



Report on:
**The Strategic Impact Inquiry on
Women's Empowerment**

CARE International in Uganda
Gulu Sub-office

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LIST OF ABBREVIATIONS

CBO	Community Based Organization
CHC	Community Health Club
CHW	Community Health Worker
COU	Church of Uganda
CSO	Civil Society Organization
DAO	District Agricultural Department
DDMC	District Disaster Management Committee
DHS	District Health Services
ECORPAC	Economic Recovery for Population Affected by Conflict in N. Uganda
FGD	Focus Group Discussion
GDFA	Gulu District Farmer's Association
GoU	Government of Uganda
HIDO	Health Integrated Development Organization
IGA	Income Generating Activity
IDP	Internally Displaced Person
LRA	Lord's Resistance Army
NFI	Non Food Items
NGO	Non-Governmental Organization
PCS	Partnership for Community Sustenance
PHC	Primary Health Care
PMC	Project Management Committee
SII	Strategic Impact Inquiry
UPDF	Uganda People's Defense Forces
VCT	Voluntary Counseling and Testing
VISO	Voluntary Initiative Support Organization (VISO)
WATSAN	Emergency Water, Sanitation and Malaria Control
WFP	World Food Program

THE STRATEGIC IMPACT INQUIRY ON WOMEN'S EMPOWERMENT

CARE Uganda – Gulu

SUMMARY

The Strategic Impact Inquiry on Women's Empowerment is a global CARE initiative to create a new orienting framework for assessing the specific impact of CARE's projects on women's empowerment. CARE has recognized gender inequality as a root cause of poverty across the communities we serve, in particular through its impact on the capabilities of women. This first SII on gender and power is therefore focused on the question of CARE's contribution to women's empowerment and gender equity.

CARE Uganda has incorporated the SII into its programming in Gulu through "multi-stakeholder, participatory impact dialogues" with members of the IDP camp communities. The goal is to understand how women can be empowered in such a way that gives them power in CARE's programming as well as in relation to how others view their role in the community.

Given that empowerment is not the same from place to place, culture to culture, historical context to historical context, etc., the very first step of the research has been to allow women in our study zone to inform us what empowerment actually means in their context, its indicators, and the socio-cultural, economic, and political edifice within which "empowerment" is enmeshed. The conversation itself is part of reversing power polarities inherent in the NGO/client relationship. Through this exercise, we hope to promote accountability and transparency and allow the community members we serve to feel ownership of our projects and play an active role in the planning, implementation and monitoring phases.

Prior to conducting the dialogues in the IDP camps, a three-day Women's Empowerment Workshop was held in Gulu for members of CARE's implementing partners. Participants included representatives from the Gulu District Farmer's Association (GDFA), the Health Integrated Development Organization (HIDO), the Voluntary Initiative Support Organization (VISO), the Church of Uganda (COU), and the District Agricultural Department (DAO). The objectives of the workshop were to gauge how CARE partners understand women's empowerment and gender issues; to understand how CARE partners have worked in the past to address gender issues and promote women's empowerment both in their programs and at the organizational level; and to prepare for the "multi-stakeholder, participatory impact dialogues" in the camps.

The focus group discussions, or "multi-stakeholder, participatory impact dialogues," were held in six different IDP camps (Coo-pe, Tetugu, Pagak, Olwal, Keyo, and Alokolum) from 20th-27th July 2005. In each camp, we met with two female adult groups, two male adult groups, two mixed male and female adult groups, one adolescent female group (ages 14-18), one adolescent male group (ages 14-18), one children's group (boys and girls, ages 10-14), and one group of camp leaders.

The goal of the dialogues was to provide a baseline perception of how community members view women's empowerment and how they would define indicators showing whether progress is

being made towards achieving that empowerment. We also wanted to understand how various factors inhibit or promote women's empowerment in the community, how these factors are interconnected, and how CARE and its partners can improve its work with the community to better promote women's empowerment.

The FGDs have shown that CARE's interventions in the camps are clearly geared towards promoting women's empowerment, and CARE has generally gone beyond addressing basic needs to addressing gender equity, rights equality, and ownership. However, there are important factors that need to be addressed in order to truly promote women's empowerment in the IDP camps in a meaningful and sustainable way.

Following are recommendations for interventions that can take place alongside CARE's other projects in order to ensure that our projects actually address the root causes of gender inequity:

- ❖ *Sensitizing both men and women on their roles, rights, and responsibilities.*
- ❖ *Workshops for women focused on building their confidence and self-esteem, teaching them leadership skills, enabling them to be more active and vocal in the community, and helping them realize their own capacity and potential.*
- ❖ *Sensitizing and educating both men and women on the risks of alcoholism and providing counseling services to those with drinking problems.*
- ❖ *Providing functional adult literacy programs.*
- ❖ *Sensitization on the importance of girl-child education and discouraging early marriage.*
- ❖ *Providing daycare centers for children under 6.*
- ❖ *Sponsoring orphans and child mothers so that they can attend school.*

The findings in this study have also led to a number of specific recommendations for ways that CARE's current and future projects can better promote women's empowerment, as well as ways that CARE can use its position as a well-respected international NGO in Gulu to influence other key stakeholders. In addition, this entire exercise has provided valuable lessons about CARE's relationship with its partner organizations and the ways in which our projects are actually implemented.

A number of participants in the FGDs expressed their concerns that after we had collected this data, we wouldn't do anything about it. It is essential that these fears do not come true and that CARE uses the information we have gathered to inform our future work in the camps. CARE should continuously use this Strategic Impact Inquiry process informally by asking men, women, adolescents, and children in the camps about the real impact of our projects on women's empowerment at the household and individual level, as well as about the changes they believe should be made to improve our programming. This form of inquiry encourages accountability and transparency and also ensures that our projects are making a concrete impact.

The inquiry extends beyond assessing the impact of our projects to ensuring ownership of the projects by the community members themselves. Evidence of this ownership is clear when communities continue targeted interventions after the specific CARE project has ended. Thus while partly assessing the impact of a project through this type of inquiry, we can also build confidence in the community so that the impact of the project will continue.

1.0 Introduction

1.1 CARE's Work in Gulu

Despite the humanitarian disaster in the northern part of the country, Uganda is widely considered to be one of Africa's success stories. After much advocacy by CSOs, the outside world, and the donor community in particular, has only recently started coming to terms with the humanitarian disaster and deep-rooted rights issues in the north of the country.

The underlying causes and drivers of the conflict and rights denial in Uganda are attributed to a myriad of factors, including poverty, marginalization, ethnicity, the self-interests of conflict entrepreneurs, and poor governance in the country. The economic structure and power relations in the country are a hindrance to economic growth for a large proportion of Ugandans living below minimum conditions with dignity. The war has cost the Acholi people of northern Uganda two generations of young people who know nothing but war and poverty. Even when peace is restored, the lack of physical assets and low levels of and access to education and health will be an obstacle to revitalization and stability.

Without the political will to find and implement effective solutions and in the absence of a mechanism for national reconciliation, prospects for lasting peace and sustainable development in Uganda will remain elusive.

Since 2002, CARE's programs in northern Uganda have focused on strategic interventions that are intended to save lives, strengthen community's capacities to prevent crisis, mitigate emergencies and promote access to economic opportunities, and alleviate poverty and social injustice in northern Uganda. In 2002, CARE also became a member of the CSO advocacy coalition (CSOPNU) working to increase national and international attention to the recurrent conflict in the north.

Following are descriptions of CARE's main projects in Gulu:

Emergency Water, Sanitation and Malaria Control (WATSAN) Project

CARE's emergency water, sanitation and malaria control (WATSAN) project was implemented in five of the camps we visited (Alokolum, Keyo, Pagak, Tetugo, and Coo-pe) from 2003-2005.

The main objectives of the project were to increase access to safe water through rehabilitation of boreholes, improved water sources management and increased local capacity for maintenance of boreholes; to improve and sustain the health and well being of the IDPs through improved excreta disposal, medical waste management, vector control and health education; and to reduce the incidence of malaria on pregnant women and newborn infants by provision of treated bed nets.

To help implement this project, the Health Integrated Development Organization (HIDO), a local NGO, has formed Community Health Clubs (CHCs) in the camps to promote hygiene and sanitation. Health sessions are conducted to members in the CHC on a weekly basis. Health club

members have constructed concrete slabs for latrines, drying racks for household utensils, and bath shelters. New technologies, such as the Poly sanplat for latrines and the Tippy Tap for hand washing, were also introduced to the CHCs. In addition, women's groups were trained on how to construct latrines and make concrete slabs. CARE then bought these concrete slabs from the CBOs who made them, and then gave them out to members of the community who needed them.

This project has now ended, but a new phase of the WATSAN project should be starting in the next year.

Partnership for Community Sustenance (PCS) Project

The Partnership for Community Sustenance project is a livelihood/food security project to improve the nutrition and household income of IDP women. The first phase of the project started in December 2003 and ended in February 2005. CARE and its partners (the Gulu District Farmers Association (GDFA), the Church of Uganda (COU), and the District Agricultural Department (DAO)) were committed to assisting the most vulnerable camp population in collaboration with local organizations and leaders to revitalize food security/vegetable production, strengthen the capacity for rehabilitation of the community's economic and other livelihood activities, and facilitate mechanisms for increased access to agricultural land with a possible return to their homes. The PCS project was implemented in all six of the camps included in this SII exercise.

