

**EMPOWERED AID**

# PHASE 2 PILOT REPORTS IN UGANDA

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Applying findings from  
participatory research on how  
to reduce sexual exploitation  
and abuse in aid distribution

JULY 2021



The Global  
Women's Institute

THE GEORGE WASHINGTON UNIVERSITY

Uganda partners:



World Vision 

## **About Empowered Aid**

*Empowered Aid: Transforming Gender & Power Dynamics in Aid Distribution* is a three-year project that aims to reduce the risks that may lead to sexual exploitation and abuse (SEA) in aid distributions. The project utilizes participatory action research methods to engage women and girls throughout and apply their knowledge on how to better understand and prevent SEA. In the first year of Empowered Aid, the Global Women's Institute (GWI) partnered with the International Rescue Committee (IRC) in Uganda, and with CARE International in Lebanon, to engage refugee women and girls from South Sudan and Syria (respectively) in documenting and addressing SEA risks they and their peers face when accessing food, WASH, shelter, fuel and firewood, and cash and voucher assistance. The risks they identified, and their prioritized recommendations for aid actors to improve their safety in aid distribution processes, are shared in a series of reports and sector-specific briefs available on the Empowered Aid [webpage](#). In the second phase of Empowered Aid, the recommendations that women and girls made during Phase 1 were applied to aid distributions, and monitoring and evaluation (M&E) tools were adapted to better measure SEA risks.

## **The Research Team**

The Global Women's Institute (GWI) of the George Washington University, with the International Rescue Committee (IRC) and World Vision in Uganda, worked together to design and implement pilots conducted during Empowered Aid's second phase (2020-2021). These reports were collaboratively analyzed and written by Alina Potts, Angela Bourassa, and Elizabeth Hedge in the U.S., and Harriet Kolli, Hope Harriet, Fatuma Nafish, Brian Matsiko, Fred Nyeru and Godfrey Twesigye in Uganda.

The reports summarize the findings from the post-distribution monitoring conducted during and after the food and dignity kit pilots held in Bidi Bidi Refugee Settlement in Uganda during Empowered Aid's second phase (2020 – 2021). Special thanks goes to the refugee community members who participated in the post-distribution monitoring activities as well as our South Sudanese refugee women and girl co-researchers, who evolved their role from the first year of research to form Refugee Women & Girls Advisory Boards for the implementation science phase of the research. *The research team also benefited greatly from support to the research process from the following groups:*

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### **Uganda National Technical Advisory Group**

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### **Further Resources:**

Further resources from Empowered Aid's work in Uganda and Lebanon — including Phase 1 and Phase 2 reports, policy briefs, facilitation manuals, toolkits, presentations, and webinars — can be found at [globalwomensinstitute.gwu.edu/empowered-aid-resources](https://globalwomensinstitute.gwu.edu/empowered-aid-resources). For questions, contact Alina Potts, Principal Investigator, at [apotts \(at\) gwu.edu](mailto:apotts@gwu.edu).

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### TOOLKIT FOR PLANNING & MONITORING SAFER AID DISTRIBUTIONS AND SHARED FOLDER FOR TOOLKIT RESOURCES:

The distribution monitoring tools used in the Empowered Aid pilots, the toolkit and shared drive of additional resources and templates to support toolkit users is available at the following links:

Toolkit: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>

Shared Drive: <https://gwu.box.com/s/8b9cfloemunjqd6gwrbae1ioss7vwse>



## Section 1:

# Empowered Aid Uganda Food Distribution

## Pilot Reports



**Empowered Aid Uganda – Food Distribution Pilot 1**  
**Summary Report**

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## Introduction

*Empowered Aid: Transforming Gender & Power Dynamics in Aid Distribution* is a three year project that aims to reduce the risks that may lead to sexual exploitation and abuse (SEA) in aid distributions. The project utilizes participatory action research methods to engage women and girls throughout, and apply their knowledge on how to better understand and prevent SEA. In the first year of Empowered Aid, the Global Women's Institute (GWI) and the International Rescue Committee (IRC) worked with South Sudanese refugee women and girls to document SEA risks when accessing food, WASH, shelter, and fuel and firewood and share recommendations on how to improve their safety and reduce feelings of fear in aid distribution processes.<sup>1</sup>

### Individual monitoring reports are also available for each of the tools used in the food pilot:

- Observational distribution monitoring (i.e. "safety audits");
- Household survey including a module on COVID-19-related safety and risk; and,
- Focus group discussions.

These reports include detailed methodology on how each tool and the research team was prepared for data collection. Contact [Harriet.Hope \(at\) rescue.org](mailto:Harriet.Hope@rescue.org) or [apotts \(at\) gwu.edu](mailto:apotts@gwu.edu) for more information. <https://globalwomensinstitute.gwu.edu/conflict-crisis>

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

In the second phase of Empowered Aid, GWI is working with the NGOs CARE and URDA, to adapt distribution monitoring tools that more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid's first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.

## Overview of the Distribution and Methodology

In May – June of 2020, World Vision conducted their regular blanket distribution for food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Phase 1: increasing the number of female aid workers (staff and community volunteers) at Food Distribution Point 1 (FDP1) in Zone 3 of Bidi Bidi. Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination to ensure a majority those involved were female and trained on the necessary gender and core concepts of the project.

In June of 2020, the World Vision team received approval to begin post-distribution monitoring after the onset of the COVID-19 pandemic and subsequent shutdown. This built on the existing tools used by World Vision and the Food Cluster, adapted with additional questions on SEA-related safety and risk based on the findings of Empowered Aid's research. The toolkit consisted of:

- An observational distribution monitoring (ODM) tool administered at each distribution site by the World Vision M&E Assistant assigned to each zone throughout Bidi Bidi refugee settlement; we refer to these below as "safety audits."
- A post-distribution monitoring (PDM) household survey, adapted with additional questions as well as an additional module administered to female respondents with 5 questions on SEA, GBV and COVID-related risks. The survey was administered by gender-matched enumerators and translators recruited and trained by the research team.
- Post-distribution focus group discussions (FGDs) with age- and sex-disaggregated groups (8 participants) targeting women, men, adolescent boys, and adolescent girls, including those living with disabilities/vulnerabilities, and adolescents who are household heads. FGDs were delayed as they were held after the lifting of COVID-19 restrictions on convening small groups.

### **LEARNING SPOTLIGHT: COVID-19 Adaptations to Monitoring SEA in humanitarian aid distributions**

With the onset of the COVID-19 pandemic when data collection was about to begin, the research team developed a short point of distribution questionnaire to ask questions on safety and risk related to the COVID-19 pandemic and response. As part of the survey, the module was administered to women respondents covering five main areas on women's experiences in relation to distributions, particularly in context of the COVID-19 pandemic: information and communication on distributions, SEA risk during aid distribution, other types of violence linked to the COVID-19 pandemic, places to report complaints or obtain support, and feelings of fear during the distribution process.

FIGURE 1. DISTRIBUTION SUMMARY		
TYPE OF DISTRIBUTION BEING PILOTED	INCREASED NUMBER OF FEMALE STAFF AND COMMUNITY VOLUNTEERS WORKING AT FOOD DISTRIBUTION POINT 1 IN ZONE 3	
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 1-5	
DATE OF DISTRIBUTION	MAY 11-31	
# OF PEOPLE REACHED	54, 574 ACROSS BIDI BIDI (13,728 AT ADAPTED DISTRIBUTION SITE)	
DISTRIBUTION MONITORING CONDUCTED	18 SAFETY AUDITS AT 10 DISTRIBUTION SITES (2 AUDITS CONDUCTED AT ADAPTED DISTRIBUTION SITE)	MAY 11 – 31 2020
	696 HOUSEHOLD SURVEY PARTICIPANTS, RANDOMLY SAMPLED <ul style="list-style-type: none"> <li>INCLUDING A SHORT, NEWLY-DEVELOPED PODQ ON SEA, GBV AND COVID-19, ADMINISTERED WITH FEMALE RESPONDENTS (N=403)</li> </ul>	JUNE 30 – JULY 11 2020
	17 FOCUS GROUP DISCUSSIONS CONDUCTED WITH WOMEN, MEN, ADOLESCENT GIRLS AND BOYS INCLUDING THOSE LIVING WITH DISABILITIES AND OTHER VULNERABILITIES <sup>2</sup> LIVING IN ZONE 3	AUGUST 31 – SEPTEMBER 5 2020
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED DURING AND AFTER LOCKDOWN LIFTED IN UGANDA	

## Reducing SEA Risk at Distributions: Analysis of Feasibility, Acceptability and Effectiveness

To better understand the feasibility, acceptability, and effectiveness of the adapted distribution model, we analyzed data from across the four types of post-distribution monitoring conducted. Results are summarized here, as well as how well the adapted monitoring tools developed by Empowered Aid were able to capture women and girls' perceptions of safety and risk in relation to SEA, GBV, and accessing food aid.

### Feasibility of the adapted distribution model

GW, World Vision, and IRC applied one of the key recommendations made by women and girls in Empowered Aid's first phase: more women aid workers at distribution sites. The adaptation was agreed by food distribution focal points within World Vision and carried out at one of the FDP sites in Zone 3 of Bidi Bidi refugee settlement, where World Vision manages the general food assistance program. Given the size of FDP operations, the World Vision team, GW and IRC worked in close coordination to increase the proportion of female staff to 100% and increase volunteers to be majority female. In the non-adapted distribution sites, staff were mostly gender-balanced (meaning most sites had equal numbers of men and women staff) and volunteers were majority male.

<sup>2</sup> Findings reported separately.



Prior to the distribution, trainings were held on PSEA and GBV core concepts with all World Vision staff and volunteers involved in the adapted distribution. World Vision staff at the other FDPs were also trained. World Vision was easily able to identify female staff to fill all positions at the adapted site, and asked WFP and NGO partner staff to send female representatives as well. Security guards and police are employed by the World Food Programme (WFP) and OPM (Office of the Prime Minister), therefore World Vision requested, but was not able to guarantee, female security guards and police. Recently, however, World Vision was approved to hire more female security guards and added new, only female guards to their FDP sites. These changes were brought about by the project's focus on increasing female aid staff at distribution sites in order to increase safety amongst women and girls.

The volunteers proved more challenging in terms of increasing the number of women in volunteer positions. First, because food distribution volunteers are recruited at a certain time of year and thus it is difficult to make changes or one distribution cycle. Generally World Vision aims to recruit gender-balanced volunteer teams, however some positions are considered 'gendered' due to cultural assumptions about the responsibilities: for example, men tend to be recruited as porters since this position involves carrying heavy food parcels for aid recipients. The Food Management Committee (FMC), a 9-person community-based committee, is elected by the community and therefore not controlled by World Vision. Despite these constraints, the proportion of female volunteers in the adapted site was increased to 5 female volunteers for every 2 male volunteers. The other five non-adapted FDP sites averaged equal numbers of female and male staff, and 4 male volunteers to every 3 female volunteers.

TABLE 2: AMOUNT OF WORLD VISION STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

<i>Distribution</i>	<i>Location</i>	<i># Female staff</i>	<i># Female volunteers</i>	<i># Male staff</i>	<i># Male volunteers</i>	<i>Totals</i>
<b>Zone 1</b>	FDP 2	6	27	5	45	83
		6	15	5	15	41
<b>Zone 2</b>	FDP 1	6	43	7	29	85
		6	21	7	50	84
		6	29	7	55	97
		6	31	7	54	98
<b>Zone 3</b>	FDP 1 <i>(adapted site)</i>	12	43	0	16	71
		12	38	0	17	67
	FDP 2	6	7	4	3	20
<b>Zone 4</b>	FDP 1	7	25	6	39	77
		7	21	6	44	78
	FDP 3	5	29	5	32	71
		5	22	5	38	70
<b>Zone 5</b>	FDP 1	4	43	6	28	81
	FDP 3	4	16	6	38	64
		4	18	6	26	54

	FDP 4	4	5	5	4	18
	FDP 5	2	5	7	8	22
<b>Staffing at adapted FDP:</b>	<b>100% female</b>					
<b>Average ratio of female to male staff at non-adapted sites</b>	<b>Approx. 1 female: 1 male</b>					
<b>Average ratio of female to male volunteers at adapted site</b>	<b>Approx. 5 females: 2 males</b>					
<b>Average ratio of female to male volunteers at non-adapted sites</b>	<b>Approx. 3 females: 4 males</b>					

The safety audit data collected at each of the distribution sites reported that 78% of the FDP sites had female staff present, although only 11% had female police present. Almost all (94%) of staff at the FDPs had been trained on PSEA prior to taking part in the distribution, trained by the Empowered Aid team and through regularly-held PSEA World Vision trainings. Additionally, 13 of the audits reported female staff and volunteers involved to a greater extent with the distribution process including the adapted site, and the other 5 sites reported female staff and volunteers were involved to a lesser extent. Half of the Community Help Desks (CHD) had gender-balanced CHD members working at the desk, including the adapted site. The safety audits point to an increased number and involvement of female staff and volunteers at the distributions, further supported by women, men, adolescent girls, and adolescent boys in 5 focus groups from FDP 1 (which served as the adapted distribution site for the food pilot), FDP 2, and FDP 4, who reported that they had seen an increase in the number of female staff, police, and guards at distribution points. In the household survey, 16% of respondents noticed an increase in the number of female distribution workers, and 11% at the normal distribution sites, which was statistically significant. These findings showcase World Visions' efforts to increase female staff and volunteers at their distributions in different capacities and their success in doing so.

Challenges that other organizations could face in implementing the recommendation to deploy more female staff include buy-in from senior leadership and community structures, however the ability of World Vision to easily secure such buy-in indicates this may be more of a theoretical hurdle than an actual one. The exception to that may be employing women in roles that challenge traditional gender roles, such as in security and policing roles. However, working with the community to share the ways in which this can reduce SEA risk may open up space for more women in such jobs. With increased female staffing comes additional accountability to NGOs managing distributions to ensure adequate and safe facilities (for example, sex-segregated, lockable latrines available for staff use).

### Acceptability of the adapted distribution model

The research team measured the acceptability of the adapted distribution model through questions on expressed satisfaction of the distributions, and comparing experiences from the non-adapted versus adapted distributions. In the household survey results, satisfaction levels were slightly higher at the adapted distribution site versus the non-adapted distribution site (80% vs 75%), however this was not statistically significant. Satisfaction with treatment by staff or volunteers, and security (police) at the FDPs was generally higher at the adapted distribution site: 89% vs 84% for treatment by staff/volunteers, and

94% vs 84% for treatment by police/security, both of which were statistically significant. Satisfaction with both WASH and childcare facilities was also significantly higher at the adapted distribution (94% and 84%, respectively) vs other sites (88% and 71%, respectively). The household survey results point to acceptability of the adapted distribution model through the higher levels of expressed satisfaction for the adapted site, treatment by staff and volunteers, and facilities available. Additionally, in 10 different focus groups, women, men, boys, and girls, stated that staff and volunteers who are polite, kind, and helpful – particularly to PSNs and the elderly – made participants feel safe, thus tying satisfaction with staff and volunteer treatment to safety.

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*“Once I had a woman standing behind me and she clearly was not able to wait in the long line. The World Vision staff took her and brought her towards the front of the line so she could quickly get her items and be protected.”* – Focus group discussion with men living in Uganda as refugees

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### Effectiveness of adapted distribution model at increasing women and girls’ safety

Within Empowered Aid’s objectives, effectiveness refers to whether the adapted distribution modality results in the target group (women and girls) reporting greater perceived safety, and/or lower perceived risk, when accessing aid. Within this food pilot, the post-distribution monitoring tools were adapted to measure women and girls’ perceptions of SEA risk at the distribution sites, and whether the adapted model – increasing the number of female staff and volunteers – would impact feelings of safety. Participants from the focus group discussions stated that women and girls’ safety at distributions would be best supported by an increase in female staff, volunteers, and security personnel. Perpetrators of SEA were identified as drivers (particularly those who bring in food) and security guards/police by participants in nine focus group discussions as well as three respondents from the household survey.<sup>3</sup> Therefore, increasing the number of female staff and volunteers adheres to community recommendations to make distributions safer and may effectively reduce SEA risk, as perpetrators are almost always identified as male.

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*“According to me [SEA] is increasing instead [because of COVID-19], because even last week it happened and there’s another army [soldier] who took a certain woman, and they went and sleep on those maize behind there, and they slept there. And also another [male] refugee went and got them. When the army is now out, reaching there, the woman was planning to run away. The boy said ‘don’t run you let me sleep with you the way that army did if not I am going to announce immediately’ [about what happened with the army soldier].”* – Focus group discussion with women living in Uganda as refugees

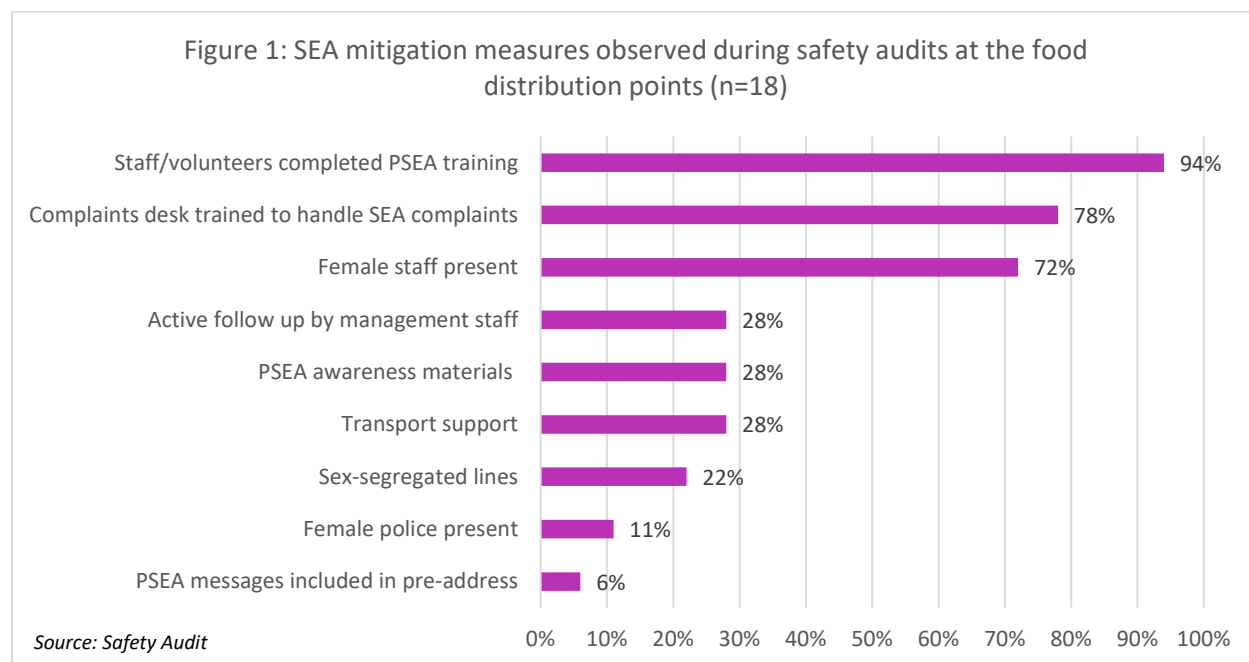
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<sup>3</sup> This is further triangulated in the Empowered Aid Dignity Kit Pilot, in which household survey module respondents identified security guards and drivers amongst the three most frequently cited perpetrators of SEA. For more on the Dignity Kit findings, visit [globalwomensinstitute.gwu.edu/empowered-aid-resources](http://globalwomensinstitute.gwu.edu/empowered-aid-resources).

