselves" decreased by 5%. Of interest, there was no change in the percentage of males who strongly disagreed that a "man who has paid dowry to marry a women may punish her if she does not conform to his wishes."

Key informants highlighted a number of drivers of GBV, including poverty, substance abuse, cultural beliefs, and power imbalances within the household (**Error! Reference source not found.**). As noted earlier, despite participants indicating that GBV was an issue in their

community, reporting of GBV appears to be quite low. Although some of this may be attributed to greater cohesion within the household, as noted by several key informants and FGD participants, it also may be due to a lack of enforcement and criminalization of GBV incidents and limited resources and support services to follow up on reported GBV incidents by those mandated to do so (i.e. police, health centers, etc.). Furthermore, due to cultural norms around GBV and IPV, survivors may undergo a re-traumatization of their experiences when reporting such incidencts to these channels.

Exhibit 11. Drivers of GBV

Key informants noted that when GBV reports are filed, police often do not follow up on the cases or mishandle them. In some instances, lack of follow-up is due to long distances that police have to travel to consult with individuals; however, in other instances, it is because police officers are pressured or threatened by individuals within the case. If perpetrators are brought in by the police, key informants noted that when they are released, they often return to the community and threaten the survivor for reporting the incident. This is further complicated when GBV incidents stem from IPV, as the perpetrator is a member of the household. Similarly, local leaders are often pressured by individuals involved in the incident and therefore suppress the case because of fear or threats of retribution.

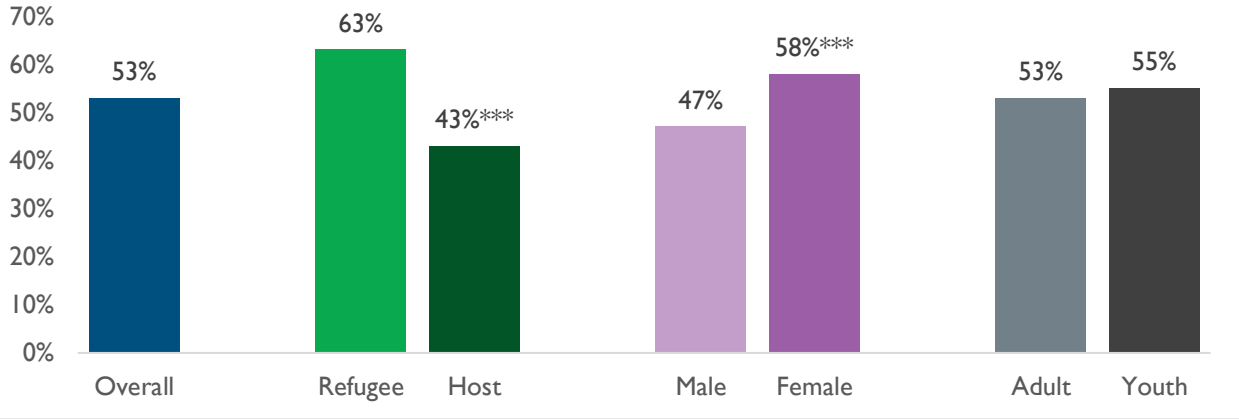
When survivors do report their experiences, many service providers do not have the resources to follow up on cases or provide them with immediate support. Long distances to health centers and lack of transportation to help survivors to safely access those health centers means that many go without healthcare treatment or psychological support services. Limited resources at service providers that are responsible for responding to GBV issues at the community level, specifically RWCs, local councils, and district community development offices, lead to backlogs of cases, making it hard to address and follow up on incidents. In addition to backlogs, lack of resources to pay salaries leaves many first responders, such as para social workers, unable or demotivated to respond and follow up on GBV cases. To further compound these challenges, there is very little accountability within these structures to ensure cases are followed up and handled appropriately.

2.1.3 Gender Equality

Gender equality is another important predictor of women's empowerment.[12] Overall, 53% of all respondents supported gender equality (Exhibit 12**Error! Reference source not found.**). Women (58%) were significantly more likely than men (47%) to support gender equality ($p<0.01$). Furthermore, refugees (63%) were more likely than hosts (43%) to support gender equality ($p<0.01$).

Of interest, there was no significant difference in the gender equality scale between women and men within the refugee population. This finding is likely related to the provision of humanitarian assistance that makes refugee women less dependent on men. Gender disparities in the equality scale were entirely driven by the host population, and host men, in particular. Specifically, 52% of female host participants supported gender equality relative to 28% of male host community participants. Furthermore, male host members were significantly less likely than male refugees to disagree with statements that support power imbalances between genders. Notably, 36% of male host participants strongly disagreed or disagreed with the statement that "women and girls sometimes bring rape on themselves." In comparison, 63% of male refugees strongly disagreed or disagreed with this statement. In addition, although female host community respondents (52%) showed more gender progressive attitudes than male host community respondents, their gender equality scale was still lower than that for female refugee participants (62%).

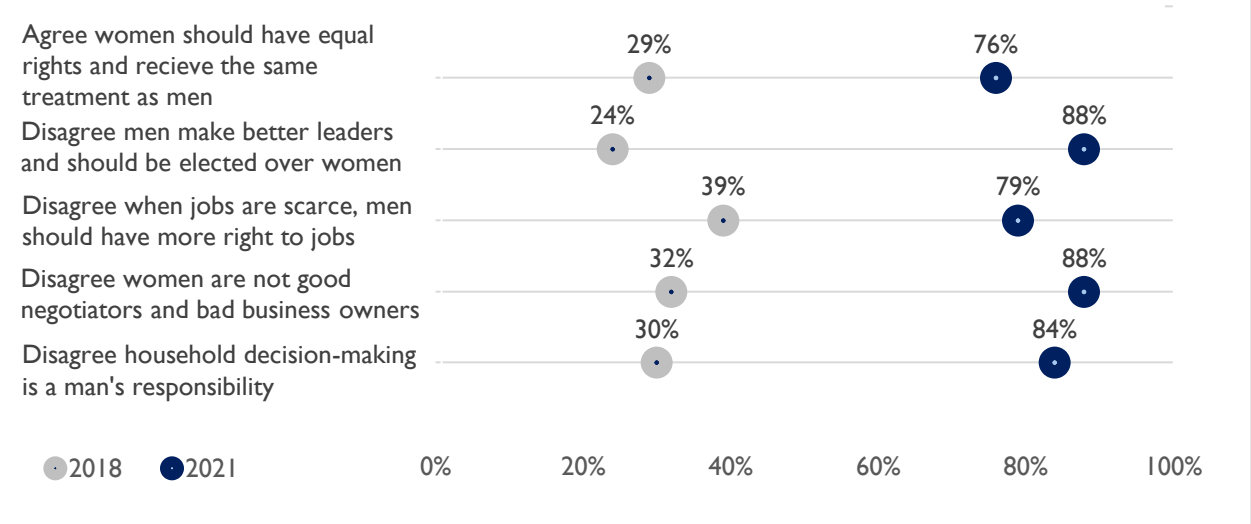
Exhibit 12. Gender Equality Scale



Source: Household Survey Part 1, n = 1,309
*Notes: *p < 0.10, **p < 0.05, ***p < 0.01*

[12] Respondents indicated, on a 5-point Likert scale, the extent to which they agreed or disagreed with nine statements on social, economic, and political opportunities among women and men. We constructed a gender equality index, in which respondents were considered to share gender equality beliefs if they, on average, strongly disagreed or disagreed with each statement that reinforced a regressive gender norm.

Exhibit 13. Female Attitudes Toward Gender Equality: 2018 vs. 2021



Source: Household Survey Part 1, n = 754; G2R Gender *Analysis Report 2019, n = 349*
Note: Data include females only.

2.1.4 Gender Roles

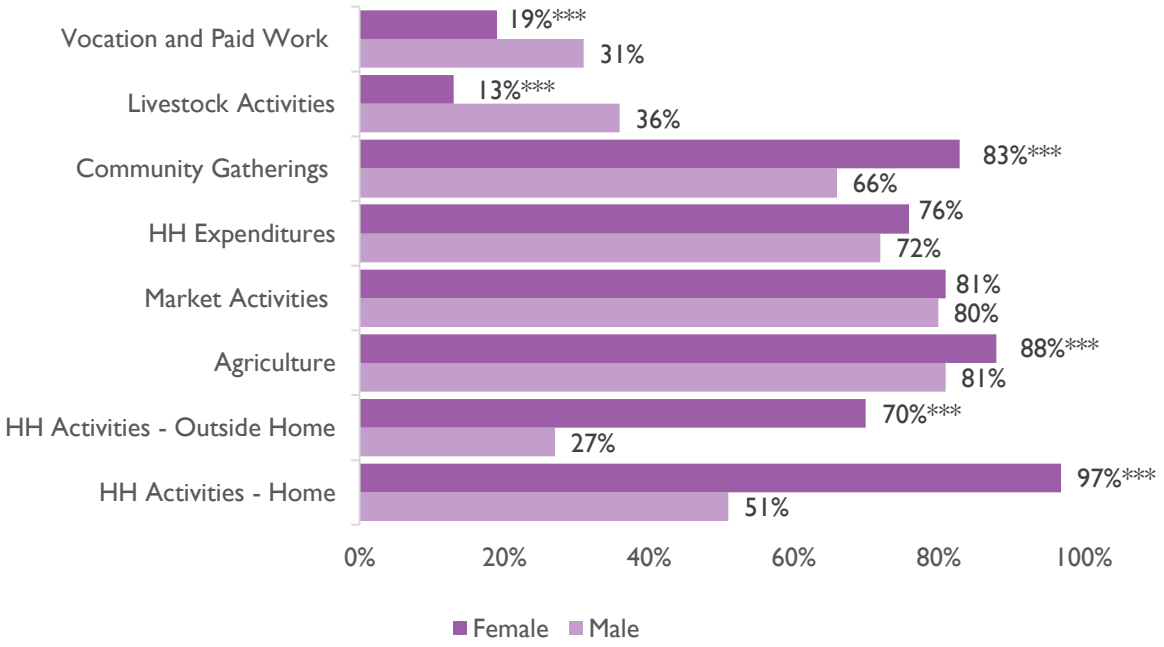
To assess the allocation of social roles between family members, we examined the percentage of male and female household members who reported "most of the time" or "always" performing tasks in eight activity groups.[13] As shown in Exhibit **14**, household chores remain the domain of women. Women are by far more likely than men to do household activities (such as washing clothes, preparing meals, cleaning, and caring for children and other household members). Female household members are 1.9 times more likely than male household members to complete unpaid chores inside the home, and 2.6 times more likely than male household members to complete unpaid chores outside the home. Males' engagement in preparing meals and cleaning the house was particularly low, with only 9% of males, on average, performing these activities most of the time or always. This finding is supported by the gender-disaggregated time-use data discussed later in the report (p. 38); females allocated more time to these two activities than to any other household activity over the course of the day.[14] Furthermore, the travel required for unpaid chores outside the home (e.g., gathering firewood and fetching water) is often time consuming and may drive time poverty among women and girls.[15] Interestingly, male refugees are significantly more likely than male hosts to engage in household activities inside the home. However, this

[13] Primary participants reported on how often different household members engaged in 35 different activities, which we categorized into eight groups: household activities that take place at the home, household activities that take place outside the home, agricultural production, livestock activities, market activities, household expenditures, community gatherings, and vocation and paid work.
[14] Food preparation occupied more than 3 hours of females' time per day, and cleaning occupied over an hour.
[15] Vickery (1977) defined time poverty as the lack of time for leisure and sleep after accounting for time allocated to both paid and unpaid labor. For the purposes of this study, we defined time poverty as performing 12 or more hours of unpaid or paid labor a day.

finding does not hold for household activities that take place outside the home, such as gathering firewood or fetching water.