Given the dangers of becoming dependent on food aid and the high level of idleness in the IDP camps in Gulu, the PCS project worked to both secure a more balanced diet through vegetable production and to ensure that women receive new skills and competencies. CARE through its partners worked with women leaders and grassroots institutions to mobilize women's groups for greater women participation in other livelihood activities. In addition to facilitating informal local dialogue among group members to increase access to land, the project provided seeds and capacity building exercises to build business and agricultural skills. The project also supported women bee-farming groups and an animal traction component.

CARE is now implementing the second phase of the PCS project, with a continued emphasis on mobilizing women in groups and giving women practical training, tools and improved seeds. It also aims at introducing ox-ploughs to farmer groups, helping women acquire skills that will improve household livelihoods, and creating awareness on communal land rights among IDPs.

Economic Recovery for Population Affected By Conflict in N. Uganda (ECORPAC) Project

In this ongoing project, CARE has adopted a multi-pronged strategy to facilitate and strengthen the capacity of IDPs (75% women) to form and manage small enterprises, strengthen entrepreneurial capacity, and develop community savings and loans. By adopting a Gender and HIV/AIDS mainstreaming strategy, ECORPAC will address structural barriers to women's access to economic opportunities, promote livelihoods and protect the economic assets of women.

This project is building on the group model from the PCS project to train women in business development skills, micro finance principles and group management. CARE will work with local institutions to strengthen and promote agro-business, community Savings and Loans associations, small rural enterprises, and improved commercial rural technologies. The project will also link women's groups to service providers, develop standards of best practice, sensitize the population to reduce the prevalence of HIV/AIDS, and adopt gender mainstreaming strategies to address women's access to economic opportunities.

Upcoming Projects

In addition to these three projects, CARE is currently planning new projects on Sexual and Gender-Based Violence and Reproductive Health.

1.2 Overview of The Strategic Impact Inquiry

The Strategic Impact Inquiry is an attempt to better answer the critical question, “are CARE programs impacting the underlying causes of poverty and rights denial, and if so, how?” CARE has recognized gender inequality as a root cause of poverty across the communities we serve, in particular through its impact on the capabilities of women. Therefore, this first SII on gender and power focuses on the question of CARE's contribution to women's empowerment and gender equity.

In this SII, CARE hopes to deepen a culture of learning and critical inquiry through:

- **Accountability:** Offer stakeholders in and out of CARE – particularly women whom we serve – robust evidence to critically assess our work in the fight for gender equity and against gendered structures of poverty.
- **Empowering Analysis:** Develop rigorous, participatory, and rights-based methods for measuring women's empowerment that can assist CARE, women themselves, and their families/communities to strive for gender equity.
- **Impact:** Ensure findings inform concrete improvements in programs and projects and to global policies and standards. Aggressively share both CARE successes and challenges with the wider profession.

CARE Uganda is incorporating the SII into its programming in Gulu through “multi-stakeholder, participatory impact dialogues” with members of the IDP camp communities. The goal is to understand how women can be empowered in such a way that gives them power in CARE's programming as well as in relation to how others view their role in the community.

Given that empowerment is not the same from place to place, culture to culture, historical context to historical context, etc., the very first step of the research has been to allow women in our study zone to inform us what empowerment actually means in their context, its indicators, and the socio-cultural, economic, and political edifice within which “empowerment” is enmeshed. The conversation itself is part of reversing power polarities inherent in the NGO/client relationship. Through this exercise, we hope to promote accountability and transparency and allow the community members we serve to feel ownership of our projects and play an active role in the planning, implementation and monitoring phases.

- ❖ **GOAL:** *CARE Uganda has recognized gender inequity and inequality as underlying factors leading to poverty and rights denial. This Strategic Impact Inquiry in Gulu is therefore an attempt to understand how CARE and its partners can better work with community members to promote women's empowerment in the IDP camp setting.*

OBJECTIVES:

The following objectives will guide us in achieving the overall goal:

1. To understand how members of the communities in which we work, as well as members of CARE's partner organizations, view women's empowerment and to understand how they would define indicators showing whether progress is being made towards achieving that empowerment;
2. To understand the factors that undermine or promote women's empowerment in the communities in which we work;
3. To understand how CARE and its partners can work with the community to better promote women's empowerment in the IDP camp setting.

2.0 METHODOLOGY

2.1 Women's Empowerment Workshop in Gulu (13th-15th July 2005)

Prior to conducting the dialogues in the IDP camps, a three-day Women's Empowerment Workshop was held in Gulu for members of CARE's implementing partners. The workshop was held at the St. Monica Training Center in Gulu from 13th-15th July 2005. Participants included twenty representatives from the Gulu District Farmer's Association (GDFA), the Health Integrated Development Organization (HIDO), the Voluntary Initiative Support Organization (VISO), the Church of Uganda (COU), and the District Department of Agriculture. The facilitators were: Olum John (Gulu District Gender Officer), Ida Sawyer, James Wole, Pius Ongomokello, Rebecca Nyonyozi, and Grace Majara.

Workshop Objectives:

1. To gauge how CARE partners understand women's empowerment and gender issues;
2. To understand how CARE partners have worked in the past to address gender issues and promote women's empowerment both in their programs and at the organizational level;
3. To prepare for the "multi-stakeholder, participatory impact dialogues" in the camps in the following two weeks.

Topics Discussed:

- Gender analysis and understanding gender as a social construct
- Gender conditioning
- Recognizing gender bias in ourselves
- Daily tasks for men and women and the different values placed on men's and women's work
- Understanding gender equality and equity
- Understanding power, including the basic modes of power, the sources of power and power relations in the participants' own community

- Defining women's empowerment, possible indicators of progress, and the dimensions of empowerment and equity
- Tools to measure empowerment
- Mainstreaming gender into the organization
- Analyzing past approaches to achieve women's empowerment
- Conducting the multi-stakeholder, participatory impact dialogues
- Finalizing the topic guide

2.2 Focus Group Discussions In the IDP Camps (20th-27th July 2005)

The focus group discussions, or “multi-stakeholder, participatory impact dialogues,” were held in six different IDP camps from 20th-27th July 2005. The goal of the dialogues was to provide a baseline perception of how community members view women's empowerment and how they would define indicators showing whether progress is being made towards achieving that empowerment. We also wanted to understand how various factors inhibit or promote women's empowerment in the community, how these factors are inter-connected, and how CARE and its partners can improve its work with the community to better promote women's empowerment.

2.21 Composition of Moderator Teams

The teams for moderating the focus group discussions were composed of the participants of the Women's Empowerment Workshop – including staff from CARE, GDFA, VISO, HIDO, COU, the District Agriculture Department, and the District Gender Department. For the first day, each team had three members: a moderator, a note-taker, and an observer. On the subsequent days, the teams were composed of two members: a moderator and a note-taker. The teams were mixed with males and females.

2.22 Practice Dialogues

Before visiting the first camp, the facilitator teams paired up and practiced giving the introduction and asking the questions in Luo.

2.23 Criteria for Choosing the Camps

The camps were chosen randomly based on the following criteria:

1. We chose camps in which CARE has worked before and where one of CARE's partner organizations could help mobilize participants for the discussion groups.
2. Due to security concerns, camps were chosen within a radius of about 30 kilometers from town.
3. At least one camp from each of the four counties was represented.

Focus group discussions were held in the following camps: Coop-pe, Tetugu, Pagak, Olwal, Keyo, and Alokolum.

2.24 Mobilization and Size of Groups

An advance team visited each camp earlier in the week to mobilize FGD participants. The goal was to include community members (men, women, adolescents, and children) who have participated in past CARE projects, those who have not participated in past CARE projects, those who are members of groups and other CBOs, and those who are not members of a group. The target was for each group to be composed of 8-10 participants.

The composition of the groups in each camp was the following:

- Two female adult groups
- Two male adult groups
- Two mixed male and female adult groups
- One adolescent female group (ages 14-18)
- One adolescent male group (ages 14-18)
- One children's group (boys and girls, ages 10-14)
- One group of camp leaders

In the first camp (Coo-pe), we did not have adolescent and children's groups, but they were included in each of the subsequent camps. We also only included the group of camp leaders in the last three camps. A radio announcement was used to mobilize participants in Coo-pe; this led to far too many people turning up for the talks, and many of the groups ended up with more than ten participants. In the subsequent camps, we worked with camp leaders to mobilize participants. This worked much better, and we met our target numbers for each group.

In total, we met with twelve women's groups, twelve men's groups, twelve mixed groups, five groups of adolescent girls, five groups of adolescent boys, five groups of children, and three groups of camp leaders. The total number of participants was 552, with 275 females and 277 males. This includes 50 children, 50 adolescent girls, and 50 adolescent boys.

****See Annex II for a chart that shows the composition of each of the groups we talked to in all the camps.*

2.25 Conducting the Focus Group Discussions

The facilitators used the topic guide that we came up with during the workshop to lead the discussions. During the discussions, which were conducted in Luo, participants sat in a circle and responded to the questions posed by the moderator. The note-taker recorded all of the responses, and the moderator encouraged all participants to speak. On average, the discussions lasted from one-and-a-half to two hours.