At the adapted distribution site, respondents of the household survey reported higher levels of feeling “free of fear” than at the non-adapted distribution sites (84% vs 77%), as well as lower levels of fear at the adapted site than the normal sites (3% vs 8%), and both were statistically significant. When asked if they felt fear at different points of the distribution process, respondents also said they felt less fear at the adapted site versus the non-adapted sites, which was statistically significant (16% and 23%, respectively).

Of the SEA mitigation measures recorded by World Vision M&E assistants during the safety audits, the highest reported measure involved PSEA training completed by staff and volunteers, particularly as staff and volunteers had been trained prior to the adapted distribution. Over three-quarters had complaints desks with staff trained to handle SEA, with the adapted distribution site having gender-balanced personnel at the desk. These results showcase high uptake of PSEA mitigation measures at both the adapted and normal distribution sites, which could also increase feelings of safety.

Household survey results captured higher expressed satisfaction at the adapted site and higher feelings of safety (asked as being “free of fear”) at the adapted site, the latter being significant. The SEA mitigation measures observed at the adapted site point to the possibility of increased female staff being effective at increasing safety and reducing SEA risk at distribution sites. Additionally, increasing female representation in various positions shows the community that World Vision is listening and acting upon their recommendations; as increased female staff was called for both by participants in the food distribution monitoring FGDs and during Empowered Aid’s first phase. In conclusion, World Vision, IRC and other NGOs could feasibly increase feelings of safety at distributions and better mitigate SEA risk by continuing to increase the proportion of female staff, volunteers, and security personnel at distribution points.



## Post-distribution monitoring tools and their ability to better capture women and girls' perceptions of risk and safety in relation to SEA and other forms of GBV

The next section reviews the ability of the adapted post-distribution monitoring tools to capture perceptions of SEA and other forms of GBV risks amongst women and girls. Three main findings emerged from the analysis: (1) that the tools capture SEA risk in the aid distribution process; (2) where women and girls go to access reporting mechanisms and services; and (3) what other types of gender-based violence or abuse women may experience due to distributions that may be linked to the COVID-19 pandemic.

**In all the post-distribution monitoring exercises conducted, women, men, boys and girls expressed that they had seen or heard of SEA in their communities** Women, men, boys and girls expressed that they had seen or heard of SEA in their communities in all PDM data collected. Additionally, both survey and FGD participants stated that SEA risk had increased since the COVID-19 pandemic, subsequent lockdown, and restrictions because families, women, and adolescent girls are at home without access to jobs or school and need money.

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*Both survey and FGD participants stated that SEA risk had increased since the COVID-19 pandemic, subsequent lockdown, and restrictions because families, women, and adolescent girls are at home without access to jobs or school and need money.*

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Female respondents from the household survey and nine focus groups stated that SEA risk had increased since the COVID-19 pandemic and subsequent lockdown and restrictions. Women, men, adolescent boys and adolescent girls all said that, because of lack of basic necessities and money, women and adolescent girls may be taken advantage of by aid workers, security guards, or drivers who offer money or aid in exchange for sexually exploitative relationships.

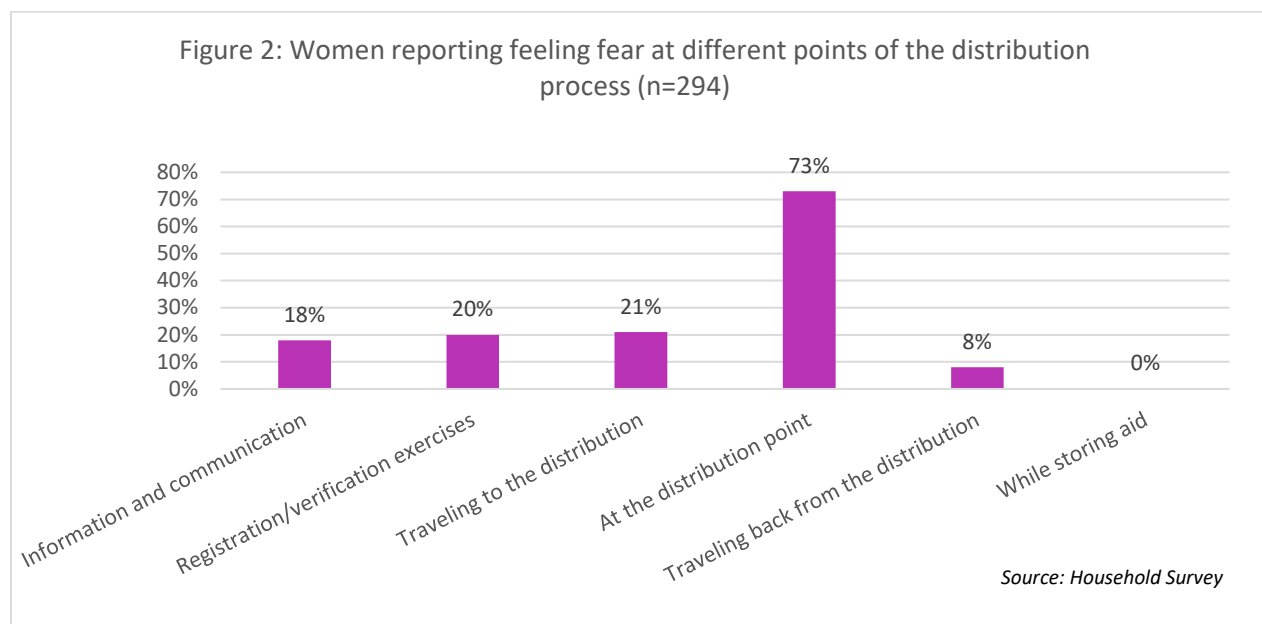
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*"It also happened to me, when I brought my alcohol I was selling around and this driver [who transports food into the settlement] has to come and ask for my body, that he needs my body, he will pay for my body. For me I don't know Swahili and he was speaking Swahili and so I had to ask a colleague, and she told me what he say, and even me for myself I felt ashamed." – Focus group discussion with women living in Uganda as refugees*

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Tools that best captured SEA-related risks as well as feelings of fear in aid distributions were the survey module and the adapted focus group discussion guide. SEA mitigation measures were well captured in the safety audit tool, and this complemented community feedback on mitigation measures captured through the focus group and survey tools. As an example of how the monitoring data generated by this suite of tools complements each other and informs action: information from the survey and focus groups about where women and girls felt unsafe in the distribution process can be used to better target where in the

process SEA mitigation measures should be implemented. The household survey was not designed to capture rates of SEA as specialized surveys are required to measure the prevalence of violence. However, it did capture a variety of SEA-related risks and some reports of abuse, which were safely referred to a social worker for follow-up.



### Understanding where, how, and if women and girls access reporting mechanisms and services

The household survey, focus group discussion, and added survey module all shed light on the ability of women and girls to report complaints and access services. Given the likelihood of under-reporting such sensitive issues due to shame, stigma, fear of retribution or loss of aid, and other issues, the SEA incidents directly reported in the PDM likely understate the true scope of sexual exploitation and abuse occurring. Fear of reporting is further contextualized in focus groups with women and men. Both groups said that very few women and adolescent girls who experience SEA will formally report or share their experiences informally (for example, with a friend or relative). In addition to the reasons for under-reporting listed above, FGDs respondents across all groups noted language barriers, long distances to services or support outlets, lack of information on what next steps a survivor should take, and lack of support from family or community members, as other reasons survivors are hesitant to report.

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*In focus group discussions with women and girls, they reported a preference for accessing reporting mechanisms and services through women's safe spaces such as the Women and Girls Center, women community leaders, and SGBV social workers and volunteers.*

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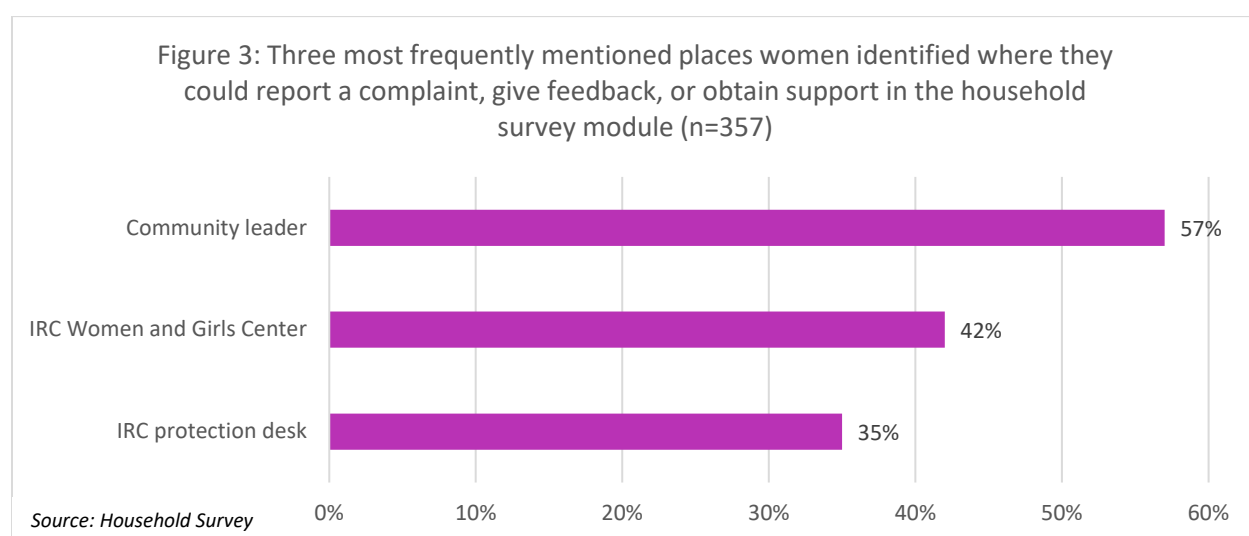
Places that survey respondents and FGD participants identified as potential avenues for reporting and accessing services include community leaders, community help desks, IRC protection desks and Women

and Girls Centers. In focus group discussions with women and girls, they reported a preference for accessing reporting mechanisms and services through women’s safe spaces such as the Women and Girls Center, women community leaders, and SGBV social workers and volunteers. This data captured by the adapted tools is critical in supporting SEA and GBV survivors in accessing services and reporting mechanisms in a safe and comfortable manner that centers them in the process, and ensures that community stakeholders have the resources and knowledge they need to support survivors.

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*“There are some parents who will say ‘This is a loss to me, at least let me kill this person’ [referring to the survivor].” – Focus group discussion with men living in Uganda as refugees*

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### **Other types of gender-based violence or abuse related to COVID-19 or reported as increasing due to the pandemic**

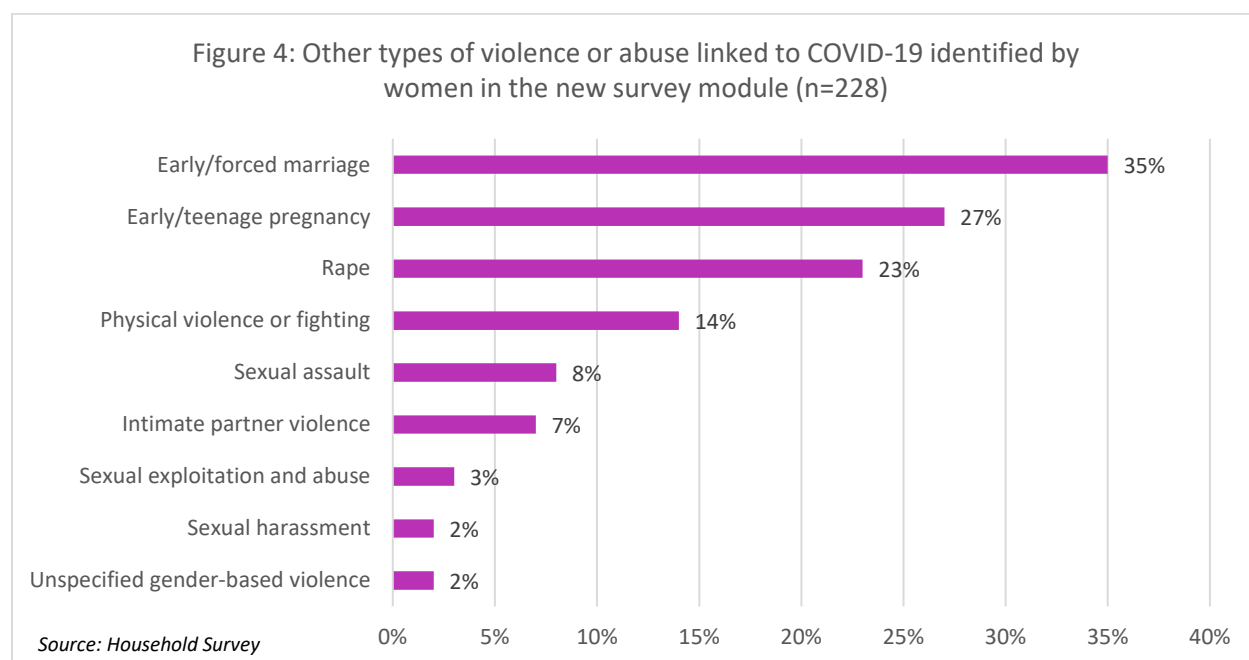
Participants of the FGDs as well as survey respondents identified other types of violence or abuse in aid distribution. The additional survey module and focus group discussion tools also sought to understand how this violence has been linked to the COVID-19 pandemic. When asked if they had experienced any violence, abuse or harassment at the last distribution, the highest rates were among those 24 years or younger in the household survey results (29%). Respondents of the survey module and focus group participants identified the COVID-19 pandemic and subsequent lockdown and restrictions as causes for gender-based violence (as well as SEA) due to the closing of businesses and schools, loss of employment and income, and lack of access to basic necessities, such as food or soap.

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*“Lack of employment opportunities and support that makes family to lack necessities thus resulting in domestic violence.” – Woman living in Uganda as a refugee*

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Increases in early/forced marriage (35%) and teenage pregnancy (27%) were linked, by respondents, to schools being closed due to the COVID-19 lockdown. Early marriages were also reported in relation to a lack of basic necessities and income due to the lockdown and COVID-19 restrictions, and so marriage was viewed as an avenue for adolescent girls to take care of themselves financially or because their family did not want to do so. Rape (23%) was mentioned in relation to traveling to and from distribution points collecting aid, such as food or firewood – particularly if those points are far away and/or require negotiating with host community members. Intimate partner violence (7%) was reported in relation to spouses taking food received from food distributions and selling it, and household tensions over lack of income and basic necessities that lead to intimate-partner violence and fighting amongst family members.



## Recommendations

Based on the findings from the post-distribution monitoring data collected, below are recommendations for World Vision and IRC Uganda to improve the safety of women and adolescent girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

1. **Increase the number of female staff, volunteers, and security personnel working at distributions.** The satisfaction levels at the adapted distribution site, decreased feelings of fear, and other SEA mitigation measures applied point to the possibility of increasing feelings of safety and satisfaction at the distribution, as it continues to be the point in the distribution process where women and girls report the highest feelings of fear and lack safety (73% of female respondents from the household survey module said they felt fear at the distribution point). World Vision and food distribution partners should aim to increase female security guards and police in particular, given only 11% of



safety audits reported female security or police present, and survey respondents and focus group discussions stated that police can be perpetrators of SEA.

2. **Utilize the Empowered Aid toolkit to better capture women and girls' safety and risks in food aid distribution through use of the adapted post-distribution monitoring tools.** These tools improved data collection on women and girls' safety and risk in the distribution process, as well as men and boys' concerns and recommendations. By using the adapted tools, food and other aid actors can better identify these risks and mitigate them in future distributions and programming. By understanding the ways women and girls are exposed to SEA throughout the distribution process, and collecting routine monitoring data on this, aid actors can track how risks evolve as well as how effective their risk mitigation measures are, and where improvements or adjustments are needed. This will help all distribution actors take a more proactive role in better preventing known risks from happening in the first place.
3. **Implement and test other recommendations that women, girls, and other aid recipients identified to make distribution points safer.** These include sex-segregated lines, sex-segregated latrines, and transport support or accompaniment systems for women transporting aid. More detail on these recommendations is included in the individual monitoring reports.
4. **Continue PSEA training and awareness raising activities with staff and volunteers involved in food and non-food item (NFI) distributions, including frequent refresher trainings.** While staff may receive trainings, community volunteers – particularly those who serve as drivers – security guards, and police may be less involved, however they are often the groups in most frequent contact with other aid recipients during distributions and were identified most frequently as being associated with SEA risk; therefore, their training and awareness on PSEA is critical. These trainings can include safe and appropriate ways to enforce COVID-19 restrictions at aid distributions. *Empowered Aid's facilitation guides and training manuals can be freely used and adapted, online at: [globalwomensinstitute.gwu.edu/empowered-aid-resources](http://globalwomensinstitute.gwu.edu/empowered-aid-resources).*
5. **Increase awareness of PSEA reporting mechanisms, including and beyond toll free lines.** Only one respondent displayed knowledge of using the PSEA toll free line from the survey module findings. World Vision, IRC, and other NGOs should increase awareness raising activities on what the toll free line is for and how to use it, as well as other ways to access support, give feedback, or report a complaint, for those who do not have phones. Awareness raising activities can include audio messages broadcast during mobilization for distributions; delivering information verbally (via megaphone or loudspeaker) during the pre-address at distributions and at other community activities; and visual / low-literacy appropriate signage that includes the toll free line as well as other ways to access support.
6. **Ensure that information on distributions is delivered in ways that reach women, men, girls and boys more equally.** Ways to do this include having groups of female and male community mobilizers moving further into communities to share information closer to households (where women and girls tend to be) in addition to community gathering points (where men and boys tend to be), and communicating in as many languages as are spoken in a zone/area, including minority languages.

7. **Expand ways of working with communities to prevent early marriage and teenage pregnancy, particularly in light of COVID-19-related drivers.** Food distribution represents one way that aid actors interact with large swathes of the refugee community, at a time when many other activities and centers have shut down or minimized. Key messages can be delivered as part of mobilization and pre-address announcements, as well as visual and low-literacy signage at distribution points. IRC Women and Girls Centers and protection desks represent important information and referral points, and ways to collaborate with IRC's existing early marriage programming are encouraged.
  
8. **Provide adequate childcare support during distributions.** This may take the form of child/mother care corners at FDP sites. In our observational audit findings (reported separately) it was noted that these are currently not available in any sites, yet during the observational monitoring young children accompanied their parents to the distribution at 78% of the FDPs, and wait times averaged up to one hour (*see the observational monitoring report for full details*).

## World Vision, IRC & GWI Food Distribution, Empowered Aid Pilot 1

### Observational Distribution Monitoring Tool Summary of Findings

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#### Overview and Methods

As part of Empowered Aid, the Global Women’s Institute (GWI) is working with the NGOs International Rescue Committee (IRC) and World Vision in Uganda, to adapt distribution monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

In May – June 2020, World Vision conducted a blanket distribution of food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid’s first phase: increasing the number of female aid workers (staff and community volunteers). This was done at Food Distribution Point 1 (FDP1) in Zone 3 of Bidi Bidi, while all other FDPs maintained the standard mix of male and female staff.

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. An observational distribution monitoring (ODM) tool, also known as a “safety audit,” was administered at each distribution site by the World Vision M&E Assistant assigned to each zone throughout Bidi Bidi refugee settlement. In addition, a household survey (HHS) tool and focus groups were administered; their findings are summarized in separate reports.