Despite the unequal distribution of household tasks, there are three positive findings worth noting in Exhibit **14**; females engaged equally in market activities with men (81% versus 80%) and household expenditures (76% versus 72%) and had greater involvement in community gatherings (83% versus 66%).

Exhibit 14. Household Members' Involvement in Activities, by Gender



Source: Household Survey Part 2, n = 1,641
*Notes: *p < 0.10, **p < 0.05, ***p < 0.01*

Female participation in market-related activities appears to be high. Although traditionally women were more likely than men to be involved in agricultural production (i.e., planting, weeding, harvesting, and post-harvest handling processes), men typically assume the role of marketing the harvest and thereby benefited from greater control over financial decisions. Currently, there is no significant difference between female and male engagement in selling crops, taking products to the market, and negotiating prices most of the time or always.

Females reported high engagement with the community through their frequent participation in VSLAs[16] (78% of females). Previously, there was limited involvement by women in the decision of whether (or how) to start income-generating activities (IGAs) using capital. Therefore, females' high involvement in savings and loan groups may be driving their increased participation in market activities.

Female and male household members engaged equally in activities associated with household expenditures. Females' perception of equal participation in household expenditures is promising for two reasons. First, the result implies that women maintain at least some control over the income they are generating from their increased engagement in market-related activities. Second, it shows that females and males may make joint decisions over some household expenditures.

> **I am now an active member of the community; I participate in community activities like burials.**
>
> **Adult female FGD from the refugee community**

Despite some promising signs of female control over household expenditures, gender inequality persists. Women (64%) were more likely than men (49%) to purchase domestic necessities such as salt, paraffin, and sugar ($p<0.01$). In addition, women (34%) were more likely than men (26%) to be engaged in petty trade ($p<0.01$). This finding was driven by the female refugee population (45% of female refugees compared with 34% of male refugees, 25% of female hosts, and 20% male hosts). Taken together, these findings raise some concern that women may engage in petty trade to support the domestic needs of the household, leading to further gender-differentiated allocation of household finances.

Although participation in vocation/apprenticeship and paid work (formal or informal) was low among all respondents, female household members were significantly less likely to participate in these types of employment than male household members ($p<0.01$). Furthermore, whereas female household members engaged less frequently than male household members in livestock activities such as herding cattle, milking, and spraying animals ($p<0.01$), female household members more frequently participated in agricultural production ($p<0.01$). The gender disparity in agricultural production is specifically driven by the host population (93% of host females engaged in tasks associated with agricultural production compared with 77% of host males). Within the refugee population, tasks associated with agricultural production are evenly distributed among genders.

Despite women's high participation in agricultural production, females were significantly less likely than males to approach extension workers ($p<0.01$).[17] Given that extension services are linked to spurring fertilizer use and improving crop yields and livestock development (UNDP 2015), female under-utilization of these services implies that they are more likely than males to miss out on these benefits.

[16] However, females were less likely than males to attend school or community meetings.
[17] 23% of females reported approaching extension works most of the time or always, compared with 31% of males.

Overall, females' improved engagement in market activities is a promising finding, yet it may also drive time poverty among women. As females engage more in market activities, they continue to fulfill the high demand for their labor in agricultural production and retain their traditional household responsibilities. The allocation of these social roles may place a severe double burden on women, with potentially negative effects on physical and emotional well-being.

Refugee and host community participants report equal engagement in agricultural production. However, refugees are less likely than host respondents to engage in livestock activities. Nonetheless, refugee participants report significantly higher engagement in market-related activities and household expenditures than participants in the host community. This finding is supported by refugees' significantly higher involvement in vocational/apprenticeship, paid work, and community gatherings relative to hosts ($p<0.01$). However, refugees, particularly female refugees, tend to engage in petty trade more frequently than host participants.

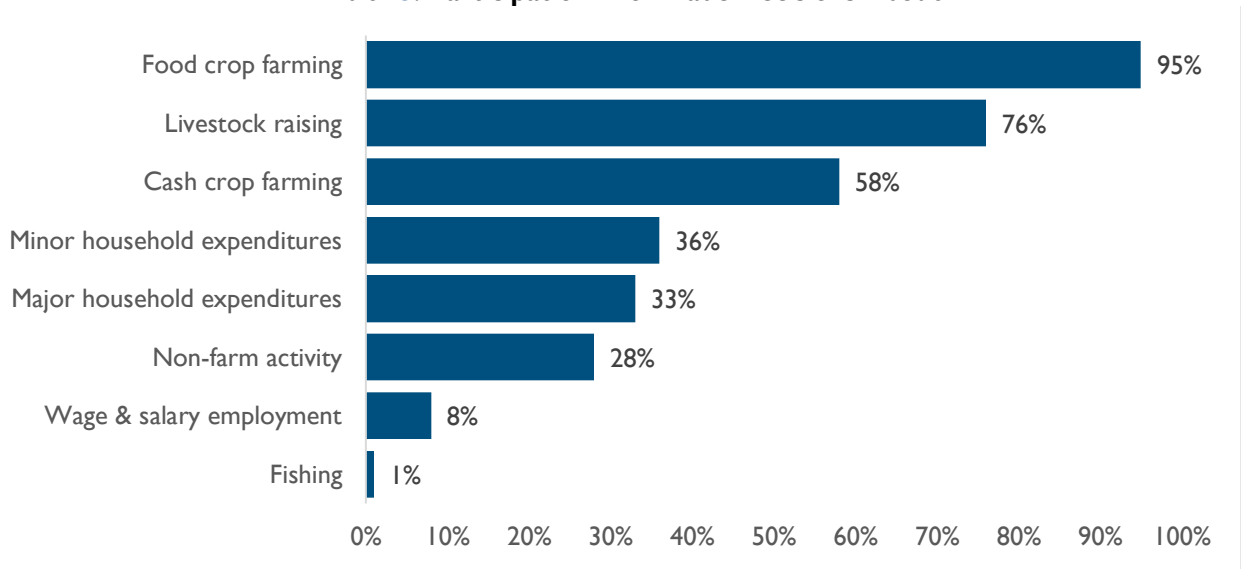
Positive shifts in gender norms, particularly around women's engagement in market activities, community gatherings, and decision making around household expenditures, was confirmed by several FGD participants. However, despite these positive shifts, several barriers still exist to changing gender norms on a larger scale. Specifically, culture, religion, poverty, and non-governmental organization (NGO) intervention pose challenges to changing gender norms. Similar to the barriers to addressing GBV, key informants noted that cultural norms and beliefs are a barrier to changing gender norms. Key informants noted that men were often unwilling to change the status quo when it comes to gender norms. Specifically, the gender norm that men should be responsible for economic activities and women should be responsible for maintaining the home was reinforced by some male FGD participants. However, it is not just men who are reinforcing traditional gender roles and stereotypes; some female FGD participants, particularly from the refugee community, also reinforced those traditional gender roles, indicating that they felt that women need to be compliant and follow instruction from their husbands. This highlights the engrained nature of inequitable gender norms, which are entrenched in the fabric of society, whereby girls and boys are taught at a young age these harmful gender norms and practices, thereby reinforcing them in their adulthood.

Key informants also noted that religious leaders often promote gender stereotypes and beliefs that men are supposed to be leaders, within both the household and the community. Given the importance of religion in many communities, it can be challenging to change gender norms if religious leaders are not actively engaged in doing so. Persistent poverty was also noted as a barrier to changing gender norms. Specifically, from a hierarchy of needs perspective, participants noted that it is difficult for individuals to focus on addressing inequitable gender balances within their homes and communities if they are dealing with the physical and emotional stress of poverty. Lastly, despite good intentions, key informants noted that NGO interventions can also make it difficult to address gender norms. In particular, the limited duration of projects typically does not allow time to address the root causes of gender issues, and, in some cases, the activity design does not consider cultural norms that affect gender. Specifically, activities often engage only women, which prevents or disempowers men from engaging in learning or changing behaviors around gender norms.

2.1.5 Decision Making

The three most common activities that survey respondents participated in or made decisions about in the past 12 months were food crop farming (95%), livestock raising (76%), and cash crop farming (58%), with minimal differences between female and male participation or decision making on the activities (Exhibit 15). Females were 8% more likely than males to report participation or decision making in food crop farming ($p<0.01$), and 7% more likely than males to report participation or decision making in livestock raising ($p<0.01$). As seen earlier, data on gender roles (p. 24) showed that females are less likely to participate in livestock activities relative to males ($p<0.01$). Thus, the latter result may be driven by females making more decisions because of their participation in the Activity and receiving the asset transfer than males on livestock activities, as opposed to their direct participation in livestock activities.

Exhibit 15. Participation in or Made Decisions About



Source: Household Survey Part 1, n =1,309

Females were just as likely as males to report participation or decision making in major household expenditures. However, females were 7% more likely ($p<0.01$) than males to report participation or decision making in minor household expenditures.[18]

Both females and males reported high decision-making power on each surveyed activity.[19] Exhibit 16 16 presents the percentage of women reporting joint decision making. Apart from minor household expenditures,[20] there was no significant difference between the percentages of women and men who reported making sole or joint decisions on each activity. Furthermore, women were more likely than men to report sole decision-making power on food crop farming ($p<0.01$), livestock raising ($p<0.01$), major household expenditures ($p<0.01$), and minor household

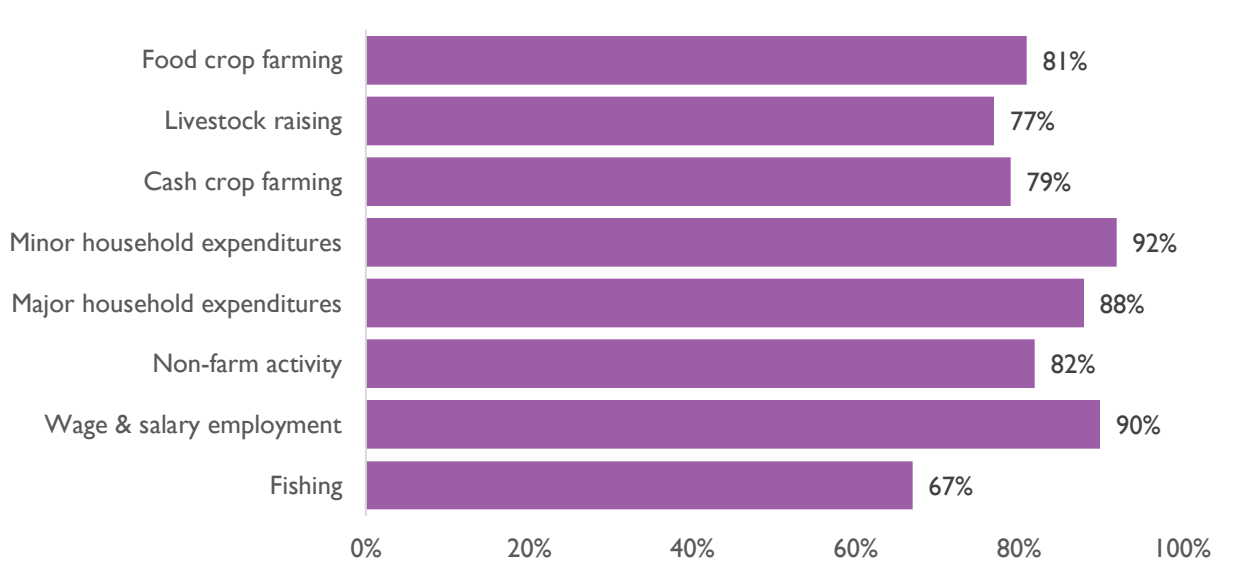
[18] This finding is in line with the results on the allocation of social roles by gender. Female primary participants reported equal engagement between female and male household members in paying school fees and managing household money but reported being more frequently engaged than males in providing basic domestic needs such as salt, sugar, and paraffin.