Topic Guide:

1. What are the main problems facing women in this camp? (*ice-breaker, probe for elements of women's disempowerment*)
2. What does women's empowerment mean to you?

3. (a) What are the factors that prevent women's empowerment? (*Probe for cultural, political, social, economic, and traditional factors*)

(b) What are the factors that promote women's empowerment? (*Probe for cultural, political, social, economic, and traditional factors*)
4. How can you tell that a woman is empowered? (*Probe for indicators, such as whether women are in leadership positions, control decision-making, allocate resources, or own assets*)
5. What interventions can be done to empower women in this community? (*If necessary, bring up some of the problems women face and the factors that prevent women's empowerment mentioned earlier in the discussion, and ask participants how these problems can be addressed. Bring in the concept of advocacy and non-NGO type approaches as well.*)
6. *For women:* Are any of you involved in a women's group or CBO?
 - a. *If yes:*
 - How was the group formed (*i.e. by a larger organization or by the community members themselves*)?
 - What are the benefits of the group to its members?
 - Has your participation in the group affected how others view you?
 - Do you have any suggestions about how the group could better empower women?
 - b. *If no:*
 - Do you think participation in a women's group or CBO could increase women's sense of empowerment?
 - How?

For men: How do you feel about women participating in women's groups or CBOs?

 - Does their participation in these groups affect their position in society or the way others view them?
 - Do you think participation in a women's group could increase women's sense of empowerment?
 - How?
7. CARE has been in Gulu for a long time now. How have women benefited from its projects?
8. How can CARE improve its programs so as to better empower women?

2.26 Daily Review and Analysis

At the end of the day, each team sat together, compared notes, and discussed the challenges they had in the group and their key findings. The coordinators (John and Ida) also talked with each of

the teams about their experience. We then all met as a group to go over how each of the dialogues went and to address any problems or concerns that came up.

FINDINGS WITHIN THE CAMPS

Situation Overview

Visiting the six different camps and conducting the focus group discussions on women's empowerment provided us with valuable insight on the daily challenges of camp life, as well as the areas in which community members themselves see hope for positive change. The community members described to us their own understandings of women's empowerment; their views on the cultural, social, economic, and political factors that both prevent and promote women's empowerment; and their ideas on what can and should be done to better promote women's empowerment in their communities. They also shared with us their impressions on how CARE's past projects have impacted women's empowerment and on what CARE specifically can do to improve its programming. While each of the camps we visited had its own unique challenges, the overall situation of women was similar in all six camps.

With serious food shortages, malnutrition, and a lack of basic needs, general poverty is the primary challenge women face in each of the camps. Sickness and diseases are very common, but often no proper treatment or drugs are available in the camp. In camps with health centers, there are serious problems of congestion as mothers and their children wait for hours to be seen. The medical health personnel employed by the District often do not show up, and there are inadequate numbers of community based health workers to serve the needs of the camps. Some complained of nurses who are rude, abuse the patients, or refuse to serve certain patients. Keyo camp does not even have a health center, and only those who can make the trip to far away health centers will ever receive treatment.

With men in the camps idle and disempowered, women are over-burdened with the responsibility of catering for all household needs and caring for their children's upbringing. All groups mentioned the difficulties women face in finding the money to pay their children's school fees. And those children who do attend school find incredibly over-populated classrooms and a serious shortage of teachers. With most secondary schools displaced in the town, education past primary level is a privilege few can afford. Most camps also lack daycare centers for children under 6, leaving many young children to cater for themselves while their mothers go the garden and collect firewood and water.

Participants in almost every focus group mentioned the difficulties women face in accessing clean drinking water. Some women spend over three hours waiting to fetch water from bore-holes or shallow wells. In Alokolum, some water sources are dirty and contaminated with waste from the camp – even animals use the same water points. Many women have to walk long distances to fetch water – risking abduction by rebels or rape by UPDF soldiers in the process. Women are also put at great risk while walking long distances to fetch firewood. Also due to the insecurity of the region, the camps' strict regulations and fixed schedules limit the land available to farm, as well as the time women are allowed to spend in their gardens. This has seriously disrupted the primary means of livelihood in the region.

Faced with a lack of money or any source of income, some young girls and women have resorted to prostitution – often with the UPDF soldiers stationed outside the camp who are known for their money. Women also face the threat of rape by rebels, UPDF soldiers, as well as men within the camp. All of this is contributing to the spread of HIV/AIDS. Most people have not had any exposure to HIV/AIDS awareness education or access to VCT (voluntary counseling and testing). In addition, due to the lack of family planning throughout the camps, women are overburdened with more children than they have the time or resources to care for. The high numbers of widows and orphans in the camps have only made these problems worse.

At some point in the discussion, each focus group mentioned the problems caused by the drunkenness of men in the camps. Largely because of the congested living conditions and the lack of land for farming, the men have become idle and disempowered. Many men spend their days and nights drinking, while women take care of all the needs of the household. Men, women, and children have described to us how some men will come home late at night, demand food, quarrel with their wives, beat them, and then demand sex. Often when women are able to make some money to take care of household needs, the man takes it away to buy alcohol. Thus while women are left responsible for all family needs, they often have very little control over the household resources or the money they earn. This has led many women to fall into a state of hopelessness. Participants in Olwal told us how depression and a sense of desperation have led a number of women to commit suicide.

Despite the seemingly endless list of problems in the camps, there have been some positive changes and community members are able to articulate specific, feasible interventions that could go a long way in improving their lives in general and in specifically promoting the empowerment of women in the camps. It is clear that CARE's presence is felt in each of the camps we visited, and the community members are grateful for the specific projects CARE and its partners have implemented.

****See Annex II for a chart showing the major problems faced by women in the IDP camps as well as the composition and frequency of the groups that mentioned each problem.*

How Members of the Camps Define Women's Empowerment

When we asked participants what women's empowerment means to them, many of them did not give direct definitions, but they brought up means to address the disempowerment of women in their communities. While some common ideas came out in most of the camps, there were differences in the ways participants understood women's empowerment from group to group and from camp to camp. Generally, the adolescent groups were the most informed and had the most to say about how they view women's empowerment. The men also tended to be more informed than the women.

In both women's groups in Coo-pe camp, almost all of the women did not know what women's empowerment is, and they could only come up with a couple responses collectively. In one of the mixed groups, the women themselves were not informed about women's empowerment. However, the men in the group had heard about the idea through radios, but they didn't think it

applied to camp life or their situation at the grassroots level. In the other mixed discussion, it was brought up that most men have misconceived the meaning of empowerment. The women's groups in Olwal also had difficulties responding to this question. Some said they had heard about empowering women over the radio, but as far as they know, women's empowerment is only for people in the town.

However, in each of the camps, some participants had a much greater awareness of women's empowerment and were able to express their views. The following are some of the most common responses:

Women's empowerment is about...

- ❖ Educating women and giving them equal opportunities so they become self-reliant.
- ❖ Women coming together in groups to work collectively and improve their status.
- ❖ Uplifting women to be at the same level as men by involving them in economic activities and allowing them to participate in elections.
- ❖ Allowing women to exercise their rights and have a voice in the community.
- ❖ Women participating in politics and influencing the community.
- ❖ Giving women freedom of expression in society.
- ❖ Self-realization of women; when a woman realizes she can do something to improve her own state of life.
- ❖ Giving training to women so they can do things they couldn't do before.
- ❖ Encouraging girl-child education.
- ❖ Peace and harmony in the house so that a woman can do certain things on her own.
- ❖ Enabling women to access the basic requirements of life.
- ❖ Improving household welfare.
- ❖ Enabling women to participate in decision-making.
- ❖ Men and women sharing responsibilities and working together.
- ❖ Enabling women to have an equal share in family property and income.

While all participants may not have understood the term "women's empowerment" at the beginning of the discussion, it is clear that by the end of the discussion, after listening to each other's responses and addressing the other questions, they were able to get a much clearer understanding of what women's empowerment actually means and how it applies to their own setting.

Factors that Prevent Women's Empowerment as Perceived by the IDPs

When participants were asked about the specific factors preventing women's empowerment in their communities, these were the most common responses mentioned in all of the camps (listed in order of frequency, starting with the most common response):

- *Illiteracy of women, lack of education.* Many women fear participating in groups because they cannot read and write and wouldn't be able to sign their names on the attendance lists. Illiteracy seriously weakens women's self-esteem and confidence and undermines

their ability to take part in leadership roles in the community. It also weakens their ability to stand up to their husbands and share resources and decision-making equally.