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

TABLE 1. DISTRIBUTION SUMMARY	
TYPE OF DISTRIBUTION BEING PILOTED	INCREASED NUMBER OF FEMALE STAFF AND COMMUNITY VOLUNTEERS WORKING AT FOOD DISTRIBUTION POINT 1 IN ZONE 3
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 1-5
DATE OF DISTRIBUTION	MAY 11-31
# OF PEOPLE REACHED	54, 574 ACROSS BIDI BIDI (13,728 AT ADAPTED DISTRIBUTION SITE)
DISTRIBUTION MONITORING CONDUCTED	18 SAFETY AUDITS AT 10 DISTRIBUTION SITES (2 AUDITS CONDUCTED AT ADAPTED DISTRIBUTION SITE)
	696 HOUSEHOLD SURVEY PARTICIPANTS, RANDOMLY SAMPLED
	403 SHORT (5 QUESTION) IN-PERSON SURVEYS, WITH FEMALE RECIPIENTS WHO WERE RANDOMLY SAMPLED AS PART OF THE HOUSEHOLD SURVEY
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED DURING AND AFTER LOCKDOWN LIFTED IN UGANDA

### **Recommendations**

Based on the findings from the safety audit analysis, below are recommendations for World Vision and IRC Uganda to improve the safety of women and girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

- 1. Continue to staff FDPs with women in higher numbers and a broader range of positions,** including security and police, but also FDP staff, community volunteers, help desk staff, and more. Women and girls from our Phase 1 and 2 findings shared that this increases their safety and is an important measure for SEA risk mitigation.
- 2. Ensure that sex-segregated facilities – including lines, handwashing stations, and latrines – are implemented at all the distribution sites.** Women and girls who have experienced sex-segregated lines at distributions reported positive experiences, including the Women and Girls Advisory Group members. Locks on latrines, and area lighting (especially when distributions run late), are also important measures that are already in place in some sites and should be extended to all sites.
- 3. Low literacy signage should be displayed at all the distribution sites, particularly on PSEA and ways to access services.** This includes visual signage with key messages about SEA as well as how to report or seek services. Messaging should be made available in a number of languages, including minority languages.
- 4. PSEA awareness messages should be included in all the distribution site pre-addresses given by the staff or volunteers,** particularly as only one of the distribution points reported sharing PSEA awareness messages in their pre-address. This message can also be given by the protection

partner, IRC. This should be done in multiple languages, and as COVID-19 restrictions allow, using participatory and attention-grabbing methods, like drama.

5. **Improvements and support in carrying heavy, bulky food items including transport support, particularly for PSNs.** In this cycle, particularly because of the double ration, transport issues were reported at almost all distribution sites.
6. **Provide child/mother care corners at FDP sites.** This was only observed during one of the 18 audits conducted, yet young children were observed accompanying their parents to the FDP during 78% of the audits, and wait times averaged up to one hour.

## Observational Distribution Monitoring Tool Checklist

TABLE 2: OBSERVATIONAL DISTRIBUTION MONITORING TOOL CHECKLIST																				
Zones	ZONE 1		ZONE 2		ZONE 3		ZONE 4			ZONE 5										
Distribution Site	FDP 2	FDP 1				FDP 1 * adapted	FDP 2	FDP 1	FDP 3		FDP 1	FDP 3	FDP 4	FDP 5	Summary of Findings					
<b>DISTRIBUTION POINT</b>																				
<i>Distribution point accessible to deliveries and beneficiaries</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All distribution sites accessible for deliveries and beneficiaries.	
<i>Adequate space for commodities and people</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	94% had adequate space for commodities and people, including adapted FDP.	
<i>Sex-segregated lines at distribution</i>	√										√	√							17% of the distribution days had sex-segregated lines, not including adapted FDP. <sup>2</sup>	
<i>Infrastructure to prevent rain damage</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All sites had infrastructure to prevent rain damage.	
<i>Functioning lights powered every night including in latrines</i>	√	√	√	√	√	√													33% of the distribution sites had area lights, not including adapted FDP.	

<sup>2</sup> Summaries marked as red are areas of improvement for future distributions.

<b>Drinking water point available</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	94% of the distribution sites had drinking water points available, including adapted FDP
<b>Functioning handwashing facilities with soap available</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All sites had functioning handwashing facilities with soap available.
<b>Sex-segregated handwashing facilities</b>																			None had sex-segregated handwashing facilities.
<b>Functioning sex-segregated latrines with locks and signage</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	94% of the distribution sites had functioning and sex-segregated latrines that were lockable with clearly marked signage.
<b>Help desk present with feedback/complaints collected by CHD members</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All sites had help desks present with complaints collected by CHD members.
<b>Gender balanced CHD desk</b>		√			√		√	√		√	√			√	√	√	√		56% of days had gender balance at the CHD desk, including the adapted FDP.
<b>Reports of diarrhoea, cholera, or COVID-19</b>	√											√	√						17% of the distributions reported cases of COVID-19.
<b>BENEFICIARY DATA</b>																			
<b>Beneficiaries verified and entitlements properly checked</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Beneficiaries' were verified and entitlements properly checked at all of the distribution sites.





<b>Weighing scales available in good working condition</b>	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	89% of the distribution sites had adequate weighing scales available, including adapted FDP.		
<b>Number of female : male weighers</b>	6 : 7	10 : 10	13 : 13	12 : 12	13 : 13	13 : 13	0 : 0	0 : 0	3 : 3	0 : 0	0 : 0	3 : 5	4 : 4	4 : 4	0 : 0	0 : 0	2 : 4	1 : 1	9 of the FDP sites recorded an equal number of female and male weighers. No sites had more female weighers than male weighers. 6 sites recorded no weighers present.
<b>Adverse security events</b>																			No adverse security events were observed at any of the distribution sites.
<b>Number of female : male security personnel</b>	1 : 6	1 : 15	1 : 15	1 : 15	0 : 15	1 : 14	1 : 6	0 : 6	1 : 4	1 : 9	1 : 9	1 : 6	1 : 5	1 : 6	1 : 12	1 : 11	1 : 7	1 : 6	None of the distribution sites had more female than male security personnel.
<b>Community participation in the distribution process</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	In all sites, community involvement in the pre-distribution address, crowd control, and offloading and stacking was observed; and with scooping in 17 sites. Overseeing sharing of food, checking & signing waybills, and other forms of volunteering (e.g. raising banners and tents, cleaning, managing complaints and receiving feedback) were also observed in a majority (11) of sites.

<b>Number of female : male community members participating in distribution process</b>	27 : 45	15 : 15	43 : 29	21 : 50	29 : 55	31 : 54	43 : 16	38 : 17	7 : 3	25 : 39	12 : 44	29 : 32	22 : 38	43 : 28	16 : 38	18 : 26	5 : 4	5 : 8	11 FDPs had more men than women community members participating in the distribution process; 5 had more women and 1 had equal numbers.
<b>Children involved in offloading and stacking food</b>																			No children involved in offloading and stacking of food.
<b>Female staff/volunteers involved in distribution to a greater extent</b>	√	√	√	√	√	√	√	√	√			√	√	√				√	13 of the audits reported female staff/volunteers involved to a greater extent. The other 5 sites reported female staff/volunteers involved to a less extent.
<b>Random spot weighing carried out</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Random spot weighing was done at all the distribution sites.
<b>Female : male ratio among staff and volunteers randomly weighing</b>	10 : 13	0 : 2	8 : 21	7 : 19	7 : 13	11 : 15	5 : 7	5 : 7	4 : 4	5 : 3	4 : 2	9 : 11	6 : 10	4 : 3	3 : 3	3 : 3	6 : 6	2 : 2	17% of the distribution sites included a higher number of females carrying out random weighing.
<b>CROWD CONTROL</b>																			
<b>Adequate rope for crowd control purposes</b>	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	94% of the distribution sites had adequate crowd control measures in place, including adapted FDP.
<b>Social distancing observed by beneficiaries</b>	√	√			√	√	√	√	√	√	√	√	√	√	√	√	√	√	Beneficiaries observed social distancing at 89% of the distribution sites, including adapted FDP.

<b>Beneficiaries' temperature taken before accessing the FDP</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Temperatures were taken at all the distribution sites
<b>Beneficiaries isolated due to high temperature reading</b>			√												√					Beneficiaries were isolated due to high temperature readings at 11% of the FDPs, no high temperatures at adapted FDP.
<b>Isolation corners for high temperature readings</b>	√	√	√	√	√		√	√	√	√	√		√	√	√	√	√	√	√	89% of distribution sites had isolation points/corners for beneficiaries with higher temperature reading, including adapted FDP.
<b>Health partner present to address health related concerns</b>	√		√	√		√				√	√	√	√	√	√	√	√	√	√	A health partner was present at 61% of the distribution sites, not at adapted FDP.
<b>Food Management Committee (FMC) at FDP</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All the distribution sites had active Food Management Committees.
<b># females : males in FMCs</b>	4:5	4:5	5:4	5:4	5:4	5:4	4:5	4:5	5:4	5:4	5:4	5:4	5:4	5:4	5:4	5:4	5:4	5:4	7:7	9 FMC members were observed at each site except Zone 5 FDP 5. 13 audits reported more female than male members, one a gender balanced FMC, and the remaining 4 with more male than females.
<b># female FMCs present at FDP : # male FMCs present</b>	4:5	4:5	5:4	5:4	5:4	5:4	4:5	4:5	4:4	5:4	5:4	5:4	5:4	4:4	5:4	5:4	5:4	5:4	7:7	15 out of 17 reported all FMC members present, except for Zone 4 FDP 1 on one day of the distribution and Zone 5 FDP 1.

<b>FMC members active at FDP (engaged with aid recipients and community structures)</b>	9	9	9	8	9	9	9	9	5	9	9	9	9	9	4	9	9	5	FMCs were active (i.e. supporting aid recipients, answering questions, helping them move through the distribution) on 14 of the 18 days of the distribution, the only reported reason for an FMC to be absent was illness.
<b>Observed difficulties in accessing the FDP and in transporting food home</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	67% of audits reported difficulties including lack of transport, illness, disability, age (e.g. elderly women), and food being too heavy for one person to transport.
<b>FMCs received formal training on their role during distributions</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All the FMCs received formal training on their roles during distribution.
<b># Female : Male FMC members receiving formal training</b>	4:5	4:5	5:4	5:4	5:4	5:4	4:5	4:5	5:4	5:4	5:4	5:4	5:4	5:4	5:4	5:4	5:4	5:5	Reports of FMC members trained at all sites except Zone 5 FDP 5, where 5 of 7 men and 5 of 7 women were trained.
<b>FMCs have form of identification</b>																			Only Zone 5 FDP 1 FMCs had formal identification, for 4 female members and 4 male members.
<b>Young children accompanying parents to FDP</b>		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Young children accompanied their parents to the distribution at 78% of the distribution sites, including adapted FDP.

<i>Child/Mother care corners for community structures at FDP</i>			√																	One audit at FDP 1 in Zone 2 observed child/mother care corners in place.
<i>Active measures to prevent or mitigate SEA: Female staff present</i>	√	√	√	√	√	√	√	√	√	√					√	√	√	√	√	78% of FDP sites observed female staff present, including the adapted FDP.
<i>Active measures to prevent or mitigate SEA: Female police present</i>		√							√											11% of FDP sites observed female police present, not including the adapted FDP.
<i>Active measures to prevent or mitigate SEA: Transport support</i>			√	√	√	√												√		28% of FDP sites observed transport support for beneficiaries, not including the adapted FDP.
<i>Active measures to prevent or mitigate SEA: Sex-segregated lines</i>		√										√	√					√		22% of FDP sites included sex-segregated lines, not including the adapted FDP
<i>Active measures to prevent or mitigate SEA: PSEA training completed by staff/volunteers</i>		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	94% of FDP sites had staff and volunteers trained on PSEA, including the adapted FDP.
<i>Active measures to prevent or mitigate SEA: Complaints desk trained to handle SEA complaints</i>	√		√	√	√	√	√	√		√	√	√	√	√			√	√	√	78% of FDP sites had complaints with personnel who were trained to handle SEA complaints, including the adapted FDP.
<i>Awareness materials including for low</i>				√	√	√							√						√	28% of FDP sites had awareness materials for low

<b>literacy/illiterate populations</b>																			literacy/illiterate populations, not including the adapted FDP.
<b>Active follow up by staff in management positions</b>		√	√	√	√	√													28% of FDP sites had active follow up by staff in management positions, not including the adapted FDP.
<b>PSEA messaging included in pre-address</b>														√					1 FDP site (6%) included PSEA messages in the pre-address.
<b>DISTRIBUTION CENTRE MESSAGES</b>																			
<b>Pre-address conducted at FDP</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	A pre-address was given at all sites, but no drama skit was done due to COVID-19. The pre-address was given by: World Vision Staff (100% of FDPs); World Vision volunteers (11% of FDPs); World Vision community structures (72% of FDPs); Nutrition partners (6% of FDPs); Protection partners (39% of FDPs.); WFP (17% of FDPs); UNHCR 6% of FDPs; OPM (0% of FDPs). At the adapted FDP, the pre-address was given by World Vision Staff and the Community Structures.

<p><b>Approx. # female / male beneficiaries attending pre-distribution address</b></p>	400 : 200	140 : 63	120 : 80	120 : 80	150 : 100	150 : 50	40 : 20	30 : 20	80 : 76	40 : 20	40 : 20	500 : 200	22 : 10	70 : 30	45 : 20	80 : 20	500 : 500	400 : 150	<p>On every day of the distribution at every FDP site more women than men attended the pre-address except Zone 5 FDP 4, which recorded an equal number. Key messages in the pre-address included info on items included in the food parcels, the distribution plan and process, how to share complaints, the reduced ration size and double ration due to COVID-19, and COVID-19 sensitization messages such as importance of washing hands and the need for decongestion and social distancing. Some addresses included messages on protection, child neglect, and one included messages on gender-based violence.</p>
<p><b>Beneficiaries able to give suggestions and ask questions</b></p>	√	√	√				√	√	√	√	√	√	√	√	√	√	√	√	<p>This was observed at 78% of audits. Examples of questions asked include the number of days the distribution will last, if bigger family sizes can receive transport support from their family members, and to provide shade. Of an estimated 12 people asking questions, 4 were female.</p>

<b>Printed materials at distribution site</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Printed materials included posters and banners with ration entitlement messages, complaints, toll free hotline for complaints, and child protection messaging.
<b>Key messages on COVID-19 shared at distribution site</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Key messages on COVID-19 prevention and safety measures were included in the pre-address and on printed materials at the distribution sites.
<b>Challenges observed for women and girls to understand and ask questions around key messages</b>																				Supportive factors observed include translation into multiple languages and use of images.
<b>Vulnerable groups faced difficulties/barriers with distribution</b>		√	√	√			√	√						√				√	√	44% of audits reported barriers, these included having to wait in long lines and inability to carry heavy food rations.
<b>Risky locations at FPD that could cause increased exposure to COVID-19</b>	√	√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	89% of distributions reported risky locations, mostly at the entrances and exits where crowds may gather and/or the waiting area outside the fence, as well as the soap area.



## Summary of Findings

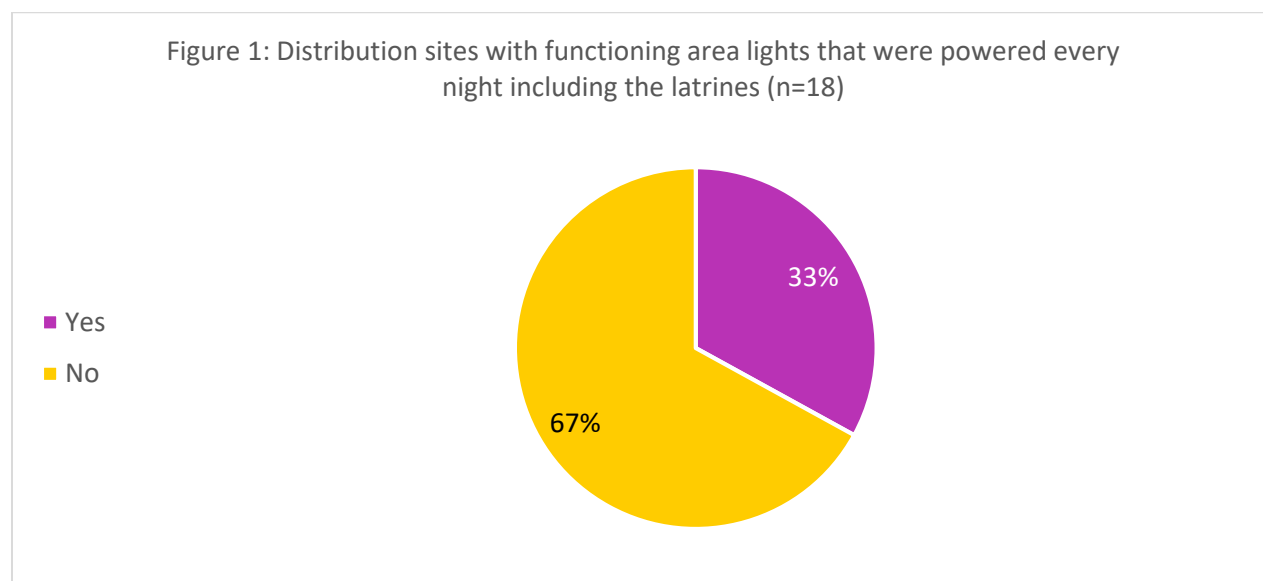
### 1. Distribution Point

All the distribution sites were accessible for deliveries and aid recipients, and 94% had adequate space for commodities and people, including the adapted distribution site. Only 17% of the sites had sex-segregated lines, which did not include the adapted distribution site. Men and women waited in line for the same amount of time at all the distribution sites, including the adapted distribution site. Time varied from five minutes to one hour. One distribution site reported women waiting in line for less time than men. Almost every audit reported that aid recipients were served on time or early. It was also reported that the distribution never ran past 3pm so aid recipients could reach their homes at a reasonable time.

All of the distribution sites had infrastructure to prevent rain damage. All distributions sites had well organized in stacks and was food issued in an organized and orderly manner. At the adapted distribution site, beneficiaries were served early and able to reach home.

Thirty three percent of the distribution sites had area lights, which did not include the adapted distribution. Of the distribution sites with lights, all of them functioned and were powered every night, including the latrines. 94% of the distribution sites had drinking water points available, including the adapted distribution site.

Figure 1: Distribution sites with functioning area lights that were powered every night including the latrines (n=18)



All of the distribution sites had functioning handwashing facilities available, but none were sex-segregated. All of the handwashing facilities were located at the entrance of the distribution site, 47% of the distributions had handwashing facilities at the exit gate and 88% of the handwashing facilities were located inside the FDP. The handwashing facilities of the adapted distribution site were located inside the FDP. 18% of the handwashing facilities were in the waiting tent or area; the handwashing facilities were not in the waiting tent or area at the adapted distributed site. 65% of the distribution sites had handwashing facilities located in the verification area, including at the adapted distributed site.

94% of the distribution sites had functioning and sex-segregated latrines, including the adapted distribution site. All of the distribution sites that had latrines were lockable. 94% of the distribution sites had clearly marked signage for the sex-segregated latrines, including at the adapted distribution site. Sites that had segregated latrines that were lockable reported protection and privacy for women and girls, however those that did not have lockable latrines stated there was risk of women being exposed to privacy and safety concerns.