[19] For each work activity that the respondent noted participating in or making decisions on, the enumerator asked the respondent who it is that normally takes the decision.

[20] Women were 16 percentage points more likely than men to have at least some involvement in making decisions on minor household expenditures.

expenditures (p<0.01). However, the findings that females were more likely than males to report solely making decisions on major household purchases (p<0.01) was driven by women from female-headed households; 58% of women from female-headed households reported making sole decisions on major household purchases compared with 7% of females from male-headed households.

Exhibit 16. Female Joint Decision Making



Source: Household Survey Part 1
Notes: Sample includes those who participate or make decisions on each activity.

Findings on perceptions of women's decisions[21] show a distinct gender division in household decision-making (**Error! Reference source not found.**): both women and men were significantly more likely to indicate that men in their households dominated decisions related to land use (p<0.01), whereas women in their household dominated decisions related to the purchase and consumption of food (p<0.01).[22] Of interest, men reported that males in the household were more likely than females in the household to make decisions on expenditures (p<0.01), whereas women reported that females in the household were marginally more likely than males in the household to make decisions on expenditures (p<0.1). Furthermore, men reported that men in the household were 20 percentage points more likely than women in the household to make decisions on acquiring more land for food production (p<0.01), yet women indicated that women and men household members participated equally in decisions on this topic.

[21] Enumerators questioned respondents on their perceptions related to women making decisions about food security, nutrition, and livelihood. The survey asked about 8 decisions: decisions on land use, expenditure decisions, use of earnings/savings on food and nutrition, use of food acquired, quantities of food each household member eats, types of food purchased for household consumption, budgeting food purchases, and acquiring more land for food production.

[22] Specifically, decisions on the purchase and consumption of food included the use of earnings/savings on food and nutrition, budgeting for food purchases, types of food purchased for household consumption, use of food acquired, and the quantities of food each household member eats.

Exhibit 17. Women's Decision Perceptions

Source: Household Survey Part 1, n =1,309
*Notes: *p < 0.10, **p < 0.05, ***p < 0.01*

Distinct gender roles in household decision making were present among both refugee and host community respondents.[23] However, refugee respondents showed less strict gender divisions in household decision making than those in the host community. For example, hosts were more likely than refugees to indicate that the males in their household dominated decisions on land use and acquiring more land for food production, and that females in their household dominated decisions on the purchase and consumption of food.

Results suggest that male hosts have the strictest perceptions of gender roles regarding decision making. Male hosts were less likely than male refugees to report that men in their household made decisions on topics concerning the purchase and consumption of food. In addition, male hosts were less likely than male refugees to report that women in the household made decisions on land use and expenditure. Of interest, male refugees indicated that males in the household made decisions on the purchase and consumption of food more frequently than any other demographic (including female refugees). Furthermore, male refugees were more likely than male hosts to indicate that women in their households made decisions on land use and expenditure decisions. Conversely, male refugees were less likely than male hosts to indicate that men in their households made decisions on land use, acquiring more land for food production, and expenditure.

Additional findings related to household decision making are summarized in Exhibit 18.

[23] Expenditure decisions was the only topic that did not exhibit distinct gender roles when disaggregated by refugee and host. Refugees were equally as likely to report that men in the household participated in decisions on expenditure as women in the household. The same finding appeared in the host population as well.

Exhibit 18. Household Decision Making

Male host vs. male refugee perception on land use, expenditures, and acquiring land for food production	▪ Male hosts were more likely to indicate that the men, as opposed to the women, in the household made decisions on land use (31 percentage points), expenditures (19 percentage points), and acquiring more land for food production (26 percentage points).	▪ Male refugees were more likely to indicate that the men, as opposed to the women, in the household made decisions on land use (17 percentage points), expenditure (6 percentage points), and acquiring more land for food production (4 percentage points).
Men vs. women on land use, expenditures, and acquiring more land	▪ Males were 24 percentage points more likely to indicate that men participated in decisions on land use than women in their household ($p<0.01$), and 20 percentage points ($p<0.01$) more likely to indicate that men participated in decisions on acquiring more land than women in their household. ▪ Men were 12 percentage points ($p<0.01$) more likely to indicate men in the HH participated in decisions on expenditure than women in the household. ▪ Men perceived that they were more involved in decision making on almost every topic than women reported men were.	▪ Women were 6 percentage points less likely to indicate that women participate in decisions on land use than men in their household ($p<0.01$). In addition, women were not significantly more likely to indicate that men in their household participated in decisions on acquiring more land for food production than women in their household. ▪ Women were 4 percentage points ($p<0.1$) more likely to indicate that women in the household participated in decisions on expenditure then men in the household. ▪ Women perceived that females in the household were more involved in decision making on most topics than men reported women were involved in.
Improvements in joint decision making	▪ Many FGD participants confirmed joint decision making around household livelihoods and financial decisions has improved. ▪ Several male participants noted that they are more engaged in childcare, although they were limited to the provision of meals and attending to a sick child.	▪ Women noted that prior to participating in the Activity, food and nutrition decisions were dominated by men, likely due to their control over household finances, whereas the preparation of food was primarily on women. ▪ However, since engaging in the Activity, both women and men said there is more joint decision making around food and nutrition, which some participants indicated has contributed to greater frequency in meals, often from one to three meals a day, and more nutritious meals.

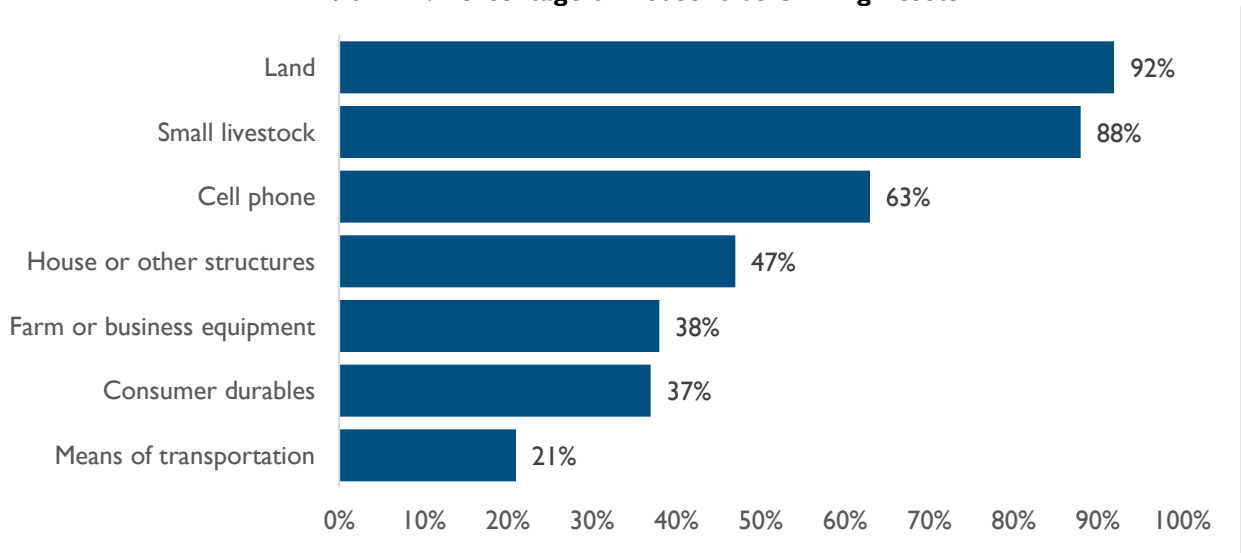
Decision making around family planning is less clear, with mixed responses from men and women. A number of men mentioned that there was an increase in joint decision making around family planning; however, the family planning decisions mentioned focused primarily on contraceptives, particularly the potential negative side effect of weight gain, and not discussions of birth spacing or family planning counseling. Although some women agreed that there was an increase in joint decision making around family planning, several female participants said that it was still primarily a women's issue. It is worthy of mentioning that family planning messaging was not directly promoted within the Activity. This appears slightly more relevant to women in the refugee community, as a few of the refugee women noted that their spouses were not supportive of family planning and that they had to seek services privately. Furthermore, several respondents mentioned that family planning decisions tend to be complicated by the healthcare providers, either because they do not provide the appropriate contraceptive services or do not provide joint counseling for couples. Specifically, several respondents indicated that when women go to healthcare providers to change their contraceptive choices, they are told they must go back to the doctor who originally prescribed the contraceptive to make any changes. This often delays or prevents women from being able to change their family planning method.

2.1.6 Ownership of Land and Other Assets

Ninety-two percent of respondents reported that their households had agricultural or nonagricultural land (**Error! Reference source not found.**).[24]

According to the baseline Gender Analysis, refugees were entitled to land by the OPM under Uganda's Country Refugee Response Plan (2019–2020). Although the Government of Uganda still officially owned the land allocated to refugees, 3% of refugees with land access indicated that land was jointly owned by men and women, and a similar number indicated that it was owned by the man/husband of the household. Specifically, 11% of refugees with land access indicated that the land was owned solely by a female and 7% indicated the land was owned solely by a male. Overall, 74% of refugees with land access reported jointly owning land.

Exhibit 1919. Percentage of Households Owning Assets



[24] To measure access to productive capital, enumerators asked respondents about their household's access to and ownership of 14 items that could be used to generate income.

Source: Household Survey Part 1, n =1,309

Current findings suggest that there is no significant difference between the number of women and men who reported owning land jointly or solely. Furthermore, women were more likely than men to report that they own land solely. This result, however, was driven by women from female-headed households; 45% of women from female-headed households reported sole ownership of land compared with 17% of women from male-headed households. Whereas women from male-headed households were significantly less likely than women from female-headed households to solely own land ($p<0.01$), they were not significantly less likely to jointly or solely own land. Overall, 96% of women from female-headed and male-headed households reported joint or sole ownership of land. This finding was encouraging given previous qualitative data suggested that it was hard for women to acquire land, particularly through inheritance.

Household access to and ownership of small livestock (88%) and cell phones (63%) were also high (**Error! Reference source not found.**). Almost half of the respondents owned houses or other structures (47%). Household ownership of farm or business equipment (38%) was low considering the high number of respondents working in agricultural production. Furthermore, household ownership of equipment was driven by nonmechanized equipment and non-farm business equipment. Only 1% of respondents reported that their households had mechanized farm equipment. Respondents who reported household ownership of consumer durables tended to own small items such as radios or cookware (34%). Household ownership of large consumer durables, such as refrigerators or televisions, was less common (9%). Household ownership of transportation means (e.g., bicycles, motorcycles, and cars) was also low (21%).