- *Life in the camp due to insecurity and war.* This prevents women's access to productive activities, and the camp regulations and fixed schedules confine women to the camp and prevent free interaction. In addition to preventing women's access to sources of income, insecurity has also led to higher rates of prostitution and heightened risks of rape and abduction.
- *Oppression from the men.* Men restrict women's movements and prevent their wives from joining groups, selling in the market, or socializing freely with others. This is often due to the fact that men fear their wives will find other men, get money through prostitution, or become 'big-headed' and stop respecting their husbands.
- *Rigid culture that puts women under men.* In Acholi culture, the fact that women are considered property and an asset to men seriously prohibits their ability to become empowered.
- *Women are over-burdened with too much responsibility.* In the camp situation, women are responsible for all household needs, leaving them over-worked, tired and without time to engage in other activities that could lead to their empowerment.
- *Inferiority complex of women, lack of self-esteem.* Many women feel they do not have the capacity to change their position in society, and they fear coming up for politics or standing up for their rights.
- *Lack of family planning.* There is a lack of education about family planning in the camps, and men often don't allow their wives to go for family planning. This results in numerous unplanned births of children and no child spacing, leaving women and girl children spending all their time caring for young babies.
- *Lack of money, no income.* With little or no sources of income, women struggle to find the money to pay school fees and provide for the basic needs of their families – thus undermining their ability to engage in other activities that could lead to their empowerment.
- *Drunkenness of men.* As men have become idle and disempowered in the camps, many have resorted to drinking. They will often come home late at night, demand food, quarrel with their wives, beat them, and then demand sex. When women are able to make some money to take care of household needs, the man takes it away to buy alcohol. Men may also sell food distributed by WFP to buy alcohol. This leads many women to feel over-burdened and lose hope.
- *Lack of land for farming.* Due to restrictions about where they can farm, many women cannot access their fields. While some land may be available near the camp to rent, it is often too expensive for women to afford. If women are able to access their fields, they often do not have adequate time to work in their gardens due to the fixed schedules in the camps.
- *Lack of skills and training in doing things that could make them empowered.* Because women in this region have traditionally provided for their livelihoods through agriculture, without specific training, they lack the skills to engage in other activities that could make them empowered.

In addition to these key factors, participants also mentioned the following factors that prevent women's empowerment:

Domestic relations factors:

- ❖ Inequality, disunity, and lack of cooperation in the family; drunkenness of women; communication gap between women and men – leading to violence, misunderstandings, and a lack of trust; problems of polygamy (men can't respond to all of their wives equally or with enough resources, and the benefits one woman may get from a group have to be shared with the families of all the other wives); lack of respect by men to women which makes women hide when in groups; and high rates of divorce and separation.

Social factors:

- ❖ Women aren't involved in decision-making in the camp; women by nature are shy and can't express their viewpoints; women are emotional; lack of unity and cooperation among women; women are jealous of one another; the large number of child mothers in the camps; laziness (some women don't make any effort to improve their status in the community); women don't have good leaders to guide them; due to the congestion in the camp, elderly people can't sit around the fire and teach young girls and boys; women don't have time to attend meetings; lack of skills and interests in different fields such as music, dance, and handcrafts; even the children may be stubborn and steal from their mothers, leaving the women so discouraged that they may just give up; and depression of women leads some to commit suicide.

Cultural factors:

- ❖ Due to cultural biases about the roles of women, men don't want women making decisions in the home; men dictate on family produce because they know that culturally men are the landowners who own every asset of the family, while women should remain in the kitchen and do as they're told; due to cultural norms, the community looks at women as having no value, so women often lack a voice in the community to stand on their own and express themselves freely; women waste their money away due to superstitious beliefs in witchcraft; because girls are viewed solely as a monetary asset to the family, girl-child education is often discouraged; women who try to be politicians are overlooked or discouraged by men not to do it; and when widows are inherited, they often become more dis-empowered due to the dictatorship of the new man.

Sexual and gender-based violence factors:

- ❖ Domestic violence (due to drunkenness of men, quarrels over relief services distributed by WFP, or as a result of men going to prostitutes or women going to soldiers to get money); fear of soldiers living near the camp and raping young girls and women; and fear of rape and abduction (by rebels or mobile units of UPDF soldiers wandering in the bush) while women walk long distances to collect firewood, fetch water, or work in the field.

Economic factors:

- ❖ Lack of income-generating activities for women; parents forcing their daughters to get married at a young age in order to bring money to the family; lack of capital and assets to get started with IGAs; prostitution among young girls to make ends meet and acquire material things and money; lack of knowledge on how to work with money; lack of market for their products; rebels harvest the crops from their gardens, leading some women to give up on cultivation; inadequate farm inputs such as seeds, tools, and agro-chemicals; bad climate conditions that destroy crops; fire outbreaks in the camp that destroy their property and assets; robbery and theft in the camp; lack of revolving loans due to insecurity; nepotism among camp officials (i.e. local leaders may keep for themselves the money meant for development); livestock destroy crops since the farmland is so near to the camps; soil has become stale and infertile from cultivating the same land over and over; and women often lack the money to pay registration fees to join groups.

Education factors:

- ❖ Lack of knowledge and skills in the field of leadership; lack of knowledge about women's empowerment/misconceptions; ignorance of women about what they can do to change their situation; lack of knowledge on how to form groups and write bi-laws; poor schools in the camp; educated women are privileged; lack of school fees; and misunderstandings about children's rights causes problems for women in dealing with their children.

Health factors:

- ❖ Sickness and disease (especially long-lasting illnesses); high rate of HIV/AIDS (due to congestion of camp, rape, prostitution, unnecessary movement of men from one woman to another, lack of VCT services, and lack of HIV/AIDS education and sensitization); poor diet and malnutrition; lack of well-trained traditional birth attendants (TBAs); health centers are very far and congested; lack of proper treatment and drugs available at the health centers; lack of antenatal and reproductive healthcare; and a lack of proper sources of drinking water.

Political factors:

- ❖ Women suffer lack of support in the political field; lack of coordination and cooperation in the camp; and the central government releases money, but the District fails to implement the proposed projects that would promote women's empowered.

NGO Factors:

- ❖ Women are always the only recipients of benefits; men become jealous of women because NGOs only focus on women and leave them out; and training women and giving them projects without following up makes women forget what they learned and sometimes divert resources to unproductive activities [These three factors were only mentioned by male groups].

***See Annex III for a chart showing the major factors that prevent women's empowerment as perceived by the IDPs, as well as the composition and frequency of the groups that mentioned each factor.

Factors that Promote Women's Empowerment as Perceived by the IDPs

When participants were asked about the specific factors in their communities that promote women's empowerment, these were the most common responses mentioned in all of the camps (listed in order of frequency, starting with the most common response):

- *Good relationship between men and women inside the home.* This includes joint-decision making between husbands and wives, and married partners wives showing concern for each other and giving each other support and advice.
- *Forming groups and working together.*
- *Micro finance, having access to loans.*
- *Skills training in various fields.*
- *Resettlement; improving the security situation so that people can go back to their original land.*
- *Adult literacy programs.*
- *Women contesting in politics and given the opportunity to hold leadership positions (as rwot okoro, camp leaders, zonal leaders, parish leaders, chairpersons of groups).*
- *Involvement in Income Generating Activities (IGAs).*
- *Promoting girl-child education.*
- *Provision of quality seeds (at the right time) and farming tools.*
- *Family planning education.*

In addition to these key factors, participants also mentioned the following factors that promote women's empowerment:

Social factors:

- ❖ Men giving women freedom of association; shared responsibilities between husbands and wives; sensitization of both men and women on their rights and responsibilities so that they can work together; men supporting women in daily activities and domestic work to reduce the burden on women; sensitization of both men and women about the meaning of empowerment; sensitizing men so they realize that all work is suitable for both men and women; women participating in activities that are traditionally thought to be for men only (i.e. construction work to make slabs); teaching girls and parents the importance of avoiding early marriage; women sharing ideas with other members of the community; boldness of women in the community; deviation from witchcraft; women showing self-control by not drinking; emphasis on monogamy; and sensitization of men about issues related to domestic violence and harassing women.

Economic factors:

- ❖ Women owning resources and keeping domestic animals on their own; women participating in revolving loans (*kalulu*); training on business skills (how to

manage money, business planning, and financial budgeting); provision of grants; support in terms of household utensils, blankets, and soap; animal traction projects, giving groups oxen and ox ploughs (groups are then able to cultivate on their own, and they can also make extra money by renting out the oxen and ox s to others); large-scale production by working collectively (this makes women more self-reliant and independent); planting fast-yielding crops that mature quickly and high value crops that can be sold; food security; distribution of food by WFP (women can partly sell their food); and NGOs buying products women produce at higher prices instead of the local businessmen who buy at lower prices.

Education factors:

- ❖ Mass sensitization of the community (both men and women) so that all community members are aware of development programs; educating women on their rights and freedoms; being well-informed; sensitization of women on legal matters; giving boys and girls informal education and advice from elders; giving support to child mothers by taking them back to school; sponsoring children in schools; sensitizing women on what they can do in society (e.g. small-scale businesses, forming groups); offering sex education to men, women, and children; and bringing women teachers to the camp.

Health factors:

- ❖ Training on sanitation to improve hygiene and reduce disease occurrence in the home; sensitization on the risks of alcohol consumption; access to nearby health center and medical care; building well-facilitated and stocked health center and dispensary; training women as TBAs; sensitization on HIV/AIDS; reproductive health education; provision of mosquito nets to control malaria; and the work done by the Community Health Clubs formed by CARE.

Political factors:

- ❖ Men supporting women candidates during campaigns and elections; men allowing women to vote on their own; implementing government policies on gender sensitivity; and dealing with men who abuse women according to the bi-laws of the area.