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*Sites that had segregated latrines that were lockable reported protection and privacy for women and girls, however those that did not have lockable latrines stated there was risk of women being exposed to privacy and safety concerns.*

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Figure 2: Distribution points with functioning sex-segregated latrines that were lockable and with clearly marked signage (n=18)



All of the distribution sites had a Community Help Desk (CHD) staffed with CHD members each day of the distribution. CHD Members collected feedback/complaints at all the distribution sites. 50% of the Help Desk had gender balanced CHD members, including the adapted distribution site, which had one male at the CHD desk and one female at the CHD desk each day. The other 50% did not have gender balanced CHD members staffing the desk. 89% of the FDP sites had supportive staff or volunteers directing aid recipients to the CHD, including at the adapted distribution site. 8 complaints total were collected from the adapted distribution site, 5 on the first day and 3 on the second day. 28% of the sites had well-stocked supplies at the Help Desk, however the adapted distribution site did not have well-stocked supplies. Most of the audits reported that the desks were not very busy and there was low case reporting.

Seventeen percent of the distribution sites had reports of COVID-19. The adapted distribution sites did not have any reported health problems such as dysentery, diarrhea, or COVID-19.

## 2. Beneficiary Data

Beneficiaries' were verified and entitlements properly checked at all of the distribution sites and no unverified persons received aid at any of the distribution sites observed. One male and one female staff verified beneficiary entitlements on each day at the adapted distribution site.

61% of the distribution sites had beneficiaries' list disaggregated by age and sex, however the adapted distribution site did not have beneficiaries list disaggregated by age and sex as beneficiary lists were not used in this cycle of the distribution. The reason stated for not using beneficiary lists was to comply with COVID-19 restrictions. LMMS ID cards / Ration ID were scanned before aid recipients are allowed to receive food ration at all the distribution sites. Staff scanned IDs at 94% of the distribution sites, including at the adapted distribution site. One male and one female staff each day of the distribution scanned IDs at each day of the adapted distribution site.

All the distribution sites had a distribution report signed by the Food Management Committee as acknowledgment of after the food distribution is completed for the day. Relevant Commodity documents were left with the FMCs at 94% of the distribution sites, including at the adapted distribution site.

## 3. Distribution Process

Eighty nine percent of the distribution sites had adequate scooping materials available as well as the adapted distribution site. There were equal number of female scoopers to male scoopers on the first day of the adapted distribution and 2 more male scoopers than female scoopers on the second day. 89% of the distribution sites had adequate weighing scales available, the adapted distribution site had adequate weighing scales available. 83% of the distribution sites had scales that were well calibrated, including the adapted distribution site. All of the distribution sites had cleaning scooping equipment and a waybill book to record returns. Random spot weighing was done at all the distribution sites. The number of male staff weighing outnumbered the number of female staff at the adapted distribution site and the number of male volunteers weighing outnumbered the number of female volunteers the adapted distribution site.

None of the audits reported adverse security incidences. At the adapted distribution site, there were 6 male security personnel on both days of the distribution with 1 female security personnel on one of the distribution days and no female security personnel on the other.

There was community involvement at all the distribution sites and a pre-distribution address was held at all the distributions. Names were checked on register by community members at 44% of the sites, but not at the adapted distribution site. Community involvement in scooping occurred at 94% of the distribution sites, with community involvement in scooping occurring on one day at adapted the distribution site but not on the other day. Community involvement in checking & signing waybills occurred at 61% of the distribution sites, which did not occur at the adapted distribution site. The community was involved crowd control, stacking and offloading at all of the distribution sites. Community involvement in overseeing of sharing of food occurred at 61% of the distribution sites, however they were not involved in food sharing at the adapted distribution. Community involvement in other forms of volunteering occurred at 61% of the distribution sites, including at the adapted distribution site. The adapted distribution site had all female staff present and an approximate ratio of 5 female volunteers for every 2 male volunteers. The

other 5, non-adapted FDP sites therefore had more male staff and volunteers at each, with an average gender balance of female to male staff and a 3:4 ratio of female to male volunteers.

TABLE 3: AMOUNT OF STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

<i>Distribution</i>	<i>Location</i>	<i># Female staff</i>	<i># Female volunteers</i>	<i># Male staff</i>	<i># Male volunteers</i>	<i>Totals</i>
<b>Zone 1</b>	FDP 2	6	27	5	45	83
		6	15	5	15	41
<b>Zone 2</b>	FDP 1	6	43	7	29	85
		6	21	7	50	84
		6	29	7	55	97
		6	31	7	54	98
<b>Zone 3</b>	FDP 1 <i>(adapted site)</i>	12	43	0	16	71
		12	38	0	17	67
	FDP 2	6	7	4	3	20
<b>Zone 4</b>	FDP 1	7	25	6	39	77
		7	21	6	44	78
	FDP 3	5	29	5	32	71
		5	22	5	38	70
<b>Zone 5</b>	FDP 1	4	43	6	28	81
	FDP 3	4	16	6	38	64
		4	18	6	26	54
	FDP 4	4	5	5	4	18
	FDP 5	2	5	7	8	22
<b>Overall average ratio of female to male staff</b>		<i>Approx. 6 females: 5 males</i>				
<b>Overall average ratio of female to male volunteers</b>		<i>Approx. 3 females: 4 males</i>				
<b>Average ratio of female to male staff at normal sites</b>		<i>Approx. 5 females: 5 males</i>				
<b>Average ratio of female to male volunteers at normal sites</b>		<i>Approx. 3 females: 4 males</i>				

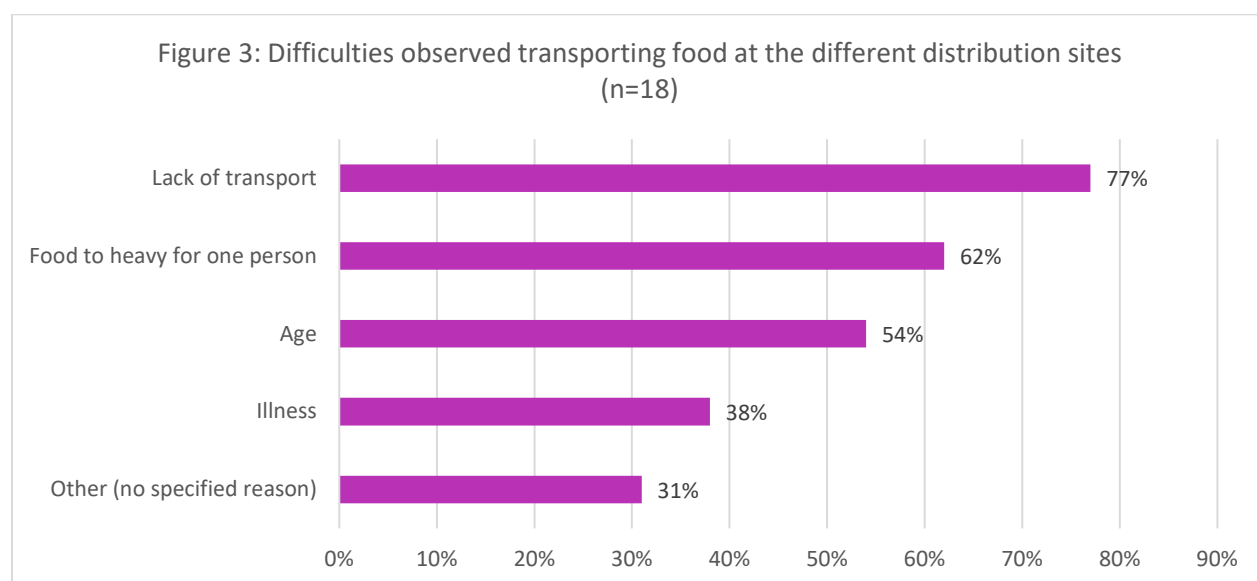
Female staff and volunteers were reported as more involved at the adapted distribution site on both days and male staff and volunteers were reported as involved to a lesser extent on both days at the adapted distribution site. None of the distributions were completed in 1 day, as 83% were planned over multiple days including the adapted distribution. Weather conditions interrupted the distribution at 1 of the sites.

#### 4. Crowd Control

Social distancing, pre-packaged food, hand washing, and other COVID-19 restrictions were included at all the distribution sites. 94% of the distribution sites had adequate crowd control measures in place, and 89% of sites reported aid recipients observing social distancing, including at the adapted distribution site. Temperatures were taken at all the distribution sites. Beneficiaries were isolated due to high temperature readings at 11% of the distribution sites where those readings occurred. No high temperature readings occurred at the adapted distribution site. 89% of distribution sites had isolation points/corners for aid recipients with higher temperature readings, which included the adapted distribution site. To ensure the health and safety of distribution sites, a health partner was present at 61% of the FDPs; a health partner was not present at the adapted distribution site. One audit observed that distributions were going faster and in a dignified manner to reduce the risk of COVID-19; however, pre-packaging sometimes causing delays in the distribution.

All the distribution sites had a Food Management Committee, which included 5 males and 4 females who sit on the FMC at the adapted distribution site and are between the ages of 19-40. All 9 were present and active at the adapted distribution. The FMCs are elected by the community before the distributions are planned. All the FMCs received formal training on their roles they would fulfill during distributions. The FMCs had formal identification at only one of the distribution sites, and not the adapted distribution site.

Sixty seven percent of the distribution sites reported beneficiaries who had difficulties in accessing the FDP and transporting food home. Difficulties were observed on the first day of the adapted distribution, but none on the second day. Difficulties transporting food observed at the different distributions included difficulties due to lack of transport (77%), difficulties because the food quantity was too heavy for one person (62%), difficulties due to age (54%), difficulties due to illness (38%), and difficulties due to other reasons not specified (31%). No auditors observed difficulties because aid recipients did not feel safe. On the first day of the adapted distribution, an elderly blind man had difficulties transporting his food.



Young children accompanied their parents to the distribution at 78% of the distribution sites. No children accompanied their parents to the distribution on the first day of the adapted distribution but did on the second day of the distribution. One audit (FDP 1 Zone 2) observed child/mother care corners in place, and one audit observed that movement around the distribution sited proved to be difficult for larger families.

*In 78% of FDP sites, young children accompanied their parents to the distribution. However, child/mother care corners were only observed during one of the 18 audits conducted.*

**SEA mitigation measures observed at distribution sites included:**

94% of staff/volunteers completed PSEA training, including at the adapted site

78% of complaints desks at distribution sites trained to handle SEA complaints, including the adapted site

72% of the distribution sites had female staff present, including the adapted site

28% of the distribution sites had transport support, not including the adapted site

Active follow up by management staff at 28% of the distribution sites, not observed at adapted site

Awareness materials including for low literacy populations at 28% of the distribution sites, not at adapted site

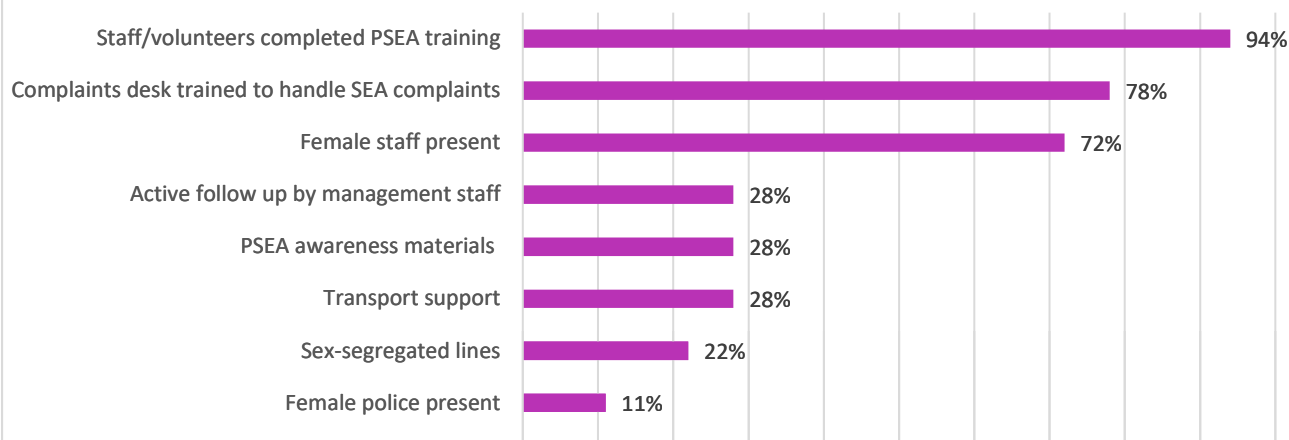
22% of the distribution sites had sex-segregated lines, not including the adapted site

11% of the distribution sites had female police present, not including the adapted site

Beneficiaries informed of PSEA during pre-address at one of the distribution sites: FDP 3, Zone 5 (6%)

*Figure 4: SEA mitigation measures observed at distributions sites by percentage*

Figure 5: SEA mitigation measures implemented at the food distribution points (n=18)



## 5. Distribution Centre Messages

A pre-address was given at all sites, but not drama skit was done due to COVID-19 restrictions. The pre-address was given by World Vision staff, community structures, or another distribution partner. Below is a breakdown of which different groups supported the pre-address:

- World Vision Staff supported all the distribution pre-addresses;
- World Vision volunteers supported the pre-address at 11% of the distributions;
- World Vision community structures supported the pre-address at 72% of the distributions;
- Nutrition partners supported the pre-address at 6% of the distributions;
- Protection partners supported 39% of the distributions;
- OPM did not support the pre-address at any of the distributions;
- WFP supported the pre-address at 17% of the distributions;
- UNHCR supported the pre-address at 6% of the distributions.
- At the adapted distribution site, the pre-address was given by World Vision Staff and the Community Structures.

Aid recipients who attended the pre-address ranged from 32 to 1000 people, and more women than men were present at all the distributions' pre-addresses. At the adapted distribution site, 50-60 aid recipients attended the pre-address on each day of the adapted distribution, with women accounting for 30-40 of the attendees and 20 men.

Key messages given to the aid recipients included: commodities included in the food parcels, the distribution plan and process, how to share complaints, the reduced ration size and double ration due to COVID-19, and COVID-19 sensitization messages such as importance of washing hands and the need for decongestion and social distancing. Some included messages on protection, child neglect, and one included messages on gender-based violence.

During 78% of the distributions pre-addresses, aid recipients were given the opportunity to give suggestions and ask questions, the adapted distribution gave the opportunity to offer suggestions and ask questions on both days. Suggestions included support for larger family sizes to carry food home, more shade for recipients waiting in line, and information on the number of days the distribution will take place. Of the 3 distributions where aid recipients asked questions, men asked more questions at 2 of 3, where women asked more at 1 of the 3.

All of the distribution sites had printed materials (banners/posters) to further share distribution messages. COVID-19 messages were strongly emphasized, and aid recipients wanted to know more information on COVID-19. Types of banners at the different distributions included:

- Donor banners (at 100% of sites)
- Partnership banners (at 50% of sites, but not the adapted distribution site)
- Ration Entitlement banners (at 78%, including the adapted distribution site)
- Community Help Desk banners (at 100% of sites)
- Half of the distribution sites (50%) had other types of banners, including:
  - Complaints and feedback banners
  - Verification banners
  - Child protection banners
  - WFP & WVU toll free number banners
  - Waiting area banners

55% of the distribution sites included messages in both English and Juba Arabic, 22% of distribution sites included messages only in English, 5% included messages only in Juba Arabic, 5% included messages in Kakwa, and 5% included messages in Bari. The adapted distribution site included messages in English and Juba Arabic. No audits observed challenges for women and girls to be able to understand and ask questions around these key messages.

All the sites shared information on COVID-19 prevention and awareness. Key messages about COVID-19 were shared through:

- Visual materials, at all of the distribution sites
- Audio messages, at all of the distribution sites
- The Community Help Desk, at 83% of the distribution sites
- Mobilizers/CHDWs, at 61% of the distribution sites
- The pre-address, at 17% of the distribution sites

Forty four percent of the distributions observed stated that other vulnerable groups faced barriers and challenges, which included carrying food and waiting in long lines outside of the FDP. The adapted distribution site reported challenges on one day of the distribution when a blind man struggled to carry his food.

Eighty nine percent of the distribution sites reported risky locations or processes at the FDP that could cause increased exposure of COVID-19. These included overcrowding and managing the crowds to ensure social distancing – particularly at the entrance and exits, while waiting in line outside the FDP, at the NFI distribution when leaving the distribution site, and at handwashing stations – and poor disposal of used PPE by some of the community structures who support the distribution.

## Recommendations

Based on the findings from the safety audit analysis, below are recommendations for World Vision and IRC Uganda to improve the safety of women and girls at distribution sites. These can also be adapted by



other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

1. **Continue to staff FDPs with women in higher numbers and a broader range of positions**, including security and police, but also FDP staff, community volunteers, help desk staff, and more. Women and girls from our Phase 1 and 2 findings shared that this increases their safety and is an important measure for SEA risk mitigation.
2. **Ensure that sex-segregated facilities – including lines, handwashing stations, and latrines – are implemented at all the distribution sites.** Women and girls who have experienced sex-segregated lines at distributions reported positive experiences, including the Women and Girls Advisory Group members. Locks on latrines, and area lighting (especially when distributions run late), are also important measures that are already in place in some sites and should be extended to all sites.
3. **Low literacy signage should be displayed at all the distribution sites, particularly on PSEA and ways to access services.** This includes visual signage with key messages about SEA as well as how to report or seek services. Messaging should be made available in a number of languages, including minority languages.
4. **PSEA awareness messages should be included in all the distribution site pre-addresses given by the staff or volunteers**, particularly as only one of the distribution points reported sharing PSEA awareness messages in their pre-address. This message can also be given by the protection partner, IRC. This should be done in multiple languages, and as COVID-19 restrictions allow, using participatory and attention-grabbing methods, like drama.
5. **Improvements and support in carrying heavy, bulky food items including transport support, particularly for PSNs.** In this cycle, particularly because of the double ration, transport issues were reported at almost all distribution sites.
6. **Provide child/mother care corners at FDP sites.** This was only observed during one of the 18 audits conducted, yet young children were observed accompanying their parents to the FDP during 78% of the audits, and wait times averaged up to one hour.

**EMPOWERED AID**

**Food Distribution – Post-Distribution Monitoring (PDM)**

**Household Survey Results**

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Overview

As part of Empowered Aid, the Global Women’s Institute (GWI) is working with the NGOs World Vision and the International Rescue Committee (IRC) in Uganda, to adapt distribution monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

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<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

In May – July 2020, World Vision conducted a blanket distribution of food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid’s first phase—increasing the number of female aid workers (staff and community volunteers). This was done—at Food Distribution Point 1 (FDP1) in Zone 3 of Bidi Bidi, while all other FDPs maintained the standard mix of male and female staff. The adapted distribution site had all female staff present and an approximate ratio of 5 female volunteers for every 2 male volunteers. The other 5, non-adapted FDP sites therefore had more male staff and volunteers at each, with an average gender balance of female to male staff and a 3:4 ratio of female to male volunteers.

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. In addition to observational monitoring (“safety audits”) and focus groups, a household survey (HHS) tool was administered at each distribution site by World Vision enumerators and translators (11 females, 13 males) assigned to each zone throughout Bidi Bidi refugee settlement (n=696).

In addition, a questionnaire was administered to women respondents (18 years and above, n=403) covering five main areas on women’s experiences in relation to distributions, particularly in context of the COVID-19 pandemic: information and communication, SEA risk during aid distribution, other types of violence linked to the COVID-19 pandemic, places to report complaints or obtain support, and feelings of fear during the distribution process. These findings are described in a separate report.