Overall, host households reported owning more assets than refugee households. On average, households owned 1.2 more assets than refugee households ($p<0.01$). Specifically, host households were 8 percentage points more likely to own land than refugee households ($p<0.01$), 16 percentage points more likely to own consumer durables ($p<0.01$), 17 percentage points more likely to own a cell phone ($p<0.01$), 8 percentage points more likely to own farm or business equipment ($p<0.01$), 5 percentage points less likely to own small livestock ($p<0.01$), and 8 percentage points less likely to own large livestock ($p<0.01$).

For each respondent who reported that their household owned a specific asset, the enumerator asked whether the individual owned the asset solely, jointly, or not at all. Overall, host community respondents were more likely than those in the refugee settlement to report that they solely owned the assets in their household ($p<0.01$). On average, hosts reported solely owning 1.9 of the assets in their households, and refugees reported sole ownership of 0.95 of the assets in their household.

Of interest, refugees were significantly less likely than hosts to report sole ownership of cell phones ($p<0.01$). Among the population of respondents who reported that their household had at least one cell phone, 44% of refugees solely owned a cell phone relative to 72% of hosts. However, there was no significant difference between the number of refugees and hosts who reported jointly or solely owning a cell phone. It was already established that host households were more likely than refugee households to have at least one cell phone. Taken together, these results imply that among households with cell phones, refugees are much more likely than hosts to share devices with other household members.

Among refugee households reporting access to and ownership of cell phones, males were 5 percentage points more likely than females to report sole ownership. However, the finding was

the opposite within the host community; female hosts were 11 percentage points more likely than male hosts to solely own a cell phone.

2.1.7 Access and Decisions about Credit and Savings

Access to group based micro-finance or lending (e.g., VSLAs and savings and credit cooperatives [SACCOs]) was high across all respondents; 94% of individuals reported having access to these groups and, among those who reported having access, 94% reported that they or someone in their household borrowed in cash or in-kind in the past 12 months.[26] Women reported high decision-making power in taking loans; among women who reported that they or someone in the household took loans from micro-finance groups in the past 12 months, 91% reported jointly or solely deciding about borrowing, and 92% reported jointly or solely making decisions about the use of the credit. Furthermore, 32% of women who indicated that they or someone in their household borrowed from a micro-finance group in the past 12 months reported solely making the decision to obtain the loan. In comparison, only 12% of males who indicated that they or someone in their household borrowed from a micro-finance group in the past 12 months reported solely making the decision to obtain the loan. Furthermore, the likelihood of accessing and borrowing in the past 12 months was equivalent among both the refugee and host populations.

Respondents generally found it easy to borrow from micro-finance groups; 92% of women who reported that they or someone in their household borrowed from micro-finance groups indicated that it was somewhat easy or very easy to access the credit. Very few women who reported that they or someone in the household borrowed from micro-finance groups found accessing credit difficult (n = 44). Among female respondents who faced difficulty, the most common reason cited was high interest rates (52%), followed by failure to obtain a loan guarantee (36%), and lack of acceptable security/collateral (34%).

Refugees were more likely than host community respondents to take loans to buy food, pay for healthcare, and pay medical bills.. Specifically, 42% of refugees who borrowed from micro-finance groups indicated that the loan was used to buy food, compared with 17% of hosts who borrowed from micro-finance groups for food. Refugees were also 8 percentage points more likely than hosts to take loans from micro-finance groups to pay for healthcare ($p<0.01$). This finding suggests that although some basic services are provided in the form of aid in refugee communities (e.g., World Food Programme [WFP] monthly cash distribution), refugees are still facing constraints to accessing basic necessities such as access to food and healthcare.

Thirty-four percent of respondents who borrowed from a micro-finance group in the past 12 months indicated that the loan was used to buy agricultural inputs. In addition, 43% of respondents who borrowed from micro-finance groups reported using the loan to finance their business. This finding was driven by the refugee population, who were 21 percentage points more likely than hosts to use micro-finance loans for this purpose ($p<0.01$).

Aside from micro-finance groups, borrowing among friends and relatives was also common. Specifically, 47% of respondents indicated that their household would be able to take a loan from friends and relatives if they wanted to. Furthermore, 86% of respondents who reported access

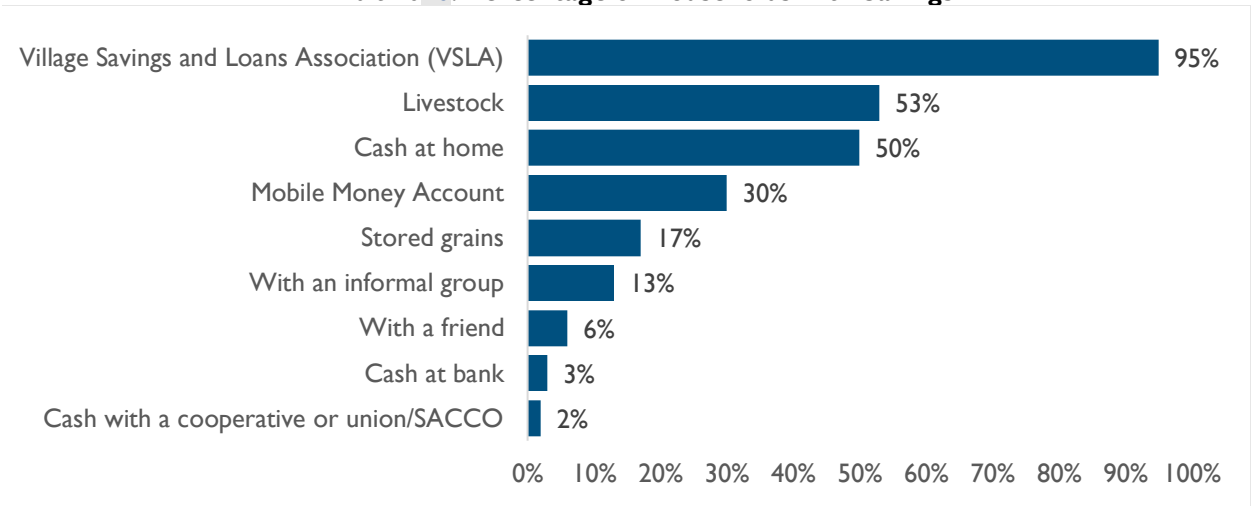
[26] Specifically, 88% of respondents with access to micro-finance groups reported that they or someone in their household borrowed cash in the past 12 months, 1% borrowed in-kind, and 5% borrowed cash and in-kind.

to this source of credit reported borrowing cash or in-kind from friends or relatives in the past 12 months.

Household savings were common; 98% of respondents indicated that their household had some kind of savings. Among respondents who reported having household savings, 95% indicated they saved money using a VSLA (

Exhibit 2020). Livestock was also a common resource for savings (53%), as well as saving cash at home (50%). Mobile money accounts were relatively common (30%). Few respondents reported savings from stored grains (17%) and informal groups (13%). Very few saved cash with a friend (6%), in a bank account (3%), or had cash with a cooperative or union/SACCO (2%).

Exhibit 2020. Percentage of Households with Savings

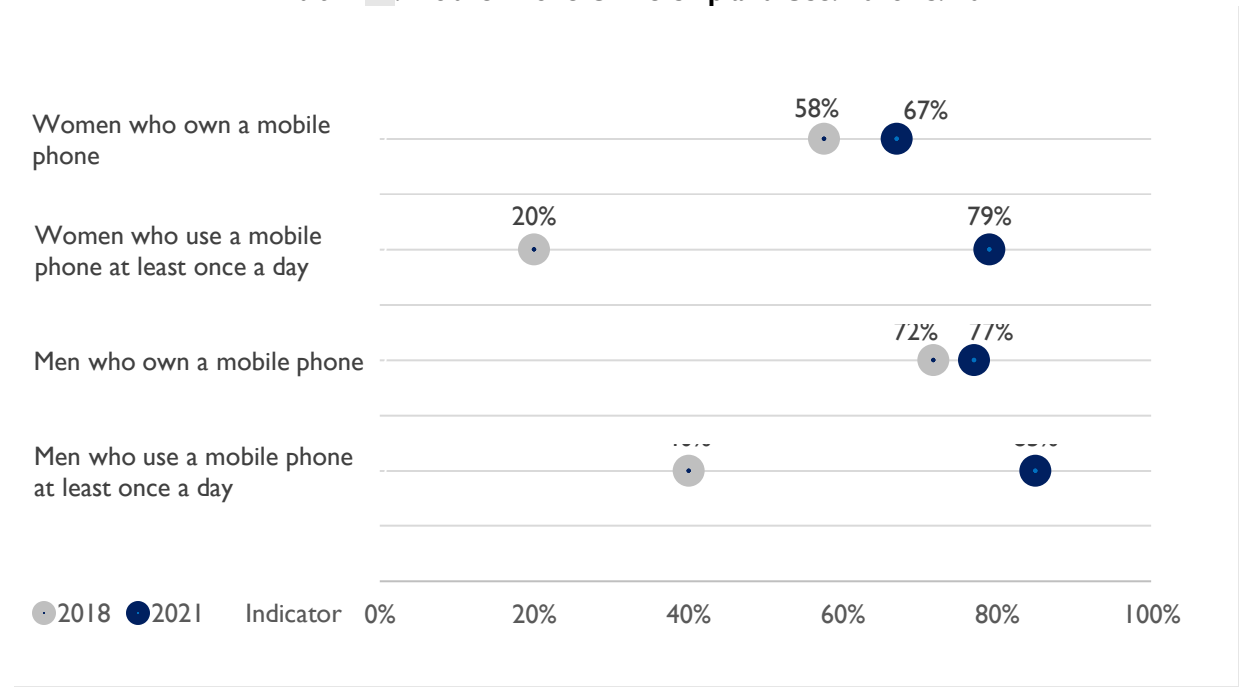


Source: Household Survey Part 1, n =1,280

2.1.8 Information and Communication Technologies

The most common forms of information and communication technology (ICT) were mobile phones and household radios. Specifically, 87% of respondents reported accessing and using mobile phones and 58% of respondents reported access to and use of household radios. Access and use of other forms of ICT (including community radios, community telecenters, computers, and television) were low among respondents.

Exhibit 2121. Mobile Phone Ownership and Use: 2018 vs. 2021

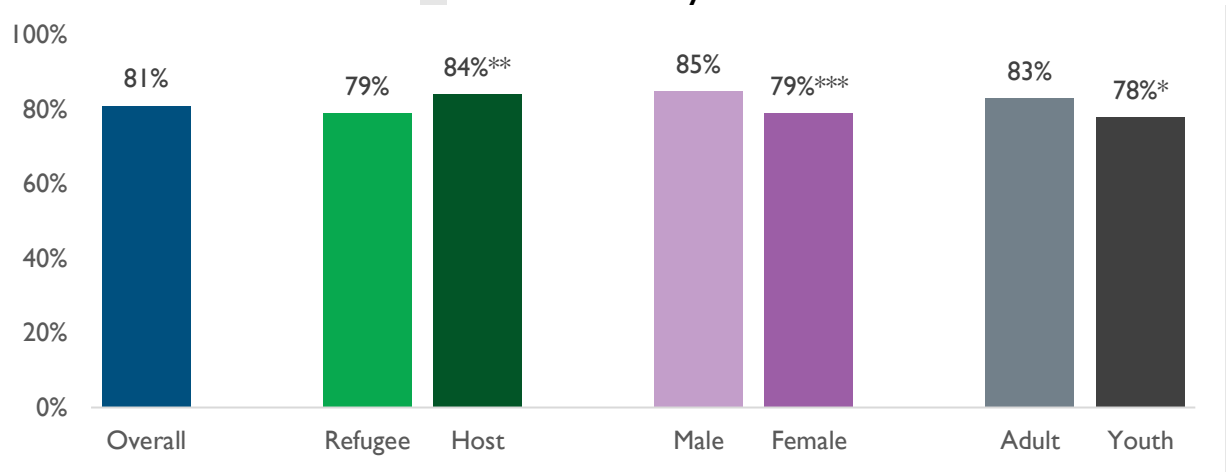


Source: Household Survey Part 1, n = 1,309; Graduating to Resilience Gender Analysis Report 2019, n = 473

Among individuals with access to mobile phones, 81% reported daily use and 95% reported weekly use (**Error! Reference source not found.**). Men were 7 percentage points more likely than women to report using a mobile phone daily. However, there was no significant difference

between the number of women and men who reported using a mobile phone at least once a week. Whereas men were 6 percentage points more likely than women to report access and use of a household radio, men were no more likely than women to report using the radio on a daily or weekly basis.