Additional factors:

- ❖ Exchange visits so women can see what groups are doing in other camps or even other districts; ensuring follow-up supervision and monitoring of women's related issues (including training workshops and sensitization) so that women don't feel they've been abandoned; hard work; introduction of games and sports; community based trainers in the camp who regularly train women on a number of aspects; and promotion of projects geared towards women's empowerment.

****See Annex IV for a chart showing the major factors that promote women's empowerment as perceived by the IDPs, as well as the composition and frequency of the groups that mentioned each factor.*

Indicators of Women's Empowerment as Perceived by the IDPs

When participants were asked how they could tell that a woman is empowered, the following are the most common indicators mentioned in all of the camps (listed in order of frequency, starting with the most common response):

- *Improved welfare (Her family has basic needs like food, water, shelter, cooking utensils, soap, and clothes).*
- *Able to pay school fees for her children.*
- *Good relations in the home (no conflicts, quarrels, or violence between married partners).*
- *Able to participate in politics, given power by voting.*
- *Is an active leader who commands respect.*
- *Is healthy.*
- *Dresses well, has more than one dress and wears shoes.*
- *Good diet that can be changed.*
- *Has assets that are new in the home (like machines, bicycles, chairs, and tables).*
- *Has a source of money/income to sustain the family (isn't dependent on WFP relief services).*
- *Able to control decision-making on some household assets.*
- *Does some small business and takes charge of the money she earns without her husband taking it away.*
- *Is educated, has skills and knowledge, can read and write.*
- *Happiness in the family.*
- *Respect in the house between married partners.*
- *Active involvement and participation in groups.*
- *Children's welfare is taken care of.*

In addition to these key indicators of women's empowerment, participants also mentioned the following indicators:

Social indicators:

- ❖ Shares ideas on all assets in the house with her husband, is able to bring ideas before her husband and he accepts; shared responsibility between women and men; boldness in speaking, confidence, speaks with power, is able to speak among others and be heard; good decision-making in groups and at the community level; shares resources amicably; her husband allows her to go to meetings and training workshops; cooperation in the house; high self-esteem, self-realization, self-respect, and self-confidence; separation or divorce from their husbands can be an indicator of empowerment; hospitable, welcomes many visitors; influences others; can give advice to those who seek it; can talk and give out ideas in meetings; is a model and good example to others; can eat chicken (doesn't follow cultural norm that chicken is a man's food); has deviated from witchcraft (and now goes to hospitals and church); reduced level of drunkenness; can celebrate the birthdays of her children; is honest; is open and not jealous of

other people; doesn't respect men; transfers all the household wealth to her own family; bad relationship with her husband, disobedient; looks down on other women; and family misunderstandings and violence since women tend to do what's contrary to men's ideas.

Economic indicators:

- ❖ Has resources like land, cows, and goats; is self-reliant and doesn't ask men for money; has good business management, proper planning and budgeting, accountability; can afford luxuries like mobile phones, perfumes and lotions; is engaged in revolving loans, can easily get credit; can afford to hire labor; is able to give out loans to women's groups; is able to open a bank account and have full control over her money; uses improved farming methods; is able to construct permanent buildings; has moved away from selling small things to larger stock; has a bicycle or can take a taxi/access transport to get services outside of the camp; has a house, not a hut; takes part in work normally done by men (i.e. sanplats construction, making bricks for huts); and can support her parents.

Education indicators:

- ❖ Is knowledgeable and well-informed; is educated formally as well as informally; has been trained in workshops; encourages education of child mothers in the family; their children can attend higher level senior education; and has knowledge about human rights.

Health indicators:

- ❖ Physical appearance (has put on weight and has smooth and shiny skin); good personal and family hygiene; household cleanliness; sanitation of surroundings and the individual; and good family planning.

Political indicators:

- ❖ Active public participation in the community (e.g. community mobilizer, supporter); and can speak with authority and strive for a higher position in the community.

****See Annex V for a chart showing the major indicators of women's empowerment as perceived by the IDPs, as well as the composition and frequency of the groups that mentioned each indicator.*

How CARE Has Impacted Women's Empowerment

CARE's presence is clearly felt in each of the camps we visited, and participants in the FGDs were generally aware of the specific projects CARE has implemented. The participants also made it clear that CARE's projects have directly promoted women's empowerment in a variety of ways. By encouraging group formation, providing access to loans and the skills needed to start income generating activities, providing quality seeds and tools and giving skills training on improved agricultural methods, and educating the communities on better health and sanitation

practices, CARE has helped women become self-reliant, actively participate in leadership positions, and improve domestic relations.

Group Formation

The FGDs showed that CARE's encouragement of group formation has clearly had one of the biggest impacts on promoting women's empowerment. While some groups were formed many years ago in the camp members' original villages, the majority of groups have been formed since the people were moved into the camps. Most groups are at least 80% female, and the chairpersons of the groups are almost always women. Once the groups have been formed, the members can work collectively to cultivate their fields, engage in revolving loans or "kalulu," and access support from NGOs and other groups in the form of skills training, loans and the materials and skills for starting income generating activities.

According to the FGD participants, involvement in groups has promoted women's empowerment because the groups:

- *Promote collective responsibility and encourage hard work.*
- *Enable group members to pool resources together and enlist for financial support.*
- *Promote savings and credit among members and teach women to allocate resources and manage money.*
- *Encourage women to share information and ideas.*
- *Promote a strong sense of unity among women and within households.*
- *Teach women to respect each other and their families.*
- *Enable women to control resources in the home and share ideas freely with men.*
- *Reduce the rate of alcoholism among women because they are so busy with teamwork.*
- *Help members when they have personal problems because women provide support, advice and counseling for other members.*
- *Encourage women to strive for leadership positions in the community.*
- *Reduce women's inferiority complex and raise self-esteem and confidence.*
- *Encourage women who are shy to express themselves freely in public.*

Negative Impacts of Groups

While the participants' views on how groups have impacted women's empowerment were overwhelmingly positive, some negative consequences were reported, primarily relating to how men view their wives' participation in groups.

These negative impacts include:

- *Groups have brought jealousy in the community.* Some women who are not in groups will steal from members of groups or even destroy their vegetables.
- *Only those who are in groups receive benefits from donors and NGOs.*
- *Sometimes people come to groups, but when there is no meaningful support given to the group, people are discouraged from joining.* If they don't see any real tangible benefits, the group disintegrates, and members not in groups refer to those cases as reasons why they aren't in groups.

- *Some women who aren't in groups feel that women in groups are wasting all their time attending meetings and workshops.*
- *Some men refuse to allow their wives to join groups.* This is often due to misunderstandings about what the group is really about and what the women actually do at the meetings and workshops. Some men are afraid that their wives say they are going to workshops when they are really “doing business with other men elsewhere.” Sometimes, a man will be afraid that his wife will be exposed to some training and become wiser than him. Then if wants to impose himself on her, she could reason with him, and he wouldn't be able to control her because she'd be aware of her rights.
- *Some men take whatever benefits women get from groups to buy alcohol.*

Despite these negative impacts, it seems that men's attitudes in the camps are generally changing. As one man in Keyo camp put it: *“Today the whole house is dependent on the woman, so men are beginning to allow their wives to join groups. The men are actually disempowered, and they're relying on women for assistance, so many men are opening up and accepting their wives to join groups.”*

Other Ways CARE Has Promoted Women's Empowerment

In addition to encouraging group formation, participants mentioned the following ways that CARE's projects have promoted women's empowerment:

- Micro finance training and provision of simple loans have enabled women to earn money to pay school fees for their children and address other household needs. This has helped women solve their problem of being dependant on farming when there is a lack of land because they can now operate small-scale businesses.
- Skills training gave women the ability to plan and manage businesses and financial budgeting.
- Provision of improved seeds (such as groundnuts, millet, beans, cabbages, etc.) and agricultural farm tools (such as hoes, axes, and pangas) led to an increase in agricultural production and an improved diet.
- Provision of oxen and ox ploughs in the animal traction project enabled groups of women to plough large plots of land on their own and to get an additional source of income by renting the oxen and ox ploughs out to other community members.
- Opening feeder roads provided women with employment opportunities as well as easier access to places.
- Food for work programs improved nutrition levels of women and their families.
- Provision of beehives to women's groups has given women an alternative source of income.
- Sanplats construction improved sanitation in the household and also gave women a source of income.
- Community Health Clubs improved general cleanliness in the camp. Women can also now identify diseases that affect their children, and they are aware of their causes and preventive measures.
- Training on sanitation promoted good hygiene and sanitation practices throughout the camp.