FIGURE 1. DISTRIBUTION SUMMARY	
TYPE OF DISTRIBUTION BEING PILOTED	INCREASED NUMBER OF FEMALE STAFF AND COMMUNITY VOLUNTEERS WORKING AT FOOD DISTRIBUTION POINT 1 IN ZONE 3
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 1-5
DATE OF DISTRIBUTION	MAY 11-31
# OF PEOPLE REACHED	54, 574 ACROSS BIDI BIDI (13,728 AT ADAPTED DISTRIBUTION SITE)
DISTRIBUTION MONITORING CONDUCTED	696 HOUSEHOLD SURVEY PARTICIPANTS, RANDOMLY SAMPLED <ul style="list-style-type: none"> <li>INCLUDING A SHORT, NEWLY-DEVELOPED MODULE ON SEA, GBV AND COVID-19, ADMINISTERED WITH FEMALE RESPONDENTS (N=403)</li> </ul>
	18 SAFETY AUDITS AT 10 DISTRIBUTION SITES (2 AUDITS CONDUCTED AT ADAPTED DISTRIBUTION SITE)
	17 FOCUS GROUP DISCUSSIONS CONDUCTED WITH WOMEN, MEN, ADOLESCENT GIRLS AND BOYS INCLUDING THOSE LIVING WITH DISABILITIES AND OTHER VULNERABILITIES <sup>2</sup>
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED DURING AND AFTER LOCKDOWN LIFTED IN UGANDA

<sup>2</sup> Findings reported separately.

## Methodology

With the onset of COVID-19, Empowered Aid’s Phase 2 was adapted to not only test out the recommendations arising from refugee women and girls in Phase 1, but also to understand the pandemic’s effects on SEA risks and access to services—at a time when refugee communities had little other avenues for communicating this information with aid actors. It is important to note that, given the context of COVID-19, some of the challenges reported in distribution monitoring may reflect the strict conditions of Uganda’s public health response, put in place to limit the spread of COVID-19, rather than being specific to the distribution being monitored.

**Research Team:** The GWI team consists of two researchers who, due to COVID travel restrictions, provide technical guidance and training through fully remote modalities now (Zoom). In Uganda, two Empowered Aid research staff from IRC worked with seven partner staff from World Vision’s distribution and food aid teams. GWI co-facilitated data collection training with key members of the IRC and World Vision teams who had already received training previously, leading in-person training of other field team members (with social distancing and personal protective equipment protocols in place).

**Training and Ethics:** Trainings centered on gender & gender-based violence (GBV) core concepts including SEA, principles of participatory research and centering women and girls, research ethics, the household survey tool, data collection methods (Kobo tablets), and referral processes and PSEA/COVID-19 measures. Team members practiced obtaining informed consent and the household survey tool, particularly the new questions on safety and risk pertaining to the Empowered Aid study. Ethical approval was given by the George Washington University Institutional Review Board.

**Sampling and Data Collection Protocol:** The research team compiled a list of all food distribution recipients by FDP and calculated the sample based on World Vision’s methods as well as what was feasible given constraints of the COVID-19 pandemic. Once total sample numbers were set, households were selected by enumerators first clustering households into villages, identifying homesteads and assigning them numbers, then randomly choosing a starting household using a random numbers table, and continuing to sample on set intervals. The person within the household who attended the food distribution was asked for their informed consent to participate in the survey. Female respondents were interviewed by female enumerators and the same will applied to male respondents. Enumerators were accompanied by translators as needed. The distribution cycle ended 3 June 2020 and surveys were conducted between 30 June and 11 July, as COVID-19 restrictions changed in Uganda and World Vision had to wait until granted permission to begin PDM activities.

*Table 1: Total population and sample*

	Adapted Site (FDP 1, Zone 3)	Normal Sites (FDP 2-6, Zone 3)	Totals
Number of households	2,793 (24.6%)	8,541 (75.4%)	11,334

Number of individuals	13,728 (25.2%)	40,846 (74.8%)	54,574
Sample of population	327 individuals (2.9%)	355 individuals (0.9%)	682 individuals (1.25%)

**Information and referrals:** Referral pathways were in place for any recipients who expressed need for humanitarian services or indicated lack of safety, need for psychosocial support, or experience of PSEA or GBV. Recipients were also given information about how to submit complaints around the aid distribution through established mechanisms, i.e. the UNHCR hotline. General information on aid feedback and PSEA reporting mechanisms, and COVID-19-related safety and support measures, was provided as part of each interview.

## Findings

### Description of Sample

The survey was carried out among 682 refugee food parcel recipients, 48% who were part of the adapted (i.e., 100% female-staff) distribution at FDP 1 in Zone 3, and 52% who received food at other FDPs. Respondents were 64% female among those who attended the 'adapted' distribution site, and about the same proportion (65%) female among those who attended the 'normal' distribution sites. At all sites, average family size was 7 people and total household (including non-family members) averaged 7-8 people.

Table 2: Characteristics of recipients and their households, overall and by distribution modality

		Distribution					
		Normal n=355 (52%)		Adapted n=327 (48%)		All n=682	
		n	%	n	%	n	%
<i>Respondent gender</i>	male	123	35	117	36	240	35
	female	232	65	210	64	442	65
<i>Age of respondent</i>	<i>Mean</i>	32		32		32	
	Under 18	18	5	26	8	44	6
	18-24	98	28	91	28	189	28
	25-34	110	31	100	31	210	31
	35-44	66	19	55	17	121	18
	45-59	43	12	26	8	69	10
	60 or older	20	6	29	9	49	7
	<i>Marital status of head of household</i>	single	33	9	29	9	62
married		275	77	243	74	518	76
separated		15	4	25	8	40	6
divorced		6	2	8	2	14	2
widowed		26	7	22	7	48	7
<i>What is your family size</i>	<i>Mean</i>	7		7		7	
	1-4	94	26	79	24	173	25
	5-9	200	56	202	62	402	59
	10 or more	61	17	46	14	107	16
<i>How many people (family and non-family) live in your household?</i>	<i>Mean</i>	8		7		7	
	1-4	72	20	56	18	128	19
	5-9	185	52	184	59	369	55
	10 or more	97	27	72	23	169	25

## Satisfaction with different aspects of the distribution process

### Overall

In comparing the adapted vs normal sites, satisfaction levels were slightly higher at the adapted distribution site (80% vs 75%) however this was not statistically significant. Among age categories, across all FDPs, satisfaction decreased with age except in the 60 years+ category, which expressed the same rate of satisfaction (82%) as 18-24 year olds. Single, separated and divorced people expressed the highest satisfaction levels (90%, 88% and 86%, respectively) as compared to widowed (77%) and married (75%).

The main reasons shared for dissatisfaction were:

- Not enough information provided, particularly reported by women and relating to the adapted distribution

- The distribution taking too long, particularly reported by younger adults and those at the regular distribution site (which may reflect the increased speed of distribution in the adapted model, and also longer times overall due to COVID-19 although food pick-up is faster once inside the FDP because it is now pre-packed)
- Distance to FDP, primarily reported by women and those at the regular distribution sites
- Of those who reported “other” reasons for dissatisfaction (n=34), many said this was due to decreased rations and pre-packaged food.

When asked if they lodged a complaint if unsatisfied, rates were high (around 90% or higher) among all genders and age categories and at both the normal and adapted sites. Only 3% (20 of the 628 respondents who reported they had lodged complaints) shared where they lodged them: of these, complaints were primarily made to World Vision field staff (n=8), the community help desk (n=5), or to village authorities/leaders (n=5).

#### *Information and communication about distribution*

Across all FDPs, men are significantly more satisfied with the informational processes (pre-distribution address, eligibility information) than women, although all were largely satisfied.

#### *Traveling to and from the distribution point*

The lowest rates of satisfaction for both sexes related to distance to the distribution point, with 67% of men satisfied and 46% of women. This may relate to men having more means of transport, and/or feeling safer during longer walks to and from distribution points. In terms of scheduling/timing of distribution, women were overall more satisfied (81%) than men (67%).

Overall, women reported longer travel times than men with 57% of women traveling 30mins-1 hour vs 40% of men, and over half (56%) of men traveling less than 30 minutes vs around a third (38%) of women. The majority of men and women reported feeling safe traveling to and from the distribution; among those that felt unsafe, men mostly reported this in relation to food being too heavy or bulky to transport while women were significantly more likely to say they felt unsafe due to having to travel through the bush and sexual harassment or abuse on the way to/from the distribution point. These two factors—traveling on isolated routes and harassment—may be linked.

#### *Interactions at the distribution point*

Satisfaction with treatment by staff or volunteers, and by security (police) at the FDPs was generally around 80% or higher, except for divorced women where less than three-fourths (71%) expressed satisfaction with treatment by staff/volunteers. Satisfaction in both categories was significantly higher at the adapted distribution point: 89% vs 84% for treatment by staff/volunteers, and 94% vs 84% for treatment by police/security.

Women were significantly more satisfied with both the amount of wait time and the conditions (i.e. sex segregated-lines, shade, etc.) than men (77% vs 54% for waiting time, 82% vs 48% for waiting conditions). Aid recipients at the adapted distribution point were significantly more satisfied with waiting conditions (75% vs 65%) and more satisfied with waiting times, although this was not significant.

Aid workers experienced in food distribution monitoring also reflected that “women are naturally more patient” and gender norms condition many to consider men’s time as more valuable and thus more likely to be unsatisfied with having to wait (as the actual wait time was the same for men and women).

In terms of the availability of WASH facilities including whether latrines were sex-segregated, women were more satisfied (97% vs 80%) and those categories often considered most vulnerable – such as divorcees or widowers, and under-18s, expressed satisfaction at 100%. This may reflect the greater importance of safe, accessible latrines for these population groups. Women were likewise significantly more satisfied (88% vs 56%) with the childcare facilities/support available, with greatest rates among those 24 years old and younger. Satisfaction with both WASH and childcare facilities was significantly higher at the adapted distribution (94% and 84%, respectively) vs other sites (88% and 71%, respectively).

#### Violence, abuse or harassment

When asked if they had experienced any violence, abuse or harassment at the last distribution, the highest rates were among those 24 years or younger (29%). **Eight women and one man reported being asked for sex in exchange for food**; all were 34 years old or younger, and two were single, six married and one separated. The male respondent reported the perpetrator as a security actor; the female respondents reported the perpetrators as aid workers (1), security actor (1), government actor (1), other food aid recipient (3), and unknown/other (2).

## Recommendations

Given the likelihood of under-reporting such sensitive issues due to shame, stigma, fear of retribution or loss of aid, and other issues, the SEA incidents reported here likely understate the true scope of sexual exploitation and abuse occurring. The commitment to zero tolerance among aid actors means that these findings are cause for further action to mitigate known SEA risks (outlined in the recommendations below), and that services for survivors in tandem with outreach on safe avenues for reporting.

1. **In line with the above recommendation, commit to staffing FDPs with women in higher numbers and a broader range of positions**, including security and police, but also FDP staff, community volunteers, help desk staff, and more. Women and girls from our Phase 1 and 2 findings shared that this increases their safety and is an important measure for SEA risk mitigation.
2. **Ensure that sex-segregated facilities – including lines, handwashing stations, and latrines – are implemented at all the distribution sites.** Women reported high levels of satisfaction when these elements were present. This aligns with findings from Empowered Aid’s Women and Girls Advisory Group members in Phase 1. Locks on latrines, and area lighting (especially when distributions run late), are also important measures for safe distribution sites.
3. **Consider ways that women can travel accompanied to distribution sites, and that women and men can be supported in carrying heavy, bulky food items home**, particularly when double



rations are distributed (due to COVID-19). This is in recognition of the gendered findings around reported above around reasons for feeling unsafe traveling to/from distribution sites, and the likely link between women's reports that having to travel through the bush, and sexual harassment or abuse on the way to/from the FDP, as significant reasons for their lack of safety.

4. **Ensure accessible information and outreach around PSEA.** This includes low literacy and/or visual signage with key messages about SEA as well as how to report or seek services. Messaging should also be made available in a number of languages, including minority languages. PSEA awareness messages should be included in all the distribution site pre-addresses given by the staff or volunteers, in multiple languages, using participatory and attention-grabbing methods like drama.
  
5. **Provide adequate childcare support during distributions.** This may take the form of child/mother care corners at FDP sites. In our observational audit findings (reported separately) it was noted that these are currently not available in any sites, yet young children accompanied their parents to the distribution at 78% of the FDPs, and wait times averaged up to one hour.

**World Vision, IRC, & GWI Food Distribution, Empowered Aid Pilot 1**

**Point of Distribution Questionnaire  
Summary of Findings**

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**Executive Summary**

As part of Empowered Aid, World Vision Uganda, the International Rescue Committee (IRC) Uganda and the Global Women’s Institute (GWI) are working to adapt tools for monitoring distributions to more proactively identify risks for sexual exploitation and abuse (SEA) and take action to mitigate them. These tools build on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

In May – July 2020, World Vision conducted their regular blanket distribution for food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid’s first phase: increasing the number of female aid workers (staff and community volunteers) at Food Distribution Point 1 (FDP1) in Zone 3 of Bidi Bidi, while all other FDPs maintained the standard mix of male and female staff. The adapted distribution site had all female staff present and an approximate ratio of 5 female volunteers for every 2 male volunteers. The other 5, non-adapted FDP sites therefore had more male staff and volunteers at each, with an average gender balance of female to male staff and a 3:4 ratio of female to male volunteers.

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. In addition to observational monitoring

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<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

("safety audits") and focus groups, a household survey (HHS) tool was administered at each distribution site by World Vision enumerators and translators (11 females, 13 males) assigned to each zone throughout Bidi Bidi refugee settlement (n=696).

As part of this survey, a questionnaire was administered to women respondents (18 years and above, n=403) covering five main areas on women's experiences in relation to distributions, particularly in context of the COVID-19 pandemic: information and communication, SEA risk during aid distribution, other types of violence linked to the COVID-19 pandemic, places to report complaints or obtain support, and feelings of fear during the distribution process. This report summarizes the findings of this new module; further information about the methodology and demographics can be found in the household survey findings report.

**Information and Communication findings:** Respondents most frequently heard about aid distributions through megaphone/microphone mechanisms and public announcement systems, which they said are effective but could be limiting to those who don't live near main streets or common areas as well as those who don't speak the main languages. 70% of respondents stated they heard about distributions from community leaders, making them gatekeepers of information communication on aid distributions.

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*"Aid workers are having relationships with the girls and this always ends up in pregnancies or early marriages." – Woman living in Uganda as a refugee*

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**SEA risk during aid distribution:** SEA risk was reported in aid distribution processes, and perpetrators associated with this risk included aid workers, teachers, other refugees including community leaders, and police. Respondents often tied SEA risk to early marriage and pregnancy, particularly exacerbated by the COVID-19 pandemic and lockdown, in which women and girls don't have access to income, basic necessities, or school, but did not identify a point in the distribution process at which this risk occurred.

**Other types of violence or abuse women and girls experience that may be linked to COVID-19:** Early marriage and pregnancy were also most frequently mentioned when asked about other types of violence linked to COVID-19 for the same reasons (lack of income, basic necessities, or access to jobs and school). Additional types of violence linked to the COVID-19 pandemic included rape, physical violence or fighting, sexual assault, intimate-partner violence, and sexual harassment.

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*"Lack of employment opportunities and support that makes family to lack necessities thus resulting in domestic violence." – Woman living in Uganda as a refugee*

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**Reporting mechanisms and obtaining support:** Respondents mentioned a plethora of types of places they could report a complaint to or obtain support from, of which the top 3 were community leaders, IRC Women and Girls Centers, and IRC help desks. Respondents who stated a preference for reporting complaints and obtaining support from Women and Girls Centers.

**Feelings of fear during the distribution process:** Lastly, 73% of respondents reported fear in the aid distribution, with 73% of that fear occurring at distribution points, followed by fear while traveling to the

distribution, at registration or verification exercises, when accessing information on aid distributions, and finally fear while traveling from the distribution. No respondents said they felt fear while storing aid.

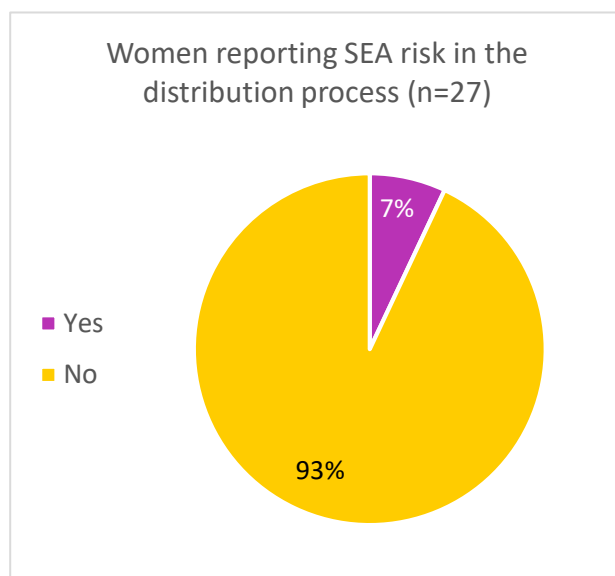


Figure 1: Women reporting SEA risk during aid distribution

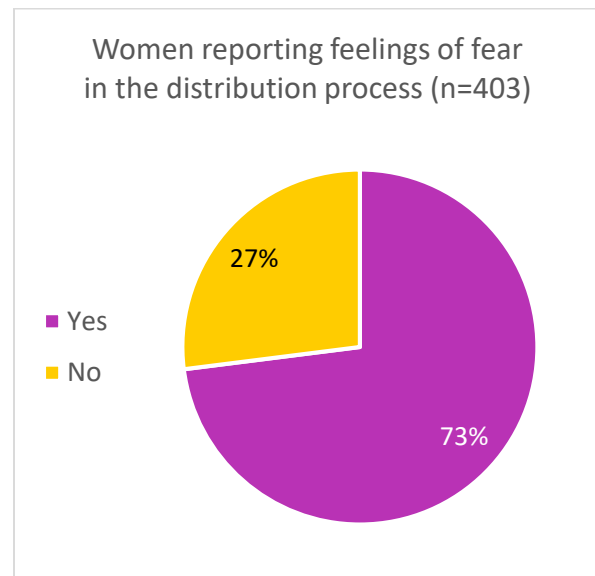


Figure 2: Women reporting feelings of fear during the distribution process

### Recommendations

1. **Implement recommendations women, girls, and other aid recipients shared to make distribution points safer.** Distribution points were most frequently reported as the place where women reported fear during the distribution process. Based on Empowered Aid's findings from Phase I and other pilots, World Vision, IRC, and other NGOs should implement recommendations women and girls have made to increase their feelings of safety at distributions, including sex-segregated lines, increased female staff and volunteers working at the distribution, and transport support.
2. **Increase awareness of PSEA reporting mechanisms, including and beyond toll free lines.** Only 1 respondent displayed knowledge of using the PSEA toll free line. World Vision, IRC, and other NGOs should increase awareness raising activities on what the toll free line is for and how to use it, as well as other ways to access support, give feedback, or report a complaint, for those who do not have phones. Awareness raising activities can include audio messages broadcast during mobilization for distributions; delivering information verbally (via megaphone or loudspeaker) during the pre-address at distributions and at other community activities; and visual / low-literacy appropriate signage that includes the toll free line as well as other ways to access support.
3. **Ensure that information on distributions is delivered in ways that reach women, men, girls and boys more equally.** Ways to do this include having mobilizers move further into communities to share information closer to households (where women and girls tend to be) in addition to

community gathering points (where men and boys tend to be), and communicating in as many languages as are spoken in a zone/area, including minority languages.