Exhibit 2222. Prevalence of Daily Mobile Phone Use



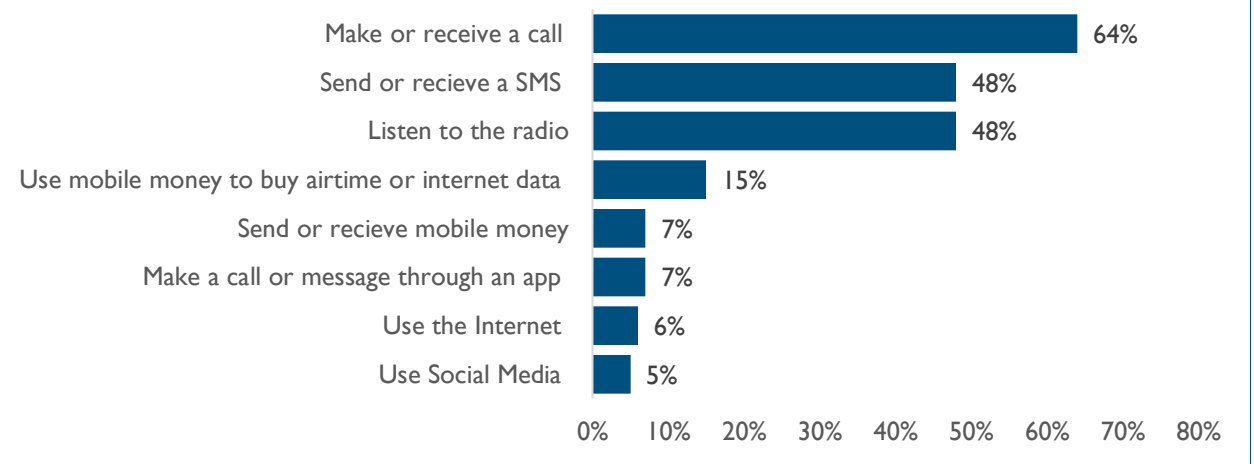
Source: Household Survey Part 1, n =1,136
*Notes: *p < 0.10, **p < 0.05, ***p < 0.01*

The percentage of people needing permission to use a mobile phone was low. Furthermore, there was no significant difference between the number of women and men who reported needing to ask permission to use a mobile phone. However, refugees were 8 percentage points more likely than hosts to report needing to ask permission to use a mobile phone. Similarly, refugees were 7 percentage points more likely than hosts to report needing to ask permission to use a household radio.

Mobile phones are commonly shared among household members. On average, there are 0.57 mobile phones per household member aged 18 and older. Women were less likely than men to indicate that they are responsible for deciding whether they should own a mobile phone ($p<0.01$); 91% of males reported being the one to make this decision, relative to 78% of females. Furthermore, females were 17 percentage points more likely than males to indicate that their spouse decides whether they should own a phone.

Exhibit 2323 shows that the most common uses of mobile phones were making or receiving calls (64%), followed by sending or receiving Short Message Service (SMS) (48%) and listening to the radio (48%). Using mobile phones to buy airtime or internet data (15%) was less common on a daily basis, but high on a weekly basis (48%). Several individuals who used mobile money needed help to do so; only 35% of mobile money users reported doing so completely by themselves. Furthermore, 35% of respondents who did not use mobile money indicated that they did not know how to use it.

Exhibit 2323. Reasons for Daily Mobile Phone Use



Source: Household Survey Part 1, n =1,290

The most common barriers around the access to and use of mobile phones in general was that respondents have trouble reading and/or understanding handsets and/or content; almost half of the respondents reported this as a barrier. Furthermore, women were 12 percentage points more likely than men to cite this reason as a barrier ($p<0.01$). In addition, 34% of respondents reported they had no or poor network coverage. This finding was driven by the host population; 44% of hosts cited no or poor coverage compared with 23% of refugees. Finally, 25% of respondents stated that phones were too expensive.

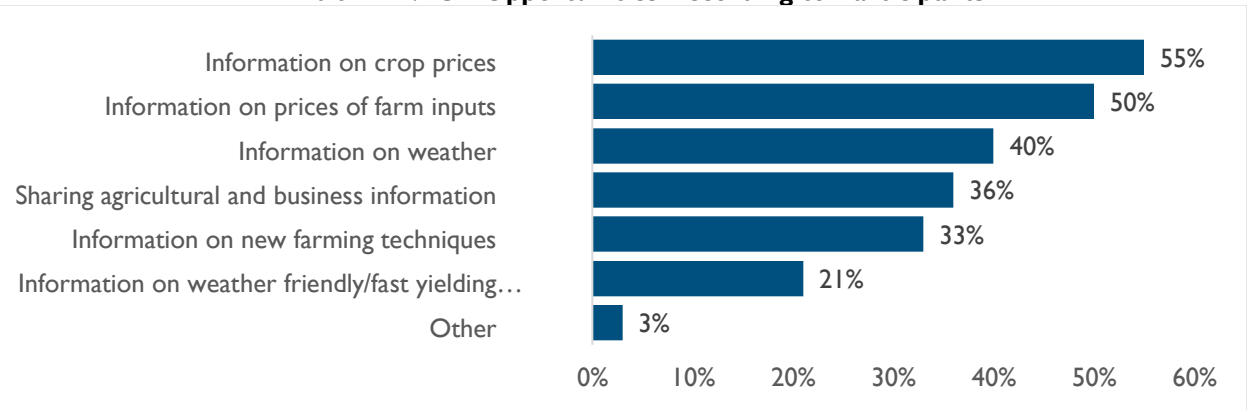
The most common barriers to the use of ICT in general were limited skills in using complex devices to search for information (69%), not understanding the language used by ICT (64%), lack of access to ICT (62%), lack of control over ICT (55%), and inappropriate technologies (51%). Females were more likely than males to cite seven of the nine barriers listed in the survey.[27] In addition, hosts were more likely than refugees to cite eight of the nine barriers in the survey.[28]

Participants reported opportunities they believe ICT presents for boosting women's farming and business activities, and access to services (Exhibit 2424); 55% of respondents indicated ICT provided access to information on crop prices, 50% believed ICT provided access to information on farm inputs, and 40% believed ICT provided access to information on weather. Hosts were more likely than refugees to indicate that ICT provided access to information on prices of farm inputs ($p<0.01$), information on crop prices ($p<0.01$), and information on farming techniques ($p<0.01$). However, refugees were more likely than hosts to indicate that ICT facilitated sharing agricultural and business information ($p<0.01$).

[27] There was no significant difference between the number of women and men who cited "lack of access to ICT technologies" and "information does not match farmers' needs in terms of format and relevance" as a barrier to the use and access of ICT devices.

[28] There was no significant difference between the number of refugees and hosts who cited "information does not match farmers' needs in terms of format and relevance" as a barrier to the use and access of ICT devices.

Exhibit 2424. ICT Opportunities According to Participants



Source: Household Survey Part 1, n =1,309

2.1.9 Time Use and Division of Labor

We collected information on time spent on 12 daily activities recorded in 15-minute increments across two-hour time slots throughout the past 24 hours. Similar to the activity grouping used to assess gender roles, we categorized the 12 daily activities into four different groups: personal care, economic activities, household chores, and free time.[29] Graduating to Resilience activities[30] and sleeping/resting were kept separate.

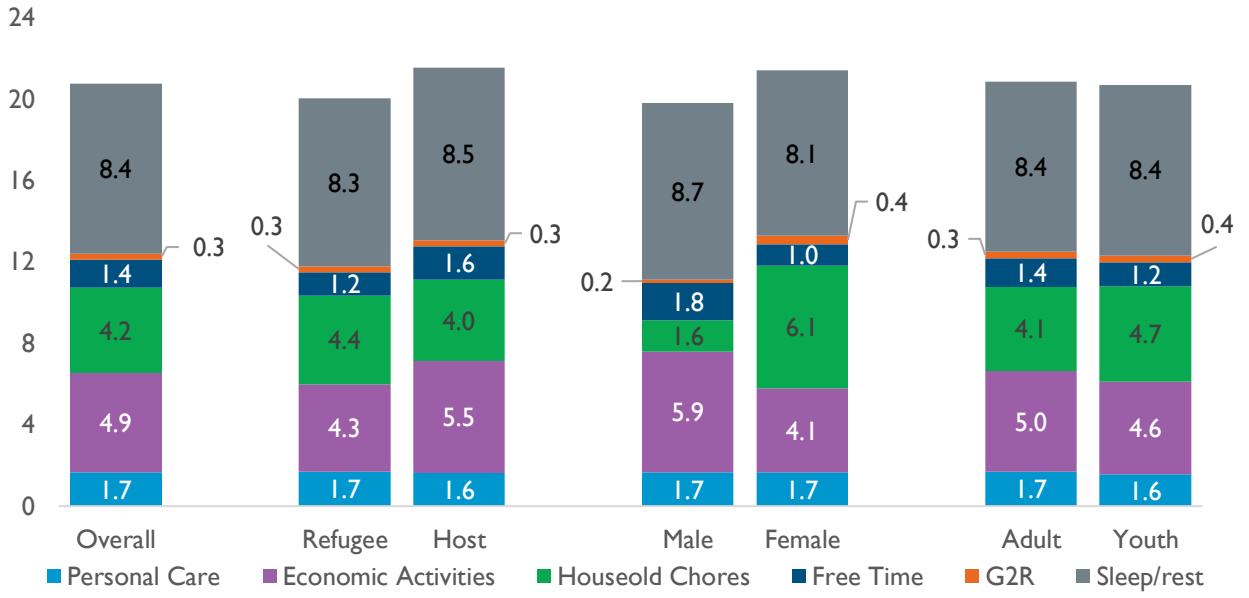
[29] Personal care included eating/drinking and getting services. Economic activity included running business and farming/livestock/fishing. Household chores consisted of food preparation, cleaning, fetching water, gathering firewood, care for children/adults/elderly, and shopping. Free time included social and religious activities.

[30] Of note, data collection was done during COVID-19 lockdown periods, as well as when the overall Activity programming was ending, thus accounting for the lower bound of time spent in such activities. It should also be noted that data collection took place at the end of April and early May, a time when the fields are planted and weeded, soon to be harvested and so agricultural work may be less than at other times of the year.