- Constructing boreholes and opening up shallow wells in the camps increased access to clean and safe drinking water.
- Distribution of insecticide treated bed nets to pregnant mothers and infants helped reduce the rate of malaria in the camp.
- Construction of a health center and provision of drugs improved access to medical care within the camp

How CARE Can Improve Its Programs to Better Empower Women

The FGD participants had a number of suggestions for interventions that would promote women's empowerment in their communities. Many of their suggestions were to continue and expand past CARE projects, but there were also a number of ideas for new projects. The following is a list of the most common interventions suggested in the FGDs (listed in order of frequency, starting with the most common response):

- ❖ *Provide more trainings and refresher courses for women in the camps.* Participants viewed knowledge, education, and training as the keys to power, and lack of these skills has undermined women's progress and development.
- ❖ *Provide non-food household items (such as blankets, cooking utensils, and clothing).*
- ❖ *Implement more projects that promote good hygiene and sanitation.* This was suggested in all camps as a way for camp residents to improve their family hygiene and fight diseases.
- ❖ *Establish technical schools for skills training.* There were not any technical schools in the camps we visited, but this is clearly something participants in all camps greatly desire.
- ❖ *Encourage women to form groups.* Participants strongly believed that involvement in groups promotes women's empowerment by encouraging collective effort, self help (through *kalulu*), self-reliance, team spirit, and group learning.
- ❖ *Provide farm inputs, including vegetable seeds, g-nuts and tools as well as animals.* These items provide greatly needed sources of food and alternative sources of income.
- ❖ *Open additional water points in the camp.* There is a general problem of accessing clean water in the camps. Women have to walk long distances to reach water sites, risking rape or abduction, and they often spend over three hours waiting in line to collect water.
- ❖ *Target both men and women in the camps in future projects.* In all the camps, participants suggested that there is a need to involve more men in group activities since the men are themselves disempowered as a result of displacement and encampment.
- ❖ *Open literacy schools for women in the camps.* Many women in the camps fear participating in groups because they are unable to read and write. Illiteracy seriously weakens women's self-esteem and confidence and undermines their ability to take part in leadership roles in the community. It also weakens their

ability to stand up to their husbands and share resources and decision-making equally.

- ❖ *Revive the community feeder road project.* This project provided employment to both men and women and also opened up access to new areas.
- ❖ *Provide sponsorship for school fees.* While women spend their days struggling to come up with the school fees for their children's education, their opportunities for participating in other activities that could promote empowerment are seriously hindered.
- ❖ *Expand animal traction projects (with oxen and ox ploughs) to more women's groups.*
- ❖ *Carry out frequent follow up visits, field visits, reviews, monitoring and evaluation of CARE's projects in the camp.*
- ❖ *Provide insecticide treated bed nets to all IDPs in the camp.*
- ❖ *Continue with the business skills training, and teach women about money management, business planning and financial budgeting.*
- ❖ *Provide loans and grants to groups to boost women's economic development.*

***See Annex VI for a chart showing all the suggested interventions to promote women's empowerment, as well as the composition and frequency of the groups that mentioned each intervention.

4.0 COMMENTS AND RECOMMENDATIONS

4.1 General Comments on How Projects are Implemented and CARE's Relationship with its Partner Organizations

Staff Training

- ❖ *As CARE moves forward with its specific focus on gender issues and women's empowerment, it is crucial that CARE's own staff and the staff of our implementing partners have a full understanding of what gender analysis is and how it can be incorporated into all levels of programming – including the planning, implementation, monitoring, and evaluation stages.* The workshop at the start of this Strategic Impact Inquiry exercise showed that there is a real need for in-depth gender training both for CARE staff and the staff of our implementing partners. Many of the participants discovered that their own gender biases were deeper than they had realized, and the concepts introduced in the workshop were new to many participants.
- ❖ *The workshop also showed that there is a need for CARE and its partner organizations to promote gender equity and gender mainstreaming at the organizational level.* Many gender biases still exist at the structural and policy levels of the organizations. When reviewing their organizations' approaches to gender, the issue of representation (gender equality) was often addressed, but the importance of equity was often missing.

Project Implementation

This exercise has shown that CARE's interventions in the camps are geared towards promoting women's empowerment, and they have generally gone beyond addressing basic needs to addressing gender equity, rights equality, and ownership. However, there are important factors that need to be addressed in order to really promote women's empowerment in the IDP camps in a meaningful and sustainable way.

- ❖ *Involving Men in Our Projects:* A key message that came up repeatedly in the workshop as well as the discussions in the camps is the need to involve men in all efforts to promote women's empowerment. It is clear that men in the camps spend much of their time "socializing," while the women are burdened with household activities throughout the day. When planning our projects, we need to involve both men and women in such a way that we do not over-burden the women with more activities. It also came up that men are often critical of their wives attending meetings and trainings or participating in women's groups. They may verbally threaten their wives or physically harm them for taking part in these activities. In order to prevent these negative consequences of development work, we need to address the misconceptions men have about where their wives are going and invite men to participate in the same, or similar, activities.
- ❖ *Targeting and Mobilization:* To ensure that targeting isn't biased and that our projects actually reach the most vulnerable and needy (such as widows, single-headed households, families caring for orphans, child mothers, and victims of HIV/AIDS), CARE staff members (and the staff of our implementing partners) need to be actively involved in mobilization. Our past projects have often benefited the most vocal or active community members – those who can afford to take the time to attend workshops and meetings and whose husbands allow them to leave the home. In Keyo, the camp leaders informed us that groups are formed and beneficiaries for projects are chosen when the camp leaders call a general meeting. They then choose the beneficiaries from among those who show up, ensuring that the CARE target of 80% women is fulfilled. To look at factors other than the male/female composition of the project beneficiaries, it may be necessary for CARE and our partner staff to make house visits and ensure that all community members are aware of an upcoming project and that those who are the most vulnerable have equal opportunities to participate.
- ❖ *Ensuring Accountability and Transparency:* To ensure that our interventions result in concrete, sustainable changes at the community, household and individual levels, there is a need for a strong emphasis on accountability and transparency in all of CARE's future work in the camps. Many participants in the focus group discussions complained of "empty promises from NGOs" whose staff members came to the camps and said they were going to bring seeds, loans, or other projects, but then failed to deliver. This has caused some women in the camps to lose hope and give up on participating in any development activity. Some participants said that CARE came to their camp and told them that if they formed groups, they would get loans – but the loans didn't come, so they have given up on working in groups. Others said they were told that if they dug pits, CARE would give them sanplats to construct latrines – but the materials never came.

There may very well be logical explanations for why these people have not received the support they had hoped for, but it is crucial that CARE is both transparent and accountable to all community members so that misunderstandings such as these do not take place. It is necessary to sensitize all community members about what the project is about, how it will be implemented, who the beneficiaries will be, and how the project will be monitored and sustained.

- ❖ *Monitoring and Evaluation:* In general, the groups formed for a specific CARE project have lasted beyond the time period CARE has worked with them and the group members continue to benefit from the group and work together. In Tetugu, for example, the WATSAN project has now ended, but groups are constructing sanplats on their own and tippy taps and drying racks are in use throughout the camp. However, in some cases, the groups disintegrated after they received benefits from CARE. Some FGD participants mentioned that they felt abandoned by CARE after a project was completed. Because of a lack of follow-up training and refresher courses, some people have forgotten the new skills they learned and are unable to continue with projects. Without proper monitoring and continued support, the groups have not been able to continue.

It would therefore be valuable if CARE and our partner staff made a concerted effort to increase our presence in the camps and ensure that monitoring and evaluation of projects is done on at least a weekly basis. Staff members should really get to know as many project participants as possible, and not just the camp leaders and group chairpersons. CARE should strive to informally continue the process used in this Strategic Impact Inquiry on a regular basis by asking men, women, adolescents, and children in the camps about the real impact of our projects at the household and individual levels and about what changes they believe need to be made in how the projects are implemented.

If possible, to truly make our presence felt in the camps and to really understand the situation and how projects are being implemented, CARE should arrange for members of our partner staff to actually live in the IDP camps themselves. Observations here as well as in other emergency settings show that effective emergency programming is difficult when all the development and relief workers live far away from the communities they serve. Close contact with the community members will make CARE more accountable and help build confidence among the community members so as to ensure continuity in our interventions.

4.2 How CARE can Promote Gender Mainstreaming and Women's Empowerment In the Camps

This exercise has shown that while all of CARE's projects are geared towards women's empowerment, there are important factors that need to be addressed in order to promote women's empowerment in the IDP camps in a meaningful and sustainable way. Following are recommendations for interventions that can take place alongside CARE's other projects in order to ensure that our projects actually address the root causes of gender inequity:

- ❖ *Sensitizing both men and women on their roles, rights, and responsibilities.* This can be done by getting groups of men and groups of women to separately go through their daily calendars and realize how responsibilities are actually divided within the household. Then married couples could come together and talk with CARE staff about how men could support women in their daily activities to reduce the burden on women. The importance of joint-decision making, sharing of resources, promoting transparency and communication between married couples, and giving women freedom of association and movement could also be discussed.
- ❖ *Workshops for women focused on building their confidence and self-esteem, teaching them leadership skills, enabling them to be more active and vocal in the community, and helping them realize their own capacity and potential.* One of the most frequently mentioned factors that prevents women's empowerment is that women lack self-esteem and feel they don't have the capacity to take leadership positions or express themselves in public. In addition to sensitization of men and women about their roles and responsibilities, CARE should meet with groups of women and help them understand their rights and realize they have the potential and the capacity to take an active leadership role in the community.
- ❖ *Sensitizing and educating both men and women on the risks of alcoholism and providing counseling services to those with drinking problems.* The focus group discussions made it clear that drunkenness of men (as well as some women) is a critical barrier to women's empowerment, and participants in all camps felt something needed to be done to address this problem in their communities. The consequences of men resorting to alcohol have prevented many women from actually benefiting from their work in groups. The participants also made it clear that there are no counseling services or health education classes about the risks of over-drinking available in the camps, but they felt these interventions could be valuable in changing behavior. In addition to sensitization, CARE could also work with camp leaders to discuss passing ordinances that would limit the times for alcohol consumption or the types of alcohol sold in the camps.
- ❖ *Providing functional adult literacy programs.* Given that illiteracy of women is the most common factor that participants believe to be preventing women's empowerment, programs that teach women to read and write would go a long way in giving women the confidence and skills needed to hold leadership positions, run for political office, become active participants in groups, and participate equally in all household decisions and responsibilities.
- ❖ *Sensitization on the importance of girl-child education and discouraging early marriage.* Many parents in the camp are discouraging girl-child education and forcing their daughters to marry at a very young age because of the bride price she will bring to the family. This is due both to cultural beliefs that girls are an asset to the family and only valuable as a source of income, as well as the camp situation that has made many parents desperate for any source of income. The adolescent girls and boys that we talked to were particularly adamant that someone needed to come in from outside and teach their parents the value of education for girls as well as boys.