4. **Expand ways of working with communities to prevent early marriage and teenage pregnancy, particularly in light of COVID-19-related drivers.** Food distribution represents one way that aid actors interact with large swathes of the refugee community, at a time when many other activities and centers have shut down or minimized. Key messages can be delivered as part of mobilization and pre-address announcements, as well as visual and low-literacy signage at distribution points. IRC Women and Girls Centers and protection desks represent important information and referral points, and ways to collaborate with IRC's existing early marriage programming are encouraged.
5. **Continue PSEA training and awareness raising activities with staff and volunteers involved in food and NFI distributions,** including frequent refresher trainings, as aid workers were most frequently associated with SEA risks in aid distributions. While staff may receive trainings, community volunteers and leaders may be less involved, however they are often the groups in most frequent contact with other aid recipients before, during, and after distributions; therefore, their training and awareness on PSEA is critical.

## Overview

As part of Empowered Aid, World Vision Uganda, the International Rescue Committee (IRC) Uganda and the Global Women's Institute (GWI) are working to adapt tools for monitoring distributions to more proactively identify risks for sexual exploitation and abuse (SEA) and take action to mitigate them. These tools build on the findings from Empowered Aid's first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.

In May – July 2020, World Vision conducted their regular blanket distribution for food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid's first phase 1: increasing the number of female aid workers (staff and community volunteers) at Food Distribution Point 1 (FDP1) in Zone 3 of Bidi Bidi, while all other FDPs maintained the standard mix of male and female staff. The adapted distribution site had all female staff present and an approximate ratio of 5 female volunteers for every 2 male volunteers. The other 5, non-adapted FDP sites therefore had more male staff and volunteers at each, with an average gender balance of female to male staff and a 3:4 ratio of female to male volunteers.

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data to ensure a majority those involved were female and trained on the necessary gender and core concepts of the project. In addition to observational monitoring ("safety audits") and focus groups, a household survey (HHS) tool was administered at each distribution site by World Vision enumerators and translators (11 females, 13 males) assigned to each zone throughout Bidi Bidi refugee settlement (n=696).

As part of this survey, a questionnaire was administered to women respondents (18 years and above, n=403) covering five main areas on women's experiences in relation to distributions, particularly in context of the COVID-19 pandemic: information and communication, SEA risk during aid distribution, other types of violence linked to the COVID-19 pandemic, places to report complaints or obtain support, and feelings of fear during the distribution process. This report summarizes the findings of this new module; further information about the methodology and demographics can be found in the household survey findings report.

## Summary of Findings

### I. Information and communication on aid distributions

#### ***Methods of information and communication on distributions***

Respondents most frequently reported hearing about distributions through megaphone/microphone mechanisms, followed by public announcements systems (not specified what type of system), written communication, door-to-door mobilization, word of mouth from family, friend or other community members, and Women & Girls Centers and community help desks.

*“The Chairman through the mobilizers, they announce in communities, the least people to get the information are people who are always away from their homes, they should announce this information mostly in the evening through a megaphone so that everyone can have access” – Woman living as a refugee in Uganda*

Some respondents stated that the method of communication changed due to COVID-19, before the pandemic there were more commonly mobile announcement systems whereas now megaphones or written notices are used more often by community leaders to distribute the information.

People who are least likely to hear about the information are those who live far off and not near major roads or streets where the announcements go through. Respondents who are not at home are least likely to hear about the information as well as language barriers were also flagged as an issue for information-communication.

*“Not everyone gets access, those that are far from the road side end up not getting the information.” – Woman living as a refugee in Uganda*

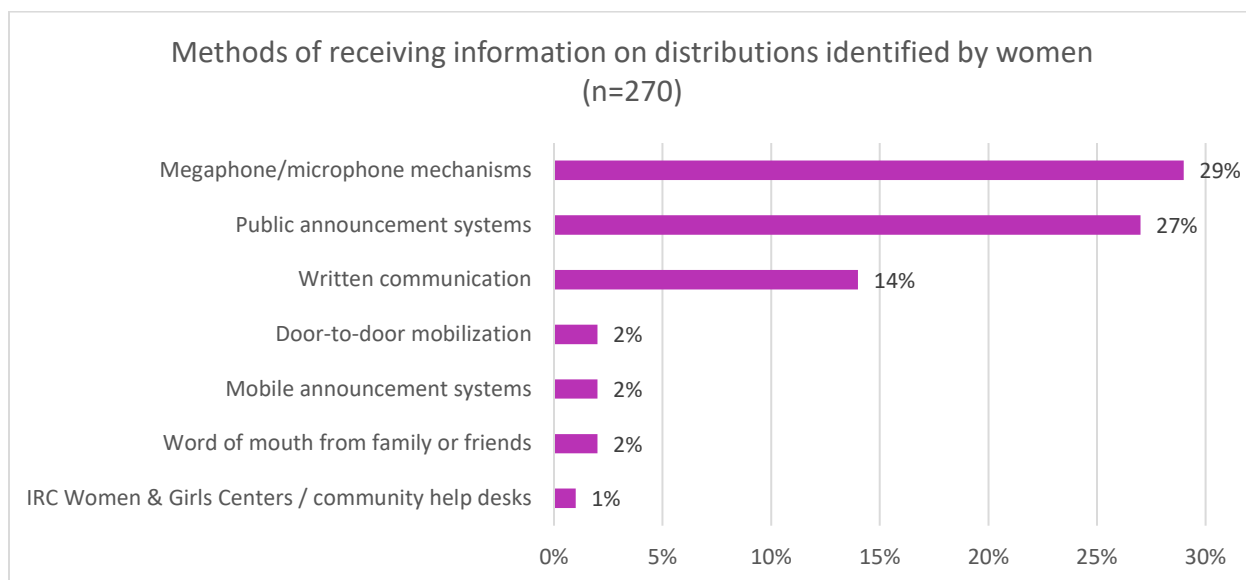


Figure 3: Methods of receiving information on distributions that women respondents identified

### Sources of information

Community leaders, particularly the chairman of the community villages in Bidi Bidi, most frequently share information on distributions, with 70% of respondents stating that they hear information from community leaders. Other sources of information included NGO workers including staff and volunteers (24%), family or friends (2%), or they reported did not know who delivered the information (6%).

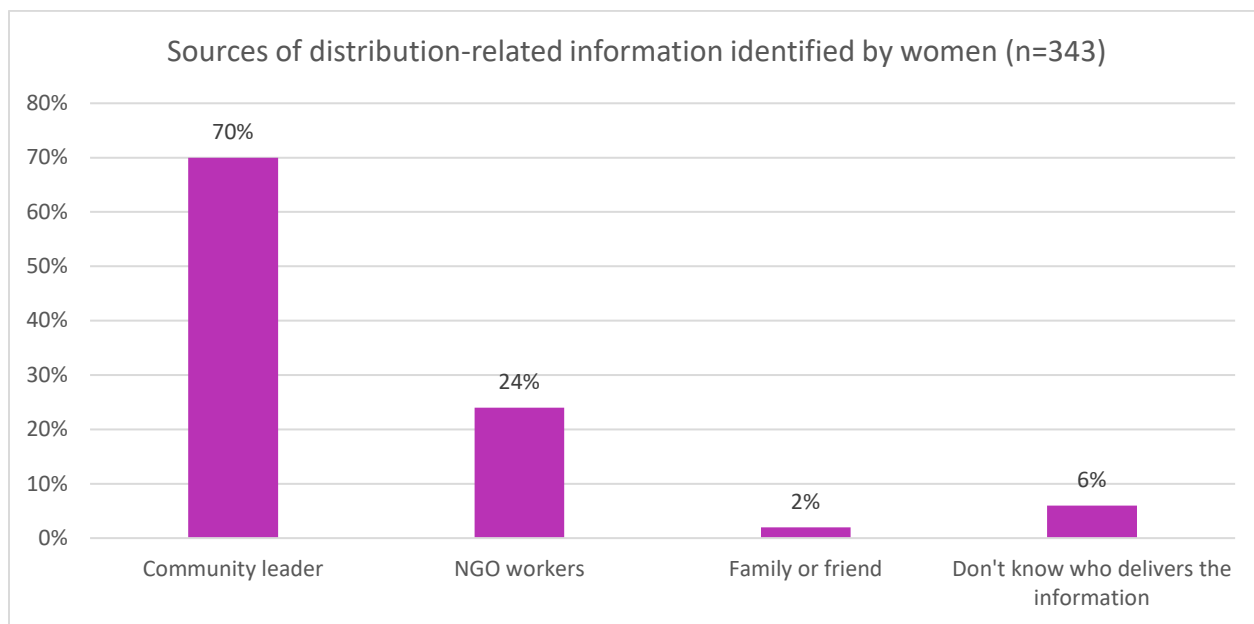


Figure 4: Sources of receiving information on distributions that women respondents identified

**Preferred methods of communication**

Respondents who stated a preference for communication methods, said they preferred megaphone/microphone mechanisms because they are loud, audible, and reach lots of people (17%). Others preferred public announcement systems (16%), mobile announcement systems (1%), written communication (1%), and door-to-door mobilization (1%).

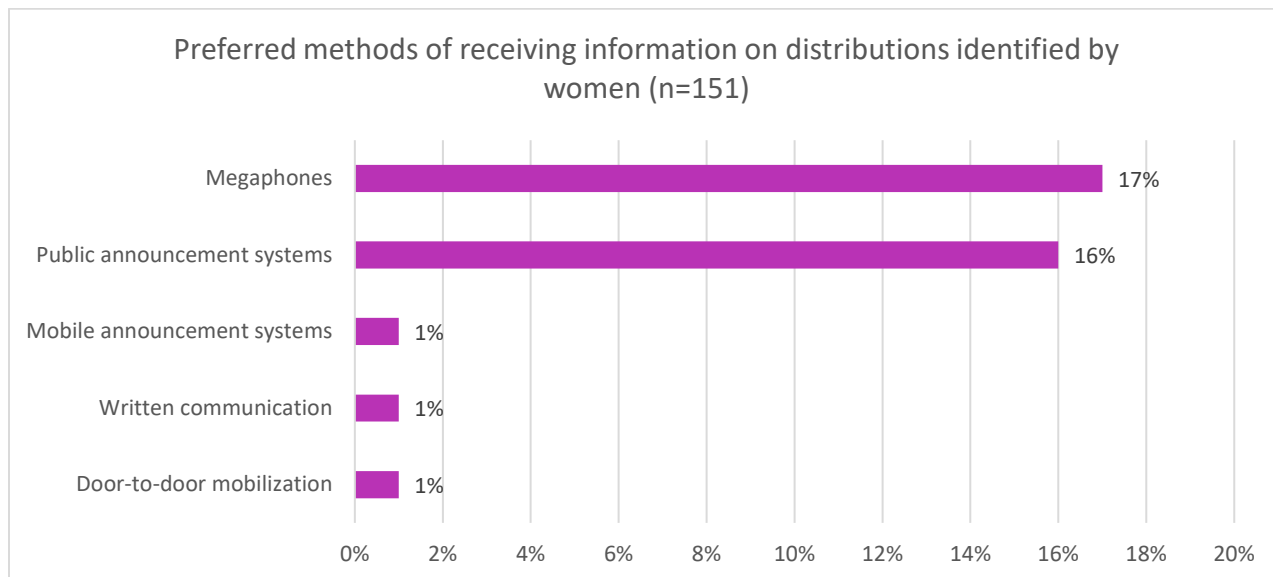


Figure 5: Preferred methods of receiving information on distributions women respondents identified



## II. SEA Risk in Aid Distribution

Of the women who responded to the PODQ, 7% said they had seen or heard of SEA, of which 12% was in relation to education assistance, 4% in relation to cash assistance and 4% in relation to food aid. No other types of aid were mentioned in relation to SEA risk by the respondents. None of these mentioned a specific point in the distribution process where the SEA risk occurred.

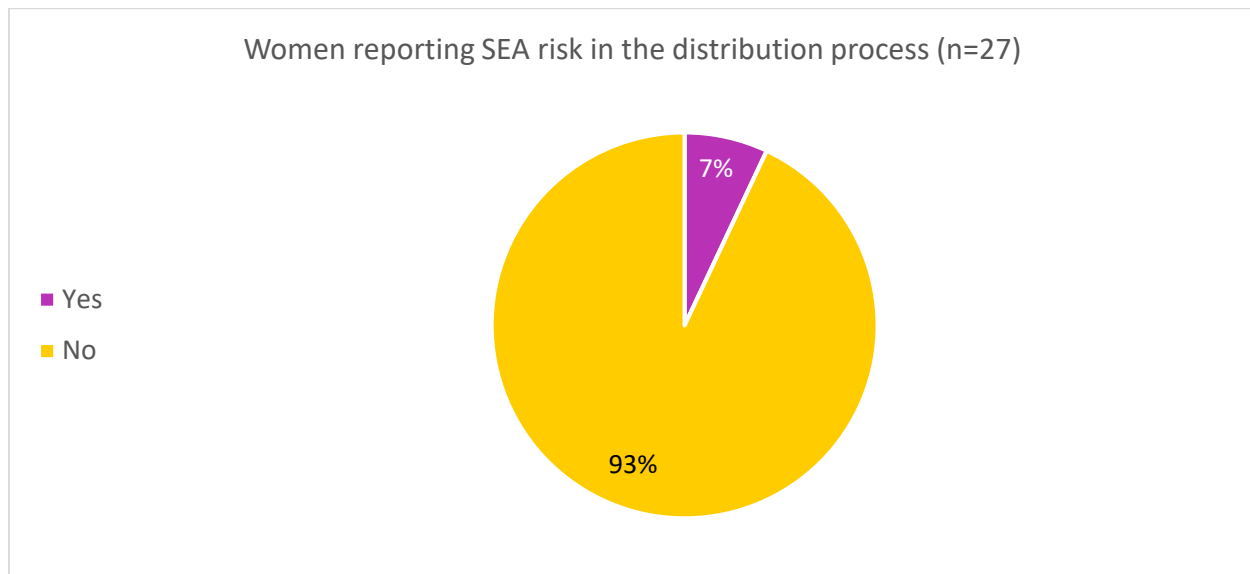


Figure 6: Women reporting SEA risk during aid distribution

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*“Aid workers are having relationships with the girls and this always ends up in pregnancies or early marriages.” – Woman living in Uganda as a refugee*

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Thirty five percent of the respondents who said they had seen or heard of SEA mentioned marriage and pregnancy in relation to SEA, and 4% mentioned rape.

*“Cases where girls get married to get the related necessities” – Woman living in Uganda as a refugee*

Forty six percent of respondents included mentions of adolescent girls as those being most vulnerable to SEA when discussing risks.

*“Yes many since many girls are now idle and need money for support” – Woman living in Uganda as a refugee*

Respondents reported an increased risk of sexual exploitation and abuse (SEA) due to COVID-19 lockdowns and restrictions, as women and girls have less access to income or basic necessities, and can't go to school or work.

**Perpetrators associated with SEA risk identified by respondents**

Amongst those who reported SEA risk, respondents identified aid workers as perpetrators most frequently (15%), followed by teachers (11%), then refugees including community leaders (7%), and police (4%). Other respondents who mentioned that they had seen or heard of SEA did not identify a perpetrator (56%).

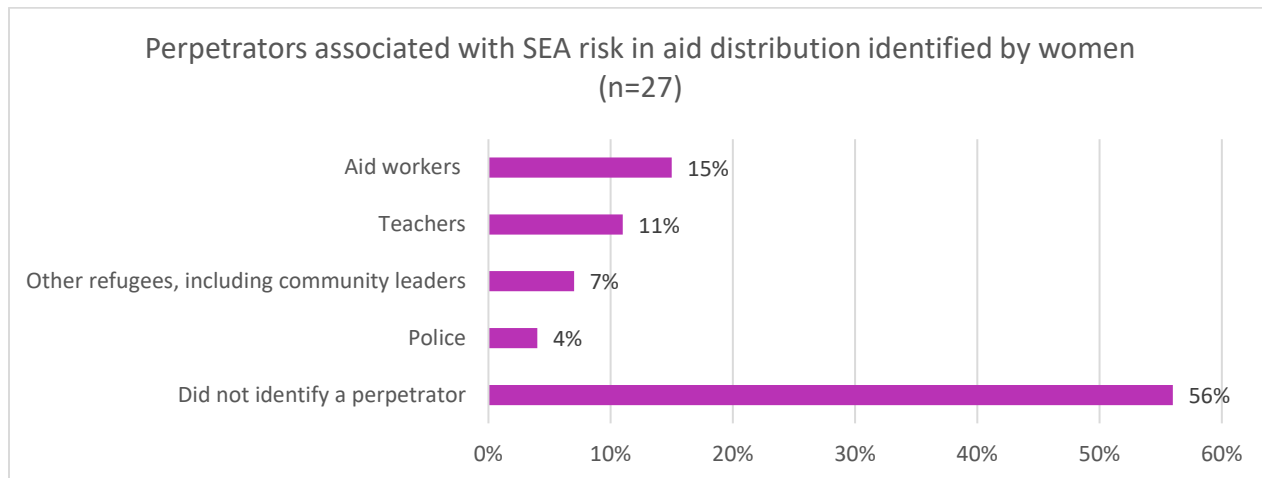


Figure 7: Perpetrators associated with SEA risk in aid distribution identified by women

**III. Other type of violence or abuse that women and girls are facing that may be linked to COVID-19**

Of the respondents, 65% reported violence or abuse that may be linked to the COVID-19 pandemic, 28% said there was no other violence or abuse women and girls faced in their communities, and 7% said they did not know about other types of violence or abuse affecting women and girls. When answering this question, the respondents did not identify a point in the distribution process when violence or abuse could occur.

Some respondents also specified the types of violence that they had seen or heard of in their communities, again not identifying a specific point in the distribution when this would occur. Other types of violence that respondents reported included early/forced marriage, early/teenage pregnancy, rape, physical violence or fighting, sexual assault, intimate partner violence, COVIDI exposure, SEA, sexual harassment, and unspecified gender-based violence (respondents would simply state gender-based violence).

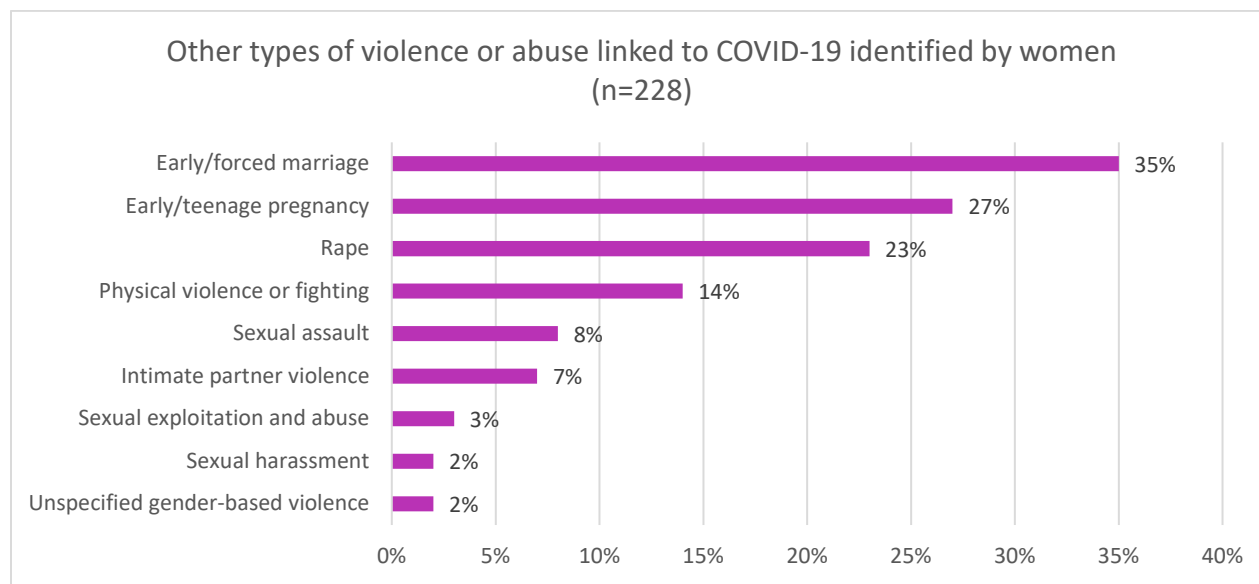


Figure 8: Other types of violence or abuse linked to COVID-19 identified by women

Overall, respondents identified the COVID-19 pandemic and subsequent lockdown and restrictions as causes for gender-based violence due to the closing of businesses and schools, loss of employment and income, and lack of access to basic necessities, such as food or soap. This includes sexual exploitation and abuse:

*“Exposure of women and girls forcing them to engage in sexual exploitation to get other items and money.” – Respondent 75*

Increases in early/force marriage and teenage pregnancy were linked to schools being closed due to the COVID-19 lockdown. Early marriages were also reported in relation to a lack of basic necessities and income due to the lockdown and COVID-19 restrictions.