Exhibit 2525 presents the median hours spent doing activities in each time category.[31] On average, women performed a total of 10 hours of labor per day including both economic activities and household chores. In comparison, men typically performed 7.5 hours of labor per day. The disparity in total labor by gender is driven by females' and males' unequal involvement in household chores ($p<0.01$); the average woman reported spending 4.5 more hours per day than the average man on housework.

[31] We conducted sensitivity analysis using the upper and lower bounds of each 15-minute time interval to compute the total hours spent performing each activity. Results were similar for both upper and lower bounds, and the median is presented and discussed in this report.

Exhibit 2525. Median Hours Spent Doing Activities in Each Time Category[32]



Source: Household Survey Part 1, n =1,309

The unequal gender division of labor was most prominent in the morning relative to any other time of the day. Male respondents typically began economic activities early;[33] 55% of men reported economic activity between 6 am and 8 am, compared to 20% of women. On the other hand, 84% of women did household chores between 6 am and 8 am, compared with 25% of men. Females' economic activity increases between 8 am and 12 pm,[34] but it trails behind that of males during each two-hour time slot between 6 am and 8 pm. Furthermore, female engagement in household activities was substantially greater than males' engagement in household activities over the course of the day, between 4 am and 10 pm. Specifically, women spent more time than men on each household activity except for shopping, the activity associated with financial control. There was no significant difference in time spent shopping for males and females. These traditional gender roles were evident at young ages: females ages 18–24 spent more hours on household tasks than any other demographic (7.2 hours). Consequently, females in this age group completed the highest amount of total labor hours over the course of the day (11.5 hours).

Unpaid household tasks occupied large amounts of females' time. For example, food preparation alone occupied more than three hours of female daily labor. High time demands for female labor in household production may restrict opportunities for women to engage in IGAs. Notably, 82% of males' total labor consisted of economic activity relative to 44% of females' labor.

Whereas men were more likely to be involved in economic activity throughout the day, female participation in this type of labor is not negligible; on average, women completed more than four

[32] The low number of house participants reported engaging with Graduating to Resilience activities is likely due to the time when the data was collected, as it was the end of the cohort and participants were engaging less in Activity components.

[33] Most likely to avoid high heat while performing physically intensive agricultural labor.

[34] 58% of females report participating in economic activities between 8 am and 10 am, and 65% of females report participating in economic activities between 10 am and 12 pm.

hours of economic activity each day.[35] This includes involvement in market activities such as taking the product to market, negotiating prices, and selling crops.[36] Concurrently, female involvement in agricultural and household production is also high.

Findings from this assessment suggest that female participants use strategies of time stretching and multi-tasking to balance the burden of household chores and economic activities. Time stretching is defined as managing household and economic activities by waking up early, taking minimal free time, and going to sleep late.[37] When it comes to free time, findings suggest that females sacrifice social time, but not religious time, to meet the high demand for their labor.[38] This observation is in line with literature that supports that although religious activities are considered "free time," they may not truly be "free" in the sense that some religious activities require specific amounts of time to complete. Furthermore, individuals may face varying degrees of social pressure to engage in religious activities, depending on their social environment.[39]

Strikingly, females ages 18–24 were deprived of the most social time, reporting only 22 minutes of socialization on average. In comparison, males ages 18–24 reported socializing for 1 hour and 42 minutes. Given that socializing is valuable for forming connections and building networks that increase opportunities to engage in IGAs, this finding may reinforce the persistence of unequal gender divisions of labor into later stages of adulthood. Furthermore, socializing is crucial for mental health and general well-being. In addition to social time, findings suggest that women also sacrifice sleep and rest. On average, females reported sleeping or resting 30 minutes less than males ($p<0.01$) and were significantly less likely to sleep or rest in the afternoon, 12–2 pm ($p<0.01$) and early evening, 4–6 pm ($p<0.05$) and 6–8 pm ($p<0.01$) compared to males.

Multitasking is defined as whether the respondent reported completing more than 2 hours of activities during any 2-hour time slot,[40] excluding time slots in which they reported sleeping or resting. Women are more likely than males to multitask during every 2-hour time slot between 4 am and 10 pm ($p<0.05$ 4 am–6 am; $p<0.01$ 6 am–10 pm). Overall, 50% of females multitasked at some point during the day compared with 23% of males. Furthermore, females' multitasking remains high during each stage of their life; 52% of females between the ages of 18 and 24, 46% of females between the ages of 25–30, and 51% of women 31 and older reported multitasking at some point during the day.

The main takeaway is clear; women are significantly more likely to be under resourced in terms of time relative to men resulting from the increased interest and necessity to engage in economic activities while remaining responsible for traditional gender roles such as caregiving and household maintenance. Females are significantly more likely than males to be considered time poor[41] ($p<0.01$). Strikingly, this finding is driven by the youngest females (ages 18–24); 33% were considered time poor, compared with 8% of their male counterparts.

[35] This finding was driven by females' high involvement in agriculture activities. On average, females spent 3 hours per day in farming/livestock/fishing.
[36] We find no significant difference between the number of men and women who perform market activities.
[37] Chopra et al. 2017.
[38] Precisely, females reported socializing 50 minutes less than males each day. There was no significant difference in time spent on religious activities by gender.
[39] Williams et al. 2016.
[40] Given that time spent on each activity was collected in 15-minute ranges, the median number of minutes was used for this calculation. Sensitivity analysis showed that the results held at both the upper and lower bounds.
[41] "Time poverty" is defined as completing 12 or more hours of labor (economic and household) each day.

In general, FGD respondents indicated that there has been an improvement in shared responsibilities, particularly around shared household responsibilities. Both men and women commented that there has been an increase in male household members taking on household chores such as cleaning, cooking, and caring for children. This includes both spouse and sons. One man indicated that sharing responsibilities with his wife, including the livelihood and financial responsibilities, has helped alleviate pressure and stress on him.

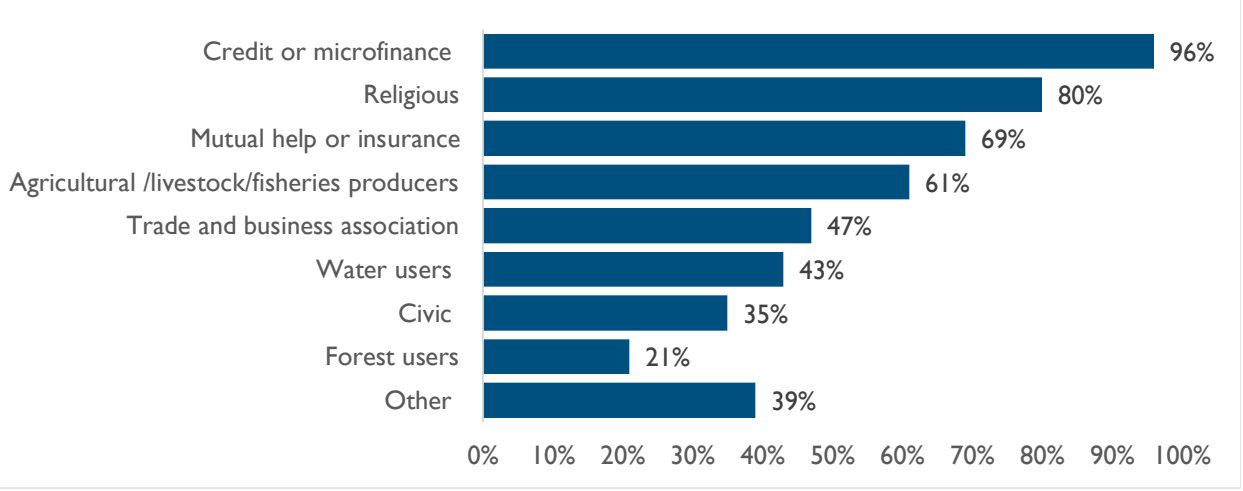
> **I see my spouse do things he never did before AVSI intervention, for example, he supports in the garden cultivation activities, fetching water, and even bringing firewood at home.**
>
> **Adult female FGD from the refugee community**

Although changes may be happening at the household level, traditional and cultural gender norms affect larger community level changes. FGD participants noted that some women may be hesitant to ask their husbands for help with chores because it might be perceived that they have bewitched their husbands. In addition, some women noted that their husbands still believe that household duties are the responsibility of women.

2.1.10 Group Membership

Groups were active across all communities with the most common groups being credit or micro-finance groups (96%) (Exhibit 2626).

Exhibit 2626. Prevalence of Community Groups



Source: Household Survey Part 1, n =1,309

Among respondents who reported that credit or microfinance groups existed in their community, 93% reported being active members. On average, women were more likely than men to actively engage in credit or micro-finance groups ($p<0.01$); 99% of women who reported living in communities with credit or micro-finance groups reported being active members, compared with 87% of males. In addition, women from female-headed households and women from male-headed households were equally likely to indicate they were active members. Hosts were less likely than refugees to consider themselves active members ($p<0.01$). This finding was driven by the male hosts: only 73% of male hosts who reported having these groups in their community considered themselves active members.

Religious groups were also common; 85% of refugee respondents and 75% of host respondents reported that religious groups were active in their community. Among respondents who reported religious groups were active in their communities, refugees were more likely than hosts to consider themselves active members ($p<0.01$).

On average, respondents reported that 4.84 of the 8 groups in the survey were active in their communities. Furthermore, respondents were active members of 3.3 of the groups that existed in their communities. Females were slightly more likely to be active members of the groups in their communities than males ($p<0.05$); on average, females were active members of 75% of the groups in their community and males were active members of 67% of the groups in their communities. In addition, refugees reported more active groups in their community than hosts ($p<0.01$): 5.26 relative to 4.42, respectively. Refugees reported being an active member of more groups, on average, than hosts ($p<0.01$): 3.47 relative to 3.13, respectively. However, looking at the fraction of community groups in which respondents were active members, hosts participated in a greater fraction of active groups in their communities than refugees ($p<0.01$); 73% relative to 69%, respectively.

2.2 Graduating to Resilience Interventions with the Greatest Effect on Gender Dynamics

2.2.1 Participation in Graduating to Resilience Components

Participation in Activity components was very high. On average, females engaged in at least six of the eight Activity components and reported strong decision-making power regarding the activities in which they participated in. Specifically, 97% of females indicated they had at least some input and 79% indicated that they had input into most or all decisions around their participation. Refugee and host women showed similar participation across Activity components, with some exceptions: refugee women were more likely than host women to be involved in business coaching, consumption support, referrals, and linkages. As a result, refugee women participated in slightly more Activity components, on average, than host women. Nonetheless, refugee and host women reported equivalent levels of input into decisions on the activities.

Findings suggest that other household members of the primary participant also engaged in multiple Activity components. The most common spillover was consumption support; 79% of female primary participants reported that other members of their household participated in this activity. Household or group coaching was also a common activity for other household members (77%), followed by VSLAs (67%), business coaching (58%), asset transfers (52%), the FFBS (49%), referrals (22%), and linkages (21%). On average, household members other than the primary participant were engaged in at least four of the eight Graduating to Resilience activities. Furthermore, 98% of female primary participants reported at least some input in making decisions about which Activity components other household members participate in, and 63% reported having input into most or all decisions.