- ❖ *Providing daycare centers for children under 6.* Many young children are left to cater for themselves while their mothers go to the garden and to collect firewood and water. Participants mentioned that they often end up playing with dirt and rubbish, leading to disease.
- ❖ *Sponsoring orphans and child mothers so that they can attend school.*

The following sections describe specific comments and recommendations for CARE's past and future projects in the camps based on the findings from this exercise.

4.3 Economic Recovery (ECORPAC) Project Recommendations

The work that CARE has started with this project has clearly had a positive impact on the camp communities and on promoting women's empowerment in particular. Three of the most common factors that promote women's empowerment, according to the FGD participants, relate to the business development skills training and services provided in this project: forming groups and working together; micro finance support and access to loans; and skills training in various fields.

The following recommendations for the ECORPAC project are based on the findings from the FGDs, and they should help ensure that the project has the maximum impact on the camp communities:

- ❖ *Sensitize the community about the project goals and beneficiaries.* As CARE continues its work with this project, it is important that staff members are clear about the specific goals of the project and who the beneficiaries will be to prevent misunderstandings later on.
- ❖ *Provide skills training on forming groups, writing bi-laws, financial budgeting, business planning, and money management.* Instead of just telling people that if they form groups, they will receive a loan, it is important that we provide people with the necessary skills to form and manage a successful group.
- ❖ *Target entire households.* When planning interventions, the spouses of project beneficiaries should be fully aware of what the group, workshop, or meeting their spouses are attending is all about, and they should understand how the project benefits the entire family. This is necessary to avoid misunderstandings, quarrels, domestic violence, and further oppression from men.
- ❖ *Provide exchange visits to other camps and districts.* A number of participants mentioned that exchange visits would be very valuable in giving women exposure to life outside the camp and allowing them to see what groups in other camps are doing. This could help them expand their activities and come up with new income generating activities that haven't yet been used in their camp.
- ❖ *Target child mothers and widows* in the provision of skills training and in support through loans and starting up IGAs. Participants in all camps told us that while child mothers and widows are the most vulnerable and the most in need of skills training, they have had the least access to such support in the past.

4.4 Partnership for Community Sustenance (PCS) Project Recommendations

The participants we talked to were very appreciative of the provision of seeds, tools, livestock, and oxen and ox ploughs, as well as the training in beekeeping and improved agricultural methods. However, a few issues came up repetitively concerning the timing and type of seeds provided. In many of the camps, the groundnut seeds were delivered in the wrong season, so the crops ended up doing very poorly. In Keyo, the seeds were bought in Kampala and did not do well on the land in Gulu, thus leading to a very poor yield.

To address these issues, CARE should:

- ❖ *Provide quality seeds (procured locally) at the right time of the year to produce maximum yield.* Community members should be consulted about the type of seeds they want and when they should be given.

Another issue that came up is that when some women were given tools, their husbands would use the fact that the tools were given to the women as an excuse for them to avoid working in the farm. Other husbands would take the tools away from the women and sell them to buy alcohol.

To address this issue, CARE should:

- ❖ *Sensitize men and women about project goals.* It is necessary that both the husband and wife in a household are fully aware of the project and understand why the tools and other provisions or skills training are being given and how they can be used to benefit the entire household.

4.5 Emergency Water and Sanitation (WATSAN) Project Recommendations

The WATSAN project clearly had a positive impact on the camps in which it was implemented. There was a noticeable difference in terms of camp cleanliness between the camps we visited that benefited from the project and those that did not. For example, Olwal was not part of the WATSAN project, and all of the FGD facilitators noticed how much dirtier this camp was than the others we visited. In the other camps, the FGD participants appreciated the support provided in the WATSAN project, but they generally felt that much more needed to be done. Participants would particularly like to see continuation in the following areas:

- ❖ *Provision of additional boreholes.* Participants in all focus group discussions complained of the difficulties in accessing clean water. Many women have to walk long distances to fetch water, and due to congestion at the water sites, they may have to wait for over three hours to get the water. This seriously restricts their ability to devote time to other productive activities during the day.
- ❖ *Continue training and provision of materials for constructing latrines.* Participants in the FGDs made it clear that they appreciated this project both because it provided the needed latrines and because the construction of concrete slabs that were then bought by CARE empowered women by giving them a source of income and the ability to work on their own. However, there were many complaints that the number of poly sanplats and concrete slabs provided was not enough, and some people who had dug pits never received the materials to construct the latrines.
- ❖ *Train more Community Health Workers and provide refresher courses and follow-up supervision.* Participants noted that the CHW improved sanitation in the camps and

taught families about personal hygiene and how to recognize, treat, and prevent deadly diseases. However, there were many concerns that the CHW needed refresher courses and more monitoring from CARE so that they could continue their work in the camps.

4.6 Sexual and Gender-Based Violence Project Recommendations

While some FGD participants were reluctant to talk about these issues, the discussions made it clear that sexual and gender-based violence is a serious problem that has not been addressed in any meaningful way in all the camps we visited.

While walking long distances to work in their gardens, fetch firewood, or collect water, women risk rape or abduction by rebels and UPDF soldiers. The UPDF soldiers who rape women outside of the camp are usually from mobile units roaming around hunting rebels. Because they are not stationed in any one place, FGD participants told us that, in most cases, it is nearly impossible to find the actual perpetrators. The participants informed us that women and young girls are also raped within the camps – by UPDF soldiers stationed in the camp to protect them, by drunkards and drug addicts, and by their husbands and neighbors living with them in the camp. The participants we talked to were not aware of any effective system in place to report cases of rape within the camps. They said that cases could be reported to district authorities or camp leaders, but they had not heard of any action actually being taken to find or punish the perpetrators.

Prostitution has also become a serious problem within the camps. While it used to be seen as a problem found only within the town, participants informed us that prostitution has now become increasingly rampant in the camps, especially due to the tight living conditions and people's sense of desperation. Faced with a lack of money or any source of income, young girls and women have resorted to prostitution – often with the UPDF soldiers stationed outside the camp who are known to have money. Parents may even force their young daughters to go to soldiers at night and bring their families some extra money. There are also some women in the camps who are known to wander around and sleep in a different place each night. These women apparently have made a lot of money through prostitution, so they would not see any benefits in joining groups or engaging in other income generating activities promoted by organizations like CARE. The participants informed us that a man might come home, refuse his wife's food, and beat her. He would then spend the night with a prostitute who could afford expensive food and other luxuries. All of these scenarios of rape and prostitution contribute to the deadly spread of HIV/AIDS throughout the camps. Compounding these problems, participants were not aware of any HIV/AIDS education, VCT services, or antiretroviral therapy and drugs in the camps.

Domestic violence is also a major problem within the camps that is seriously hindering many efforts to promote women's empowerment. According to the FGD participants, this violence is most often a result of men's drunkenness. A man may come home late after an afternoon and night of drinking, demand food from his wife, and then beat her or demand sex. Domestic violence is also sparked by quarrels about WFP food distributions or control over other household resources, misunderstandings about what women are doing when they join groups and attend meetings and workshops, and disputes caused by men going to prostitutes.

Because there is no reliable and effective reporting mechanism for cases of sexual and gender-based violence in the camps, it is difficult to gauge the real extent of this violence or who the perpetrators and victims actually are. The FGDs provided a general overview of how community members perceive problems relating to sexual and gender-based violence, but more research is needed to probe deeper into these issues. In the future, smaller FGDs (with no more than six participants) focused specifically on this issue may bring out some of these issues more clearly. It would also probably be best to avoid mixed male and female groups for these discussions.