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*“Early or forced marriage due to unbearable living conditions and need for essential items for the girl childlike clothes and pads.” – Woman living in Uganda as a refugee*

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*“Teenage pregnancy and early marriage because schools have been closed to keep the young girls busy.” – Woman living in Uganda as a refugee*

Sixteen percent of respondents mentioned “unnecessary movement” as a cause of gender-based violence. Respondents reported physical violence perpetrated against girls because of “unnecessary” or “careless” movements, meaning adolescent girls and boys are leaving their homes and socializing amongst one another during lockdown.

*“Girls move a lot at night exposing them to risks, they don't really listen to their parents” – Woman living in Uganda as a refugee*

Rape was mentioned in relation to traveling to and from collecting aid, such as food or firewood.

*“Rape and it happens with natives when one goes to get firewood they will rape you.” – Woman living in Uganda as a refugee*

Intimate partner violence was reported in relation to spouses taking food after food distributions and selling it, and household tensions over lack of income and basic necessities that lead to IPV.

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*“Lack of employment opportunities and support that makes family to lack necessities thus resulting in domestic violence.” – Woman living in Uganda as a refugee*

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Some respondents mentioned girls being overworked at home as they are tasked with an increased amount of domestic chores. Respondents also reported alcoholism and exposure to STDs as ongoing issues in the community.

#### **IV. Where women identified they could report a complaint, give feedback, or obtain support in regards to distributions**

The top three most frequently mentioned reporting and complaint mechanisms or places to obtain support were community leaders (57%), of which 6% of respondents said they would prefer to report a female community leader, followed by IRC Women and Girls Centers (42%), and IRC protection desks (35%).

*“When its village level I normally report to the chairman and when I have my related issues I report to women centers and when at times it fails from the chairman and its village related issues I report to community complaint desk.” – Woman living as a refugee in Uganda*

Respondents also reported a plethora of other places to report complaint or obtain support, including NGOs (11%), trusted friends or family members (6%), policy or security personnel (5%), the Refugee Welfare Committee (2%), health facilities (1%), community elders or pastors (1%), teachers (1%), mobilizers (unspecified if they were NGO or community leadership) (1%), and IRC Youth Centers (1%). Some respondents also stated that they did not know where to report (4%) or that they did not feel comfortable reporting to anyone and would remain silent (1%). 1 respondent identified the toll free line as a way to report complaints or obtain support.

*“My neighbor, she is a volunteer at the protection desk, she feels safe talking to her, the women go to the women center to get the support they need, they report their complaints but the lack of response has made it hard for them to open up mostly during this pandemic.” – Woman living as a refugee in Uganda*

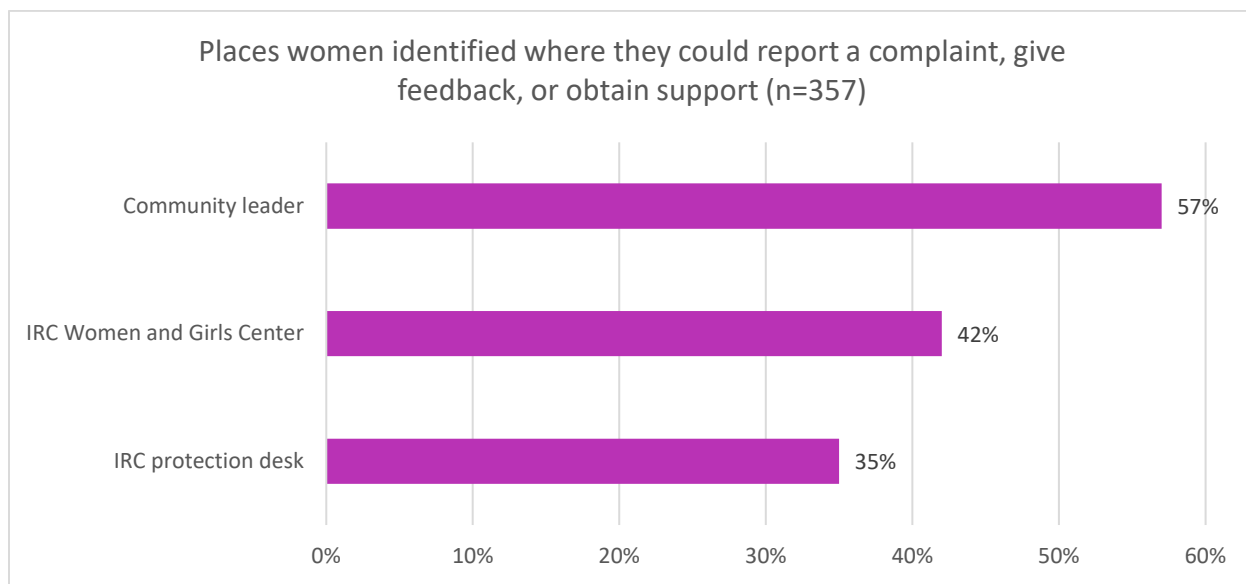


Figure 9: Places women identified where they could report a complaint, give feedback, or obtain support

### Where they feel most comfortable reporting

Respondents who stated where they felt most comfortable reporting or obtaining support included IRC Women and Girls Centers (6%), followed by community leaders (4%), trusted friend or family members (4%), IRC protection desks (1%), and health center, mobilizers, and police (less than 1%).

Some respondents said there were no places where women and girls can get support from, particularly during the COVID-19 pandemic lockdown and weren't sure if Women & Girls Centers were open.

*"We are supposed to go to the women center for help, but I don't know if they work now and the women center is also far away from my home. So I just keep my concerns to myself most times."*

– Woman living in Uganda as a refugee

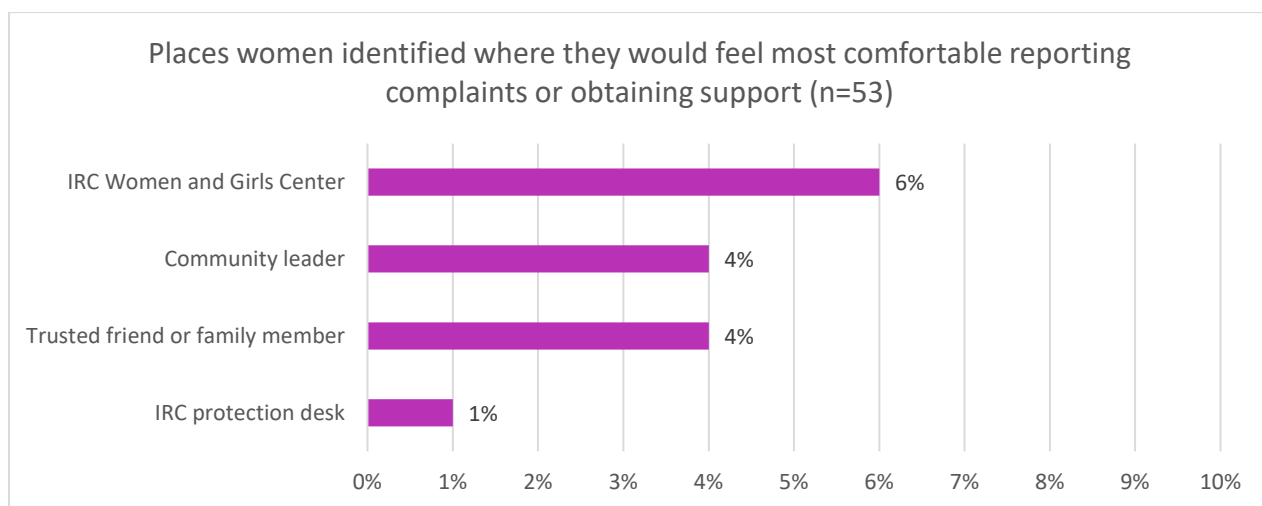


Figure 10: Places women identified where they would feel most comfortable to report a complaint, give feedback, or obtain support

### V. Women reporting feelings of fear during the distribution process

Seventy three percent of respondents stated they felt fear at some point during the distribution process, while 27% reported that they did not feel any fear during the distribution process. As this was a closed question, women did not expand further on why they felt fear during or at the different points of the distribution process.

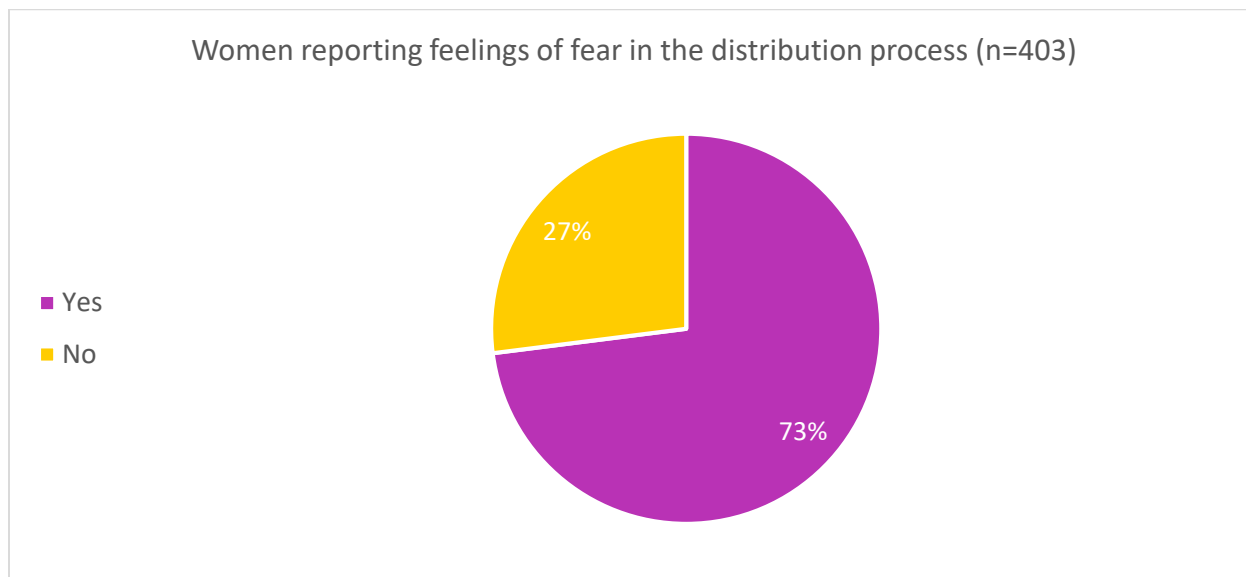


Figure 11: Women reporting feelings of fear during the distribution process

Respondents reported the most fear in the distribution process when they were at the distribution point, followed by fear while traveling to the distribution, at registration or verification exercises, when accessing information on aid distributions, and then fear while traveling from the distribution. No respondents said they felt fear while storing aid.

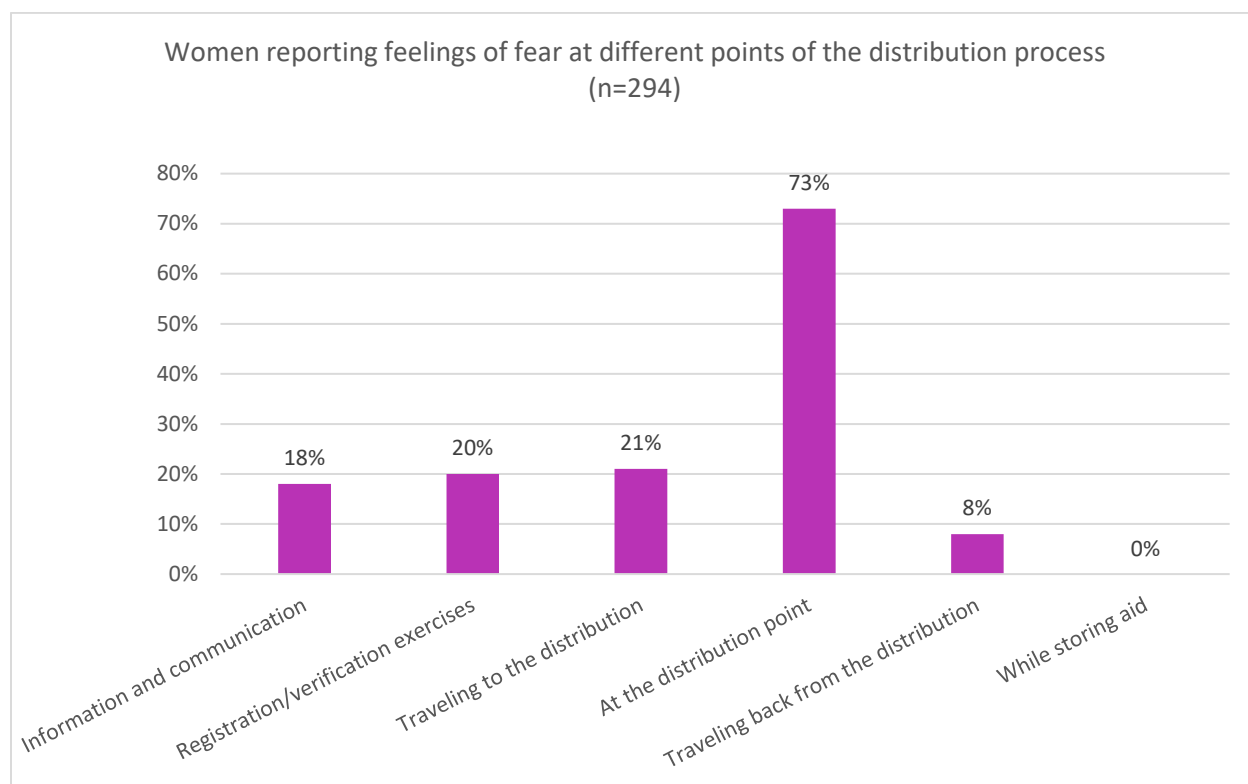


Figure 12: Women reporting feelings of fear at different points of the distribution process

## Recommendations

1. **Implement recommendations women, girls, and other aid recipients shared to make distribution points safer.** Distribution points were most frequently reported as the place where women reported fear during the distribution process. Based on Empowered Aid's findings from Phase I and other pilots, World Vision, IRC, and other NGOs should implement recommendations women and girls have made to increase their feelings of safety at distributions, including sex-segregated lines, increased female staff and volunteers working at the distribution, and transport support.
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## World Vision, IRC & GWI Food Distribution, Empowered Aid Pilot 1

### Focus Group Discussions Summary of Findings

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## Overview

As part of Empowered Aid, the Global Women's Institute (GWI) is working with the NGOs International Rescue Committee (IRC) and World Vision in Uganda, to adapt distribution monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid's first phase, which identified ways in which the distribution processes can put women and adolescent girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

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<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

In May – June 2020, World Vision conducted blanket distribution for food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid's first phase: increasing the number of female aid workers (staff and community volunteers). This was done at Food Distribution Point 1 (FDP 1) in Zone 3 of Bidi Bidi, while all other FDPs maintained the standard mix of male and female staff. The adapted distribution site had all female staff present and an approximate ratio of 5 female volunteers for every 2 male volunteers. The other 5, non-adapted FDP sites therefore had more male staff and volunteers at each, with an average gender balance of female to male staff and a 3:4 ratio of female to male volunteers.

## Methodology

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions in Uganda. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. The Research team assembled 3 facilitation teams for the focus group discussions, and each team was led by a facilitator from the IRC staff who took part in the first Phase of Empowered Aid, thus had received ample training, practice, and learning on the facilitation techniques and exercises used in the guide and carried forward the capacity-sharing that is central to Empowered Aid's approach. These facilitators also previously worked as social workers at IRC Women and Girls Centers and were familiar with Bidi Bidi's referral pathway and PSEA or GBV services available, should participants need support. One IRC translator who took part in Phase 1's research also participated in the focus groups to provide translation, in addition to two more translators and four note takers all recruited by World Vision.

Focus group discussions were held with 17 groups of 8 participants each across FDP sites 1-6 in Zone 3 of Bidi Bidi as part of the post distribution monitoring conducted. Due to COVID-19 restrictions, focus groups were delayed until September 2020, when restrictions were lifted on the number of people who could safely gather (maintaining physical distancing). The focus groups covered two distribution cycles that the participants had attended, the May distribution and the July distribution (due to COVID-19, double rations were distributed meaning the items received are twice as heavy and bulky. As the pilot distribution occurred in the May distribution cycle, it is therefore not possible to distinguish participants' experiences of the May distribution from those of the July distribution cycle. Because of this, this report cannot compare findings from our adapted May distribution site (FDP 1 in Zone 3) to the other FDP sites in May. Participants of the focus groups were recruited by World Vision, who worked with community leaders of the villages that attend FDP sites 1-6 in Zone 3 to identify and select participants who were in the eligible age bracket and in the targeted grouping laid out by World Vision, IRC, and GWI (see below for the categories of groups recruited).

Those targeted for the focus groups included women, men, adolescent boys, and adolescent girls, including those living with disabilities/vulnerabilities in all four groups; and adolescents who are household heads. Groups were sex- and age-segregated, with adolescent boys and girls being between the ages of 15-17, and women and men 18+. Referral pathways were in place for any participants who expressed need for humanitarian services or indicated lack of safety, need for psychosocial support, or experience of PSEA or GBV. General information on aid feedback and PSEA reporting mechanisms, and COVID-19-related safety and support measures, was provided at the end of each focus group.

FDP Site	FGD #	Focus Group Discussions Held
1	1	Women
	2	Men
	3	Women living with disabilities/vulnerabilities
	4	Men living with disabilities/vulnerabilities
	5	Adolescent girls who are household heads
	6	Adolescent boys who are household heads
2	7	Women
	8	Adolescent girls
	9	Adolescent girls living with disabilities/vulnerabilities
3	10	Women
	11	Adolescent girls living with disabilities/vulnerabilities
4	12	Adolescent girls
	13	Adolescent boys living with disabilities/vulnerabilities
	14	Adolescent girls living with disabilities/vulnerabilities
5	15	Men
	16	Adolescent boys
6	17	Adolescent boys living with disabilities/vulnerabilities

## Findings

### Positive & Negative Impacts of Food Distribution, including Gender-Based Violence

Women, adolescent girls, men, and adolescent boys in 7 focus groups stated that they were happy to receive food aid and it meets their basic necessity for food as well as it is nutritious and keeps them healthy. Additionally, two focus groups including men and adolescent girls living with disabilities both mentioned that they view the ability to sell food from distributions as a positive impact or benefit of food aid.