In general, most participants, both men and women, indicated that there was support for the primary participant to engage in Activity components. Men and women both indicated that men typically supported their spouse's participation in the Activity because they understood the value, including the knowledge, skills, and financial benefits of participation. Most notably, men indicated that they appreciated the knowledge and skills gained around financial literacy, savings, nutrition, hygiene, business management, and conflict and negotiation. Although most respondents indicated that there was support for female participation in activities, a number of respondents, both men and women, indicated that at the beginning of the project there was some confusion about the purpose of the project, which led to distrust and hesitancy around participation. However, through sensitization and coaching, participants indicated that the purpose was clarified, and men became more supportive of their spouses' participation.

> **My husband is happy to participate looking at the benefits (knowledge, skills, and financial support) we obtained from the project.**
>
> **Adult female FGD from the host community**

2.2.2 Coaching

Participants and Activity staff were all in agreement that the individual coaching model was the most effective. Specifically, the individual coaching model accommodated participants' schedules, provided the space to discuss specific issues within the household, and, most importantly, allowed all family members to participate in the coaching sessions. Although spouses and children did not always participate in the coaching sessions, when they did participate respondents indicated that the sessions were often more interactive and engaging. Both men and women commented that the family coaching sessions helped them to resolve issues and manage conflict within the family, brought the family closer together, and made it easier to implement action plans and learnings from the coaching sessions. Notably, female youth participants from the refugee community said that having children participate in the family coaching sessions served as an opportunity for children to see how parents can jointly plan for their households. They also noted that, in some instances, children may be fearful of their fathers because of gender issues at home. However, through the family coaching sessions, children were able to build better relationships and communicate more freely with their fathers. Of respondents who indicated that their spouse and/or children never or rarely participated in family coaching sessions, the most common reasons for not participating included conflict with business and livelihood activities, conflict with children's school schedule, and a lack of awareness or understanding that all household members could participate in coaching. Activity staff also cited lack of understanding or awareness that all members can and should participate in the coaching sessions as a challenge and suggested the need for additional sensitization and awareness raising at the beginning of the Activity to mitigate this challenge.

> **Children have gotten a good example from us and now they have learnt that parents plan together for their children.**
>
> **Adult female FGD from the refugee community**

Coaches from both the host and refugee communities reiterated that households that were more likely to follow the recommended practices were those where men participated in the coaching sessions, noting that participation of household members in the sessions promoted a sense of responsibility to implement lessons learned in the coaching. However, contrary to this, several Activity staff commented that women were more likely to be engaged and active in the sessions when men did not participate. The Activity staff members who noted this said that when men participated, women seemed less concentrated on the session and often let the men dominate the discussion. The mixed responses and experiences suggest that although it is important to include household members in the coaching sessions, perhaps there is a need to have some sex-specific sessions to ensure that all participants have a safe space to engage and participate.

Exhibit 2727. Coaching Topics and Engagement Levels

Topics that received high engagement from all participants	Topics that received less engagement from male participants
Conflict Management and Negotiation Household Responsibilities Decision Making Basics of Gender Nutrition	Cooking Demonstrations Infant and Young Child Feeding Nutrition Antenatal Care

Although most respondents indicated that they preferred individual coaching, several participants noted the benefits of the group coaching model. Specifically, participants mentioned that group coaching promotes peer-to-peer learning particularly the opportunity for men to learn from other men; promotes friendship; helps build social capital; and, in some cases, even resulted in coaching participants working together to set up joint businesses.

> **Group coaching enabled my husband to learn from other men how to handle me as a wife with respect.**
>
> **Adult female FGD from the refugee community**

Coaching was cited as a key activity in changing gender norms at the household and community levels by participants, coaches, and other Activity staff. Both male and female host and refugee community members noted that through coaching they were able to gain knowledge and skills around joint decision making, saving, planning, and conflict management and negotiation. In addition, coaching was noted as a key resource for helping reduce GBV within households. Most importantly, participants noted that coaches would help resolve conflicts within the household before issues arose. Because of the critical role that coaches served in resolving conflict within the households, some participants indicated that if instances of GBV were occurring, then they would bring those issues up with the coach rather than report it to the authorities. This preference to address GBV issues with the coach rather than authorities was confirmed by Activity staff. Although the coaches' role in mitigating GBV

> **I never talked about the issues I had with my spouse, but after coaching sessions, I with my spouse would resolve them quietly without any intervention of the coach or CBT. Topics like setting smart goals, household planning, savings, sharing household responsibilities, preventive health and WASH created a big impact in my household.**
>
> **Adult female FGD from the refugee community**

is a success for the Activity, it presents a potential sustainability challenge. As noted in the qualitative case studies, some participants fear that when the coaching support ends, the households will revert to their previous gender norms and behaviors and incidents of GBV will return. Given the challenges noted earlier regarding the inefficient referral systems and lack of support services for GBV survivors, reliance on the coach as the interlocutor for solving GBV at the household level may not lead to sustained improvements. Options for strengthening the reporting and referral systems as well as support services should be explored while also continuing to engage coaches in changing attitudes and behaviors at the household level. In addition, cultural beliefs about females' role as submissive, as well as negative peer influence from men who are not involved in the Activity, continue to be a challenge to implementing changes around gender norms and GBV learned through coaching.

> **Referrals are never used for GBV cases, instead the coaches handle them, and we feel more comfortable sharing with them our household challenges rather than outsiders because of the issue of confidentiality.**
>
> **Youth female FGD from the refugee community**

2.2.3 Asset Transfer and Consumption Support

The majority of respondents indicated that they used the asset transfer to expand an existing business or start a new business. A large portion of participants said that they used the asset transfer to expand their farming or agricultural business, including purchasing livestock, renting additional land for cultivation, and planting new crops. Several participants said that they used the asset transfer to expand or start tailoring businesses, retail shops selling used clothes or shoes, buying and selling produce, and selling cooking oil. Across the board, participants reiterated that the asset transfer was able to help improve overall well-being in their households. Participants noted that they used the profits generated by their new or expanded businesses to pay for school fees, construct or improve their houses, purchase land for farming, purchase basic necessities like soap and salt, increase their savings, and reinvest into their businesses. Similarly, participants indicated that they used the consumption support to help meet their households' basic needs, including purchasing food but also clothes, paying for school fees, and upgrading their housing. A number of participants indicated that they were also able to increase their savings as a result of consumption support, which alleviated the immediate stress of fulfilling their households' basic needs.

When asked about the decision-making process for how the asset transfer and the consumption support were used, the majority of men responded that they worked with their spouse to jointly plan how to use the money. For women, responses were split, with some indicating that they jointly planned how to use the money with their spouses and others indicating that they alone decided how to use the money. Interestingly, a number of men said that their role in the asset trasnfer was also to protect and keep the money safe before it was spent, despite the asset transfer being delivered to the female participant.

Although the majority of men said that the asset transfer increased peace in their household and promoted joint decision making, women conversely noted the challenges and friction that arose because of the asset transfer. Specifically, women said that there was conflict because their spouses wanted to be the ones to manage the money and, in some cases, their spouse stole the

money. These challenges were noted by women from both the host and refugee communities. Participants said that through coaching, couples realized that the money was for the well-being of the family and eventually began cooperating together as a household. However, the initial tension and misunderstandings that arose at the beginning of the asset transfer should be mitgiated in future implementation.

Interestingly, although there were divergences around how the asset transfer affected household relationships, there was more consensus around how the consumption support helped improve household relationships. Specifically, participants indicated that the consumption support helped households fulfill their immediate basic needs, which alleviated stress.

2.2.4 VSLAs

Women noted a variety of skills that they gained from their participation in the VSLA, including record keeping, business management, conflict management, public speaking, and communications skills. The acquisition of these skills has led to greater self-confidence and agency among the VSLA leaders. VSLA leaders indicated that they have applied these skills outside the VSLA environment to resolve conflicts within their household or between community members, to plan and keep accurate records for their businesses and household expenditures, plan and save as a household, and speak up confidently during community events. In addition, several of the VSLA leaders indicated that since taking on a leadership role within the VSLA they have become leaders of other VSLA groups and community structures, including child protection committees, GBV task forces, local councils, and churches.

CHAPTER 3. CONCLUSIONS

The Activity has captured changing gender dynamics in many dimensions. Self-efficacy among female participants was reported as high. Female participants indicated that they feel more confident negotiating with their spouses, managing conflict, and participating in joint decision making, particularly around household financial decisions. Female participants also noted increased participation in business and community activities, including taking on leadership roles within community structures such as VSLAs, local councils, and RWCs.

Attitudes and perceptions around gender equality vary based on gender and status, with more women than men agreeing with gender equality statements and more refugee members agreeing with gender quality statements then host community members. Changes in attitudes appear to have facilitated improvements in behavior, particularly around joint decision making. Specifically, men and women appear to be jointly making decisions on food crop farming, livestock raising, and household expenditures. To some extent, there appears to be joint decision making around nutrition, children, family planning, and healthcare; however, those are still perceived as largely female domains.

Although participants indicated that GBV is still an issue within their communities, fewer individuals reported directly experiencing GBV in the past 30 days. This may partially be due to underreporting, but feedback from participants suggests that there has been a reduction in GBV since the Activity began. This reduction in GBV could be due to the role and engagement of the coaches.

Although attitudes and perceptions around gender equality have improved, there is still an unequal division of labor, with women spending more hours a day working then men. This is largely driven by the fact that women are still primarily responsible for completing household activities such as cooking, cleaning, fetching water and firewood, and caring for children and elderly household members. Women complete these household tasks in addition to participating in economic activities, such as planting, weeding, harvesting, and post-harvest handling. As a result, women are employing coping mechanisms such as time stretching and multitasking to manage their household duties and economic activities. This leaves many women time poor, which reduces their ability to participate and engage in community and social activities. When women do to engage in community activities, they largely participate in VSLAs or religious groups.

Household assets are largely jointly owned by men and women, including assets such as land, livestock, mobile phones, and houses or other structures. Fewer households own assets such as farm equipment, consumer durables, or means of transportation. These labor- and time-saving assets could help alleviate time burdens on women and promote more gender-equal roles if households invest in them. Most households have access to credit and savings. Participants noted that women played a large role in promoting household savings through their participation in VSLAs. Although mobile phone ownership among women is lower than among men , women's usage of mobile phones is high. Households typically share a mobile phone, but women are often not involved in deciding when and how often the mobile phone is use. Literacy around how to use mobile technology continues to be a barrier to women.

Coaching was overwhelmingly identified as the most influential activity in changing gender norms. Through coaching, households learned how to better communicate, resolve disputes, and jointly plan. Coaching was also noted as an essential tool for reducing GBV, as coaches often served as

mediators when issues arose. Individual coaching was more commonly preferred than the group coaching model, as it provides households with a safe space to discuss and work through specific challenges they were encountering and allowed other household members, including children, to participate in sessions, which increased buy in and uptake of learnings. Although coaching was successful, better messaging around household participation and refinements to the coaching modality and curriculum, described further in the recommendations section, could enhance the effectiveness of the coaching activity.

Asset transfer and consumption support were cited as useful tools for helping improve households' economic status. In particular, the support helped households expand or start new businesses, meet their households' basic needs (e.g., food, clothing, shelter, school fees, medicine), improve their living conditions, and increase their savings, making them less vulnerable to shocks. However, confusion around the purpose of giving the transfer to the female household member led to conflict within several households and, in some cases, exacerbated existing tensions, which led to household members stealing the money or turning to violence. Improving messaging around the purpose of the asset transfer and consumption support, in addition to ensuring that coaching on conflict management and resolution is provided prior to distribution, could mitigate these issues moving forward.