In addition to more in-depth research, the following interventions can be incorporated into CARE's upcoming project on Sexual and Gender-based Violence to help address the root causes of these problems and the ways they inhibit women's empowerment:

- ❖ *Providing a reliable way for women to report cases of rape without risk of further abuse or stigma and in which the perpetrators are actually found and punished.* If this is done through the local council system, it is necessary that those who deal with the cases are trained on gender issues and recognize rape as a serious crime that needs to be dealt with.
- ❖ *Close coordination with the army.* This is crucial to ensure that commanders actually punish the soldiers who are found guilty of rape. The issue of rape in the camps can only seriously be addressed if CARE works together with the army structures.
- ❖ *Helping prostitutes (as well as women who wander around and sleep in a different place every night) to find alternative sources of income and understand the benefits that can come from working collectively in groups.* By giving special attention to prostitutes within the camp and counseling them, CARE can help these women realize their own potential and that they do have alternatives.
- ❖ *Sensitizing prostitutes on the risks of HIV/AIDS and other STDs.*
- ❖ *Sensitizing soldiers (who are often the perpetrators of rape and the supporters of prostitutes within the camps) about the risks of HIV/AIDS.*
- ❖ *Counseling for married couples on domestic violence.*
- ❖ *Providing a reliable and effective means for women to report cases of domestic violence without fear of increased violence or stigma.* Again, this can be done through the local council system or camp leaders, but it is crucial that the people dealing with these cases are trained on gender issues and actually recognize domestic violence as a serious crime that needs to be dealt with.
- ❖ *Starting an agro-forestry project near the camp so that women do not have to walk long distances to fetch firewood and risk rape and abduction.*

4.7 Reproductive Health Project Recommendations

Reproductive healthcare is completely lacking in the camps, and there are no antenatal care facilities within the camps. There is also a lack of trained TBAs.

In addition, there is a serious gap in health education on reproductive healthcare, family planning, and HIV/AIDS. The Community Health Clubs seemed to have a very positive impact on the camps in which they were formed, and this approach could be repeated in future projects. However, it would be necessary to incorporate refresher-training courses and active follow-up and monitoring to keep the Community Health Workers informed and motivated.

Following are recommendations for the upcoming Reproductive Healthcare Project, based on the FGDs in the camps:

- ❖ *Ensure that all camps we work in have a community health center.* Keyo camp does not have a health center, so only those who can afford to make the trip to town or neighboring camps can ever receive healthcare.
- ❖ *Family planning education for both men and women.* There is a critical lack of family planning education and birth control in all of the camps we visited. There are also problems with men not allowing their wives to go for family planning. In all FGDs, lack of family planning was seen as one of the main factors preventing women's empowerment. With the uncontrolled number of births in the camp and women's inability to care for so many children, it is crucial that CARE educates both men and women about the importance of family planning.
- ❖ *Provide reproductive health services and antenatal care facilities within the camps.*
- ❖ *Train additional Traditional Birth Attendants (TBAs).*
- ❖ *Sensitization of men, women, and adolescents about the risks of HIV/AIDS and how it can be prevented.* This can be done partly through the formation of HIV/AIDS Awareness Clubs in the camps.
- ❖ *Provision of sex education for adolescents.*
- ❖ *Provision of Voluntary Counseling and Testing (VCT) services for everyone in the camps.*
- ❖ *Increase the number and capacity of Community Health Workers who can provide certain services when the district medical personnel don't show up.* It is important that CARE follows up on the work of these Community Health Workers and provides regular refresher courses.

4.8 Advocacy Recommendations

In addition to the specific projects CARE is implementing in the camps, there are important ways that CARE can use its role as a well-respected international NGO to influence other key stakeholders in the region. Participants in the FGDs mentioned a number of problems in the ways the UPDF and the Government of Uganda, the Gulu District authorities, and the World Food Program implement their stated policies and programs.

Following are recommendations for how CARE can urge these stakeholders to better serve the camp populations in ways that will help promote women's empowerment in the camps:

Security Recommendations for the UPDF and the Government of Uganda:

- ❖ *Increase security in the camps and ensure timely pay of the soldiers.* In one of the camps we visited, soldiers had not been paid for the past five months. With lack of motivation, many UPDF soldiers themselves have become a threat to the community members they are there to protect.
- ❖ *Improve security in the areas outside the camp so that women can travel to their fields, gather firewood, and fetch water without fear of abduction and rape, and so that the camp population can start resettling on their original land.*

- ❖ *Strongly increase the army presence in camps that are further from town. Due to security reasons, NGOs are unable to access the large number of camps further away from Gulu municipality. Thus thousands of people are living in camps without any access to relief services other than the WFP food distributions. Security must be increased in these camps so that additional services can be provided.*
- ❖ *Provide a dependable and well-enforced system for reporting and punishing UPDF soldiers who are found guilty of rape.*
- ❖ *Sensitize soldiers on the risks of HIV/AIDS and going to prostitutes.*

Health Recommendations For the Gulu District Authorities:

- ❖ *Ensure that all camps have a community health center, and provide adequate drugs and personnel to administer them.*
- ❖ *Adequately pay the medical health personnel assigned to work in the camps, and provide incentives/motivation in addition to a well-enforced monitoring system to ensure that the district workers actually show up at the Community Health Centers in the camps.*
- ❖ *Provide reproductive healthcare and antenatal care facilities in each of the camps. These services were not available in any of the camps we visited.*
- ❖ *Provide HIV/AIDS sensitization and awareness education, free anti-retroviral therapy and drugs, and free VCT services in all camps. Although it is a government policy that these services should be provided in all health facilities, they were not available in any of the camps we visited.*

Education Recommendations for the Gulu District Authorities:

- ❖ *The government should implement its policy of providing one secondary school in every sub-county. There was not a single secondary school in any of the camps we visited. Only those students who can afford to find or rent accommodation in Gulu town can access schooling beyond the primary level.*
- ❖ *Hire more teachers for primary schools and provide a well-enforced monitoring system to ensure that those teachers who are hired to teach in schools at the camps actually show up. The high student-teacher ratio in all primary schools in the camps has critically undermined the UPE policy, preventing even those who can afford the school fees from getting any form of adequate education. For example, in Tetugu camp, there are 754 students in the primary school and six teachers, but rarely more than three of these teachers actually show up on a given day.*
- ❖ *Provide daycare centers for children under 6. Compounding the problems of uncontrolled births in the camps, there are no facilities to care for the large numbers of children under 6. Therefore, mothers often have to take their young children to the field with them during the day or leave them unattended back at home.*

Recommendations to the World Food Program:

It came up a number of times in the FGDs that WFP food distribution is erratic, biased, and does not provide the right type of food. It is therefore recommended that the WFP:

- ❖ *Provide the food aid every month as promised to the camp population and NOT once in every three months as it is being practiced in at least the 6 camps we visited.*

- ❖ *Is mindful of the type of food provided considering the community needs and abilities.* In all the camps where the FGDs were held, WFP gave out maize and sorghum that were not grinded. Many camps only have one grinder for the entire population. In order to get a balanced diet, women are required to sell some of the maize and sorghum, but it is especially difficult to find a market when all women in the camp are selling the same thing and have the same needs.
- ❖ *Put in place a well-enforced monitoring mechanism to ensure that food distribution is fair and un-biased.* Participants complained of biases in registration for food distribution, with some camp residents not on the list. There were also complaints of people coming from outside the camps to receive relief services, leaving some of those who actually live in the camp without food. Also, because the food is distributed per household, those households with widows who have rejoined their mothers' home or households caring for a number of orphans are not given extra food.

5.0 Conclusion: Assessment of Methodology and the Strategic Impact Inquiry Approach

This exercise provided valuable information about how the community members themselves understand women's empowerment, what they believe to be the major factors preventing and promoting women's empowerment, and what they believe can be done to better promote women's empowerment in their communities. The topic guide worked well in facilitating dialogue and encouraging all participants to share their ideas. This form of inquiry was not only useful in assessing past projects and planning for future interventions, but the close contact that came out of the FGDs makes CARE more accountable and helps build confidence among the community members to ensure continuity in our interventions.

It was particularly useful to include men, adolescents, and children in the discussions as well as the women. The children's groups had some difficulties understanding the concept of women's empowerment at the beginning of the discussions, but they were extremely knowledgeable, critical, and aware of the problems faced by their mothers as well as the work CARE has done in their communities. Both the adolescent girls and adolescent boys groups were also very knowledgeable, and they were often more talkative, un-reserved, and responsive about women's empowerment than the adult groups.

In the mixed groups, the men tended to dominate the discussions, while the women were less active and tended to shy away. However, with extra probing, the women would participate freely. Every group was different, but in some of the mixed groups, women were more reserved because they were afraid that their husbands would find out what they said and torture them when they returned home.

The adolescent boys and men who participated in the FGDs generally did not seem to be the more oppressive men in the community. (The more oppressive men would probably see little point in volunteering to participate in this type of activity). However, it was valuable to hear the perspective of the males who did show up because they are better able to understand male behavior in the community and the actual factors that are causing men to make women's lives so

difficult. The camp leaders provided a good perspective about how mobilizations are carried out, how groups are formed, and how project beneficiaries are chosen.

A number of participants expressed their concerns that after we had collected all this data, we wouldn't do anything about it. It is therefore essential that these fears do not come true and that CARE uses the information we have gathered to inform our future work in the camps. We should continuously use this Strategic Impact Inquiry process informally by asking men, women, adolescents, and children in the camps about the real impact of our projects on women's empowerment at the household and individual level, as well as about the changes they believe should be made to improve our programming. This form of inquiry encourages accountability and transparency and also ensures that our projects are making a concrete impact.

The inquiry also extends beyond assessing the impact of our projects to ensuring ownership of the projects by the community members themselves. Evidence of this ownership is clear when communities continue targeted interventions after the specific CARE project has ended. Thus while partly assessing the impact of a project through this type of inquiry, we can also build confidence in the community so that the impact of the project will continue.