Women, adolescent girls, men, and adolescent boys also listed a multitude of negative impacts of food aid. In 6 focus groups, women, men, adolescent boys, and adolescent girls, including those living with disabilities and those who are household heads, pointed to reduced food rations that may not last for the whole distribution cycle, or there is not enough to sell (for grinding, transport, other necessities) and feed everyone in the family so it puts financial and psychological strain on the family, as well as increases

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*"You reach the distribution that you wanted to pick your ration, people can start, especially the boys, even the afandes [police], they start giving you some words you don't want [sexual harassment], and then in anger you start quarreling...even one day this happened to me until I told the person that I have not come here because of that issue I have come here to pick my ration." – Focus group discussion with adolescent girls living in Uganda as refugees*

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hunger and illness. Participants from one-quarter of focus groups stated that male spouses may sell or attempt to sell food rations, which can lead to intimate partner violence and child neglect, and has increased in correlation with the food ration reduction. In three focus groups with adolescent girls and adolescent boys, including those living with vulnerabilities or who are household heads, explained that food shortages may cause families to force adolescent girls into marriages so that they no longer have to provide for them.

Three focus group discussions included men and adolescent boys who stated that women and adolescent girls can experience rape or sexual violence when traveling to and from distributions. This can be exacerbated by traveling back with heavy food parcels, particularly because of the double ration now distributed. Vulnerable groups, such as PSNS, pregnant women, and women with young children are particularly at risk of gender-based violence (GBV) when traveling from food distributions. Lastly, 5 focus groups including women, men, and adolescent girls living with disabilities, as well as adolescent boys who are household heads, all said that food may be spoiled or rotten, which can make families sick.

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*“Staffs, porters, scoopers were forcing us to carry food yet things are very heavy and they are telling us to hurry. Security guards were very harsh and shouting, kicking and beating beneficiaries.” – Focus group discussion with adolescent boys who are household heads living in Uganda as refugees*

*“Some [workers] have humanitarian hearts, they want to serve people. But there are some who don't have that heart. They are only after money. So if a beneficiary comes to ask a question, the worker will end up shouting and quarreling with them.” – Focus group discussion with women living in Uganda as refugees*

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## Fear & Safety in the Distribution Process

### *When communicating or giving information about distributions and during registration or verification exercises*

Methods through which women, men, adolescent girls and adolescent boys stated they received information on distributions included megaphones and microphones, mobile/vehicle announcements, flyer distribution, door-to-door mobilization, and small gatherings. Over half of groups (9) across FDPs 1 – 4 reported that they most frequently heard information on distributions from megaphones, microphones, and mobile announcement systems (vans making announcements with megaphones) and stated they preferred these methods of communication. Five groups stated that women and adolescent girls are least likely to hear information on distributions as they spend more time at home and not in public places able to hear the information.

Two-thirds of focus groups stated they received information from amongst other community members, friends or family, village chairpersons, and World Vision volunteers. A majority (14) of the focus groups identified the village chairman, block leader, and IRC complaint desk as the most common individuals or places they would report if they needed information or had questions on an upcoming distribution. Three groups of women and adolescent girls said they would ask for more information or report complaints regarding information and communication on aid distributions to the IRC Women and Girls Centers.

### *At the point of distribution*

In two-thirds of the discussions (11), women, men, adolescent girls, and adolescent boys from FDP sites 1-6 from Zone 3 reported that recent distributions are organized with COVID-19 prevention measures – hand washing stations, temperature checks, and social distancing. In addition to these COVID-19 prevention measures, respondents noted the following aspects that **made them feel safe** at distributions:

- **prepackaged food rations** (mentioned in 6 groups)
- **sex-segregated lines** (mentioned in 2 groups by women and men)
- **distributions scheduled one village at a time rather than 3 or 4 villages together** (mentioned in 1 focus group: Men with disabilities/vulnerabilities from FDP 1)
- **automated verification system with serial numbers to identify aid recipients** (mentioned in 1 focus group: adolescent girls who are household heads from FDP 1)
- **the presence of police and security guards at distributions** (mentioned in 3 focus groups) **although women, adolescent girls, and men living with disabilities/vulnerabilities also said that the increase in guns carried by police and security guards made them feel unsafe** (mentioned in 3 focus groups)
- **staff who are polite, kind, and helpful to PSNs and the elderly** (mentioned in 10 focus groups)

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*“You see, the refugees we came here because of the guns and in the place with the food you see guns, it's very bad people are fearing, even the uniforms people are fearing.” – Focus group discussion with men living with disabilities/vulnerabilities who are living in Uganda as refugees*

*“Once I had a woman standing behind me and she clearly was not able to wait in the long line. The World Vision staff took her and brought her towards the front of the line so she could quickly get her items and be protected.” – Focus group discussion with men living in Uganda as refugees*

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Respondents also identified the following aspects of the distribution that **made them feel unsafe** at distributions:

- **Standing in long lines** (mentioned in 2 focus groups, specifically by men and girls living with disabilities/vulnerabilities)
- **Poor time management at the FDP that leads to delays in the distribution** (mentioned in 1 focus group: men with disabilities/vulnerabilities from FDP 1)
- **Inappropriate behavior from staff or volunteers, such as speaking rudely or harassing aid recipients and enforcing COVID-19 measures harshly** (mentioned in 11 focus groups)
- **Other aid recipients not practicing social distancing** (mentioned in 2 focus groups)
- **Some porters seeking payment in exchange for their work** (mentioned in 1 focus group: women from FDP 3)

- **Some workers and security guards harassing or “deceiving” women, meaning attempting to perpetrate sexual exploitation and abuse** (mentioned in 1 focus group: men living with disabilities/vulnerabilities from FDP 1).

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*“These guards should not exist within the food distribution point. They are coming here with money and coming to deceive our women. It brings a lot of problems. We are poor, if our wives are given money, then this means [the security guards] are doing things that are not favored and [we] don’t expect them to be here.” – Focus group discussion with men living with disabilities/vulnerabilities who are living in Uganda as refugees*

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### *Transporting items home and storing or maintaining the aid received*

In three-quarters of focus group discussions (15) women, men, adolescent boys, and adolescent girls from all the FDPs reported that they most commonly transported aid home by selling a portion of their ration to hire a boda boda. Participants in 5 focus groups reported using a bicycle and participants in 8 focus groups reported breaking out the rations into the smaller parcels the food is packaged in and giving them to family members who carry them home by hand.

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*“Long distances, especially for young girls, if the lady is moving alone, they do not know who might be hiding themselves there. Sometimes, she might be raped, or the food might be stolen. They might also beat her and leave her in critical conditions.” - Focus group discussion with adolescent boys living with disabilities/vulnerabilities who are living in Uganda as refugees*

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In three focus groups in particular, women, men, and adolescent girls all reported that women are primarily responsible for transporting, storing, and managing food rations as well as cooking, and therefore more frequently face challenges with transporting aid. Common challenges respondents reported when transporting aid home included the heavy and bulky nature of food, especially when aid recipients received a double ration (2 focus groups); the possibility of being harassed, attacked, or raped en route (2 focus groups); food being stolen (7 focus groups); or the need to sell a portion of their food to hire a boda boda rider (15 focus groups). Three groups also reported that men and boys who are PSNs, live with disabilities, or have other vulnerabilities also struggle to transport food home. Four groups shared that families and individuals have suffered substantial economic setbacks due to the COVID-19 pandemic, made has transportation more expensive, forcing families to go without food and without money coming in from their business. Some families are forced to sell their goats, livestock, and properties.

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*“Due to COVID-19 restrictions, women have to stay in long lines for food aid distribution resulting in long wait times and also having to travel back with the food aid without much support.” – Focus group discussion with women living in Uganda as refugees*

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Across 4 focus group discussions, the most frequently identified safety concerns in relation to storing aid were intimate partner violence and/or violence between other family members due to disputes around how the food should be used or sold, especially when men and adolescent boys take part of the ration and sell it for alcohol.

### *Improvements that respondents have observed at distributions*

Across 5 focus groups, men, women, adolescent boys and adolescent girls from FDP 1 (which served as the adapted distribution site for the food pilot) FDP 2, and FDP 4, reported that they had seen an increase in the number of female staff, police, and guards at distribution points, and men from FDP 1 indicated that increased police presence has reduced incidence of theft. Women and adolescent boys also reported sex-segregated lines and latrines for women/adolescent girls and men/adolescent boys as well as PSNs.

Women, men, adolescent boys and adolescent girls, stated that World Vision staff and volunteers provided support to women, girls, and vulnerable groups at the distribution site when they were experiencing difficulties, including helping them move through the distribution quickly and not wait in lines and support in carrying heavy food aid. One group of women reported that the women and adolescent girls have received emergency toll-free phone numbers to call as a resource during emergency situations and other awareness messages on reporting mechanisms during distributions. While some aid recipients reported that they did not like the pre-packaged food, women, adolescent girls and adolescent boys stated that pre-packaged food did create more organization and timeliness in the distribution.

## SEA Risk, Reporting Complaints, and Accessing Services

### *Risk factors and vulnerable groups identified by women*

In 16 of the 17 focus groups, a majority or all of the participants said that they believed sexual exploitation and abuse occurs in their communities, and half of the groups (8) identified women and adolescent girls as those most at SEA and other types of GBV in aid distributions processes, and vulnerable groups – such as PSNs, people living with disabilities, those who are sick, adolescent girls, single mothers, elderly women, pregnant women, widows, and those who are financially unstable – are most affected by SEA and GBV in the distribution process amongst women and girls. One group of men said that they did not believe SEA was common in their community. One mention of older women (25 years and above) “wanting” boys below 17 years old was made in the focus group discussion with adolescent boys who are head of households from FDP 1. One-third of the focus groups with men and adolescent boys noted that they were aware of SEA occurring, even if they had not directly observed it, and that factors such as lack of income or access to aid put women and adolescent girls at highest risk.

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*"It also happened to me, when I brought my alcohol I was selling around and this driver [who transports food into the settlement] has to come and ask for my body, that he needs my body, he will pay for my body. For me I don't know Swahili and he was speaking Swahili and so I had to ask a colleague, and she told me what he say, and even me for myself I felt ashamed." – Focus group discussion with women living in Uganda as refugees*

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When first asked about SEA, participants in about half of the focus groups (9) stated that they had not heard or seen of SEA occurring in their community, or that it was rare. However, when discussing open-ended stories about a survivor of SEA, women, men, adolescent girls, and adolescent boys almost all said they would believe the survivor and that they had heard of SEA occurring in their communities.

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*"[In response to question: are women given money in exchange for sexual affairs?] Yes, you can say that someone might say to the women 'you look like you're having a hard time. Go to so and so, he can give you money' and then the women get deceived." – Men living with disabilities/vulnerabilities who are living in Uganda as refugees*

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**Effects of COVID-19:** Similar to findings from the other post-distribution monitoring conducted, participants in nine focus groups stated that SEA risk had increased since the COVID-19 pandemic and subsequent lockdown and restrictions. They cited families, single women, and adolescent girls who are at home without access to income and need money most at risk of SEA in context of the pandemic. Women, men, adolescent boys and adolescent girls all said that, because of lack of basic necessities and money, women and adolescent girls may be taken advantage of by aid workers, security guards, or drivers who offer money or aid in exchange for sexually exploitative relationships.

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*"Adolescent girls are suffering because they don't have the clothes and things that they need. If they ask their parents, the parents say that they don't have money." – Focus group discussion with adolescent girls living with disabilities/vulnerabilities who are living in Uganda as refugees*

*"According to me it is increasing instead [because of COVID-19], because even last week it happened and there's another army [soldier] who took a certain woman, and they went and sleep on those maize behind there, and they slept there. And also another [male] refugee went and got them. When the army is now out, reaching there, the woman was planning to run away. The boy said 'don't run you let me sleep with you the way that army did if not I am going to announce immediately' [about what happened with the army soldier]." – Focus group discussion with women living in Uganda as refugees*

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### ***Perpetrators of SEA***

Nine of the focus groups identified security officers and truck drivers as common perpetrators of SEA. This aligns with perpetrator types identified in other post-distribution monitoring data collected from the Empowered Aid pilots.



Over half of groups (10) stated that perpetrators may be taken to the police or reported to the chairperson, taken to prison, lose their jobs, and be exiled from the community, or they may be taken to the police where they pay a fine and are released back into the community. In some instances, according to adolescent girls who are household heads, community members may physically assault the perpetrator before they are taken to the police.

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*“A girl confided in me about a driver who was pursuing her. I told her that she should not get involved with him because he was just trying to confuse her.” – Focus group discussion with adolescent boys living with disabilities/ vulnerabilities who are living in Uganda as refugees*

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### *How families and communities respond to SEA*

Similar to Empowered Aid’s Phase 1 findings, community and family response to SEA can be varied, with some reacting negatively to the survivor – blaming and stigmatizing them, perpetrating further violence against them, forcing them to marry the perpetrator, or failing to keep confidentiality if a survivor confides in them – while others provide support in accessing services and reporting mechanisms. According to a majority of groups (13), communities and families may respond by reporting to the police or community leaders and take the survivor to the health center or IRC Women and Girls Center to access services. Some family members may or may not take action immediately against the perpetrator.

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*“There are some parents who will say 'This is a loss to me, at least let me kill this person' [referring to the survivor].” – Focus group discussion with men living in Uganda as refugees*

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The varying community reactions came to light in focus group discussions with men and adolescent boys. For example, they explained women and adolescent girls may willingly enter into a relationship with a perpetrator and thus be less willing to report because she “consented” to the relationship. The adolescent boys group shared that women and girls’ ability to access services would ultimately depend if they wanted to share with others, or if they wanted to keep it a secret. For this reason, they suggested it would be ideal if women and girls did speak out when SEA occurred so that they would be linked to medical care and be able to proactively treat any health complications.

### *Survivor, women and girls’ responses, and accessing services*

Eight focus groups reported that a minority of women and adolescent girls who experience SEA may report or share their experiences. More often, women and adolescent girls would be hesitant to report their experience because of fear, language barriers, long distances from services or support outlets, lack of information on what next steps a survivor should take, and lack of support from family or community members (according to women, men, adolescent girls, and adolescent boys).

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*“If you respond civilly or calmly, the community may help you but if you get too upset, they will tell you to take your case to the police or to Arua.” – Focus group discussion with adolescent girls living in Uganda as refugees*

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Women and adolescent girls in four groups – including those with disabilities or other vulnerabilities and girls who are household heads – reported a preference for accessing reporting mechanisms and services through women’s safe spaces such as IRC Women and Girls Centers, women community leaders, and SGBV social workers and volunteers. Women and girls may confide in their close female family or community members, such as mothers, neighbors, or best friends, and may support the survivor in reporting to a community help center. If a survivor does confide in a close family member or friend and does not know how to report, women and girls stated they would suggest to the survivor to go to the IRC Women and Girls Centers, IRC complaint (protection) desk, SGBV community volunteers, or block leaders.

### *Other types of violence and abuse experienced by women and girls linked to COVID-19*

Men, women, adolescent boys, and adolescent girls across a majority of the focus groups (14) reported an increase in early marriage and teenage pregnancy due to COVID-19 because families may lack income or basic necessities. Adolescent girls and their families believe that they will be better financially supported through marriage and in a new household rather than staying with their family. Economic stress that families face due to COVID-19 has also led to increased intimate-partner violence (IPV) and fighting amongst family members, according to 7 groups.

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*“We thought rates of early marriage would go down since the pandemic because us young people cannot go out and socialize as much, but rates are very high.” – Focus group discussion with adolescent boys living with disabilities/vulnerabilities who are living in Uganda as refugees*

*“Less people are dying because of the response, but the bad thing is that we have less money” – Focus group discussion with adolescent girls living in Uganda as refugees*

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Three groups reported that, with families and children at home due to the COVID-19 pandemic, women and girls undertake the majority of house care and domestic responsibilities. Adolescent girls reported that mothers rely on girls to support in household chores and cooking, so they do not have time to complete schoolwork. Lastly, ten groups also reported that since adolescent boys and girls are not in school they are engaging in more risky behaviors, such as alcohol or illegal substance use and having sexual relationships with one another.

### *Recommendations made by FGD participants*

Women, men, adolescent girls, and adolescent boys identified the following recommendations to make the current aid distribution system safer for women and girls. These recommendations parallel the measures that participants mentioned make them feel safe at distributions (see page 5):

- Transportation services or support to help aid recipients carry food home
- Increase in security at FDPs, in particular more female security guards and police at FDPs
- More female staff and volunteers involved in the FDP process
- Beginning distributions earlier in the day
- Sex-segregated lines, as well as support for women and adolescent girls, particularly those with vulnerabilities, to more easily move through the line and receive their food

- Continued trainings for staff and volunteers on the treatment of aid recipients at FDPs, particularly when enforcing COVID-19 restrictions
- More seating and rest areas for aid recipients, as well as breastfeeding and/or childcare corners as mothers with small children face difficulties at aid distributions
- Cash assistance for families, particular in light of COVID-19 related economic hardship

## Recommendations

Based on these findings from, below are recommendations for World Vision and IRC Uganda to improve the safety of women and adolescent girls at distribution sites, as well as men and adolescent boys, and persons with special needs across age and gender categories. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

1. **Implement recommendations that women, girls, and other aid recipients shared to make distribution points safer.** Women, men, adolescent boys and adolescent girls pointed to sex-segregated lines and latrines, support for PSNs to move through the distribution quickly, and the increase in female aid actors (including NGO/UN staff and community volunteers, as well as security and police at distribution sites) as measures that would help women and girls as well as men and boys feel safer at distributions. Including female actors at distributions, including gender balanced CHD tables and protection staff or social workers, may help women and girls access support as they reported a preference for accessing reporting mechanisms and services through women's safe spaces such as IRC Women and Girls Centers, women community leaders, and SGBV social workers and volunteers
2. **Support to safely transport food rations home, particularly for PSNs.** Women, men, adolescent girls, and adolescent boys stated that transporting aid home puts women, girls, and vulnerable groups at risk of SEA and other forms of gender-based violence, therefore findings ways to increase transport support could serve as a key safety measure for food distributions. Transport drivers were also reported as one of the most common perpetrators of SEA, thus ensuring safe interactions with boda boda riders and other transport drivers is a critical part of addressing SEA and ensuring a zero-tolerance approach in aid distributions. As rations continue to be minimized, aid recipients that sell or trade part of their ration to afford the transport home are at even higher risk of being sexually or otherwise exploited (as they have less food to sell/trade or under more pressure to maintain to whole ration to feed their household).
3. **Continue awareness raising around PSEA key messages, including on complaint mechanisms and avenues to access services, with emphasis that these services are *not contingent on reporting*.** Women, men, adolescent girls and adolescent boys stated that survivors still do not feel comfortable reporting, and only a very low number do. Negative family and community response to survivors can also deter reporting. Sensitizing communities on ways to access services, and that these do not require making a formal report, can increase service utilization and create safer conditions for survivors to build trust with aid actors and potentially choose to report in future. Focus group participants mentioned language barriers, long distances from

services or support outlets, and lack of information on what next steps a survivor should take as factors that hinder reporting. Therefore, awareness raising materials and activities should be conducted in multiple languages and include visual, low-literacy materials posted in places frequented by women and girls as well as men and boys.

4. **Continue PSEA training and awareness raising activities with staff and volunteers involved in food and NFI distributions**, including frequent refresher trainings. Aid workers were most frequently associated with perpetrating SEA at aid distributions. *While staff may receive trainings, others who work at the FDP and make food distributions possible—such as community volunteers, drivers, security guards, and police who are in frequent contact with aid recipients during distributions—were also identified as common perpetrators of SEA.* Therefore, training and awareness on PSEA is critical for all those involved at distribution sites. These trainings can include safe and appropriate ways to enforce COVID-19 restrictions at aid distributions, as harsh enforcement