VSLAs were also noted as an essential component for helping improve household economic security. Many participants, particularly males, noted that prior to their engagement with the Activity they did not actively save or plan for future expenses. However, through participation in the VSLAs, households were able to save and better manage shocks, including medical emergencies and COVID-19, using their savings. In addition to strengthening household security, VSLAs helped female participants build social connections and bonds with community members. They also learned critical skills such as conflict management and negotiation, business skills, and communications skills, which has helped them improve relationships both within their households and communities.

CHAPTER 4. RECOMMENDATIONS

Based on the Assessment findings, we recommend several specific refinements to be made to the Activity components in addition to higher lever recommendations to inform Graduating to Resilience's broader implementation strategy and approach for cohort two (Exhibit 28).

Exhibit 28. Specific Activity Refinements to Improve Gender Outcomes for Cohort Two

Activity	Refinement
Coaching	• Increase engagement of all household members, particularly men, from the beginning of the Activity to encourage uptake of learnings and further changing attitudes and behaviors around gender norms. This can be achieved through: ○ Making sure that men are introduced to the Activity early on and understand that they are welcome to participate in the coaching sessions. ○ Conducting more individual coaching sessions, as it is easier for men to participate in those because the coach comes directly to the household. ○ Calling and informing households ahead of time (i.e., one to two days in advance) so that they can prepare and make sure they are available for coaching. ○ Engage men in cooking demonstrations to promote increased skills and knowledge to support improved household responsibility distribution • Refine the curriculum to allow for better sequencing of topics that build upon foundational components that focus on gender equality: ○ Address gender topics first (e.g., managing conflict, promoting shared responsibilities, and joint decision making). ○ Incorporate psychosocial topics in the curriculum. ○ WASH and hygiene practices were mentioned by men as a reason for GBV, so make sure that WASH and hygiene topics are covered during coaching. ○ Empower coaches to assess the household situation and then deliver trainings based on need rather than based on set curriculum. These assessments can be participatory in nature where participants identify where they are and where they want to be, continuing to map their progress throughout the cohort. ○ Consider tapering off support to "fast climbers" by visiting them less frequently, to allow for visiting "slow climbers" more frequently; this also allows for households to feel confident in their capacities and not needing the coach as much as they solidify their knowledge and practices. • Refine the coaching modality to increase participation, engagement, and retention of information: ○ Increase time of coaching sessions. ○ Focus on individual coaching sessions rather than group coaching sessions or used a mixed model in which participants would participate in group as well as individual home visits. This may mean hiring more coaches, as program staff indicated that currently coaches don't always visit their households when they should because the of long distances/travel time. ○ Include more visuals in coaching sessions so that the participants can more easily remember the topics and key takeaways. ○ Incorporate more games/role play into the coaching sessions. ○ Translate the graduation map into local languages.

	○ Topics should be structured in a way to support primary participants to transfer knowledge to other household members that may not be in attendance, thus equipping them with the skills to transfer knowledge—being mindful not to increase their burden significantly. • Build capacity of coaches to handle GBV issues and household conflict.
Asset Transfer and Consumption Support	• Conduct more comprehensive orientation and introduction to the asset transfer and consumption support to ensure that household members understand that the support is intended to support the entire household even though it is delivered to the female. • Provide asset transfer in installments. This would help address the issue of participants dropping out after they receive the asset transfer. • Provide more training on how to use the asset transfer prior to disbursement. • Ensure the conflict management and negotiation coaching session is delivered before distributing the asset transfer and consumption support; ensuring this is delivered at household level for maximum knowledge transfer and effect.
VSLAs	• Incorporate gender dialogues in VSLA meetings, in which participants can bring up topics and discuss how to address the issues. • Have men join the VSLA training so that they understand how it works and the utility of the group. Additionally, men could join the financial literacy component of the skills-based training to provide more support to the primary participant and reduce conflict.

1. **Increase male engagement**. All participants, stakeholders, and Activity staff noted the need to increase male engagement in the Activity. Lack of engagement was largely a result of misconceptions around the purpose of the Activity and misunderstanding of the woman-plus-household approach. These misconceptions often led to tension and conflict within the household. To mitigate this challenge in cohort two, Graduating to Resilience should include men in the sensitization and introduction sessions at the beginning of implementation. The sensitization should provide an explanation of the goal and purpose of the Graduating to Resilience Activity, clearly define of the woman-plus-household approach using terminology that is culturally relevant, outline how activities are meant to benefit the entire household, and provide explicit guidance for how men can engage in the Activity, including participating in coaching sessions. In addition to greater sensitization and introduction to the Activity, Graduating to Resilience should consider implementing some activities focused specifically on men – for instance, creating male youth groups and identifying male champions within the community who could serve as advocates for Graduating to Resilience engagement and for changing norms around gender roles and GBV. It may be particularly promising for Graduating to Resilience to focus engagement efforts on males ages 18 to 24, as they report spending more time on household tasks than any other male age group. Engaging younger males presents an opportunity to help alleviate the time burden associated with child and elderly care that women aged 24 to 30 experience. It also presents an opportunity to create generational change, as younger males can demonstrate and model a more equitable division of labor to their children and future generations.

2. **Increase local and religious leader engagement**. Religious leaders play a key role in both host and refugee communities and could serve as a positive change agent for promoting more equitable gender norms and changing attitudes toward GBV. However, religious leaders often

promote negative gender norms and stereotypes – for example, the idea that only men can be leaders and that women should be subservient to men. In addition, both local leaders and religious leaders are often hesitant to follow up on GBV incidents for fear of retribution or because they do not want to disrupt the status quo. Graduating to Resilience should engage local and religious leaders more actively, both at the beginning of implementation and throughout the Activity. At the beginning of implementation, the Activity should engage local and religious leaders to help identify the key gender issues facing their communities and assist with develop strategies and approaches for addressing those issues. The Activity should consider holding specific training sessions with local and religious leaders throughout implementation to provide them with the tools to better address and respond to GBV issues within their communities as they arise. Local and religious leaders can also be mobilized to support and reinforce social behavior change communications campaigns, discussed further in recommendation four: explore the use of radio and other community-based activities to promote social behavior change communications (SBCC) to a broader audience.

3. **Strengthen GBV referral systems and mechanisms**. GBV was noted as a challenge in both host and refugee communities. Participants, key informants, and Activity staff all noted that GBV reporting and referral systems are ineffective, which leads many survivors to not report incidents because of lack of action by the authorities, lack of follow-up or access to services, and fear of retribution from the perpetrator. Graduating to Resilience should consider activities to strengthen GBV services, both formal and informal, at the individual and community levels. At the individual level, there is a need to better sensitize participants to the purpose of referral mechanisms, including the benefits of being referred and the types of services one can access through the referrals. Currently, some participants see reporting as a documentation process, as opposed to a way to access support services, including healthcare and psychosocial services. In addition to increasing individual awareness about the referral mechanisms, Graduating to Resilience should include an exercise in the coaches' roles and responsibilities and referral system to identify family members who could assist in resolving GBV issues when survivors are not comfortable seeking services from local government or civil society structures. In cases in which survivors continue to not report incidents, Graduating to Resilience should seek to provide support services directly to survivors through providing additional training and capacity building to coaches to provide these services directly to households. At a community level, Graduating to Resilience could conduct community dialogues on GBV, engaging both male and female community members to raise awareness on types, causes, and measures to prevent GBV. Graduating to Resilience could also work with local partners and government to leverage radio as a means of promoting broader SBCC campaigns around GBV, discussed further in recommendation four. The Activity should also consider coordinating with other implementing partners to strengthen the capacity of services providers to better respond to GBV cases. This could be through working with services providers to improve their referral mechanisms, helping service providers develop user-friendly resources and materials. This would include working with healthcare service providers as well as local councils and RWCs, as they are closer to the communities and therefore often better positioned to intervene on such issues.

4. **Explore the use of radio and other community-based activities to promote social behavior change communications (SBCC) to a broader audience**. One of the barriers to changing gender norms on a large scale was negative peer influence, particularly among men.

Many male participants noted that they have changed their perceptions around gender roles and GBV; however, pressure from other community members often affects uptake and changing of their behaviors. Implementing larger-scale SBCC campaigns can help in promoting broader, community-level attitude change around gender norms and GBV. Graduating to Resilience should consider using modalities such as radio, which 58% of household survey respondents indicated they had access to, as a platform to disseminate information and raise awareness around GBV referral mechanisms, reporting frameworks and law, and survivor's rights. To reach those who may not have access to radio, Graduating to Resilience should consider using community events involving music, dance, drama, and role-play as a medium to disseminate messages to participants.

5. **Promote access to and the use of labor-saving or time-saving technologies, potentially through the asset transfer, to support improving equal gender roles**. As noted in the household survey, women spend more time on household chores, including food preparation, water collection, and fetching firewood. Women must balance the time spent on household chores with time spent on IGAs, which leaves many women time poor, causing them to multitask more than their male household members. Literature supports that improving natural resource management may have important benefits for time allocation.[42] For example, labor-saving technologies that improve water access may help facilitate a more gender-equitable time distribution of household labor and promote female health and well-being. As such, Graduating to Resilience should consider ways, such as the Private Sector Road Show, to promote improved access to water and natural resources, potentially through the asset transfer, to minimize time spent fetching water. As noted in the household survey, women currently spend, on average, three hours a day on meal preparation. The Activity should also promote access to and the use of cookstoves to decrease time spent on food preparation or fetching wood. This could also include increasing access to consumer durables such as cookware, particularly to refugees who are less likely to own cookware, to help reduce time spent cooking. Access to and ownership of time-saving farm equipment can also help alleviate time women spend on agricultural tasks such as planting and weeding. Graduating to Resilience should consider increasing access to such technologies to help reduce women's time burden around IGAs. Alleviating time spent on both household and agricultural activities would provide women with more time to participate in community activities and form social connections. Socializing is important for overall mental health and well-being and is crucial for building networks and forming connections that increase opportunities to engage in IGAs. Expanding females' social networks, particularly among youth women, may help facilitate women's access to livelihoods and economic opportunities which in turn can help promote a more equitable distribution of economic resources.

6. Increase access to and literacy around mobile technology. Although household mobile phone ownership is high, decisions around mobile phone ownership and usage are largely dominated by men. This presented challenges as consumption support and the asset transfer was supposed to be delivered to women's mobile money accounts; however, in cases in which the female household member did not have access to the household mobile phone, there were incidents of male household members taking the money. To mitigate this challenge in cohort two, Graduating to Resilience should consider increasing access to affordable mobile phones and promoting greater female ownership over or involvement in managing usage of the phone within

[42] Williams et al. 2016; Cook et al. 2012.

the household. This support is particularly important for refugee members, as refugee households are less likely than host households to own at least one cell phone and are more likely than hosts to share cellphones among other household members. In addition to increasing access to and ownership of mobile phones, the Activity should increase literacy around how to use mobile devices, particularly for women, as lack of understanding on how to use a mobile phone was cited as a barrier for women. If mobile literacy is improved, the Activity can further leverage mobile phones to deliver content and messaging around crop prices, agricultural techniques, weather, and so forth, which could help households improve their livelihoods. Mobile messages, via SMS or IVR, could also be used to disseminate SBCC information around gender norms and GBV.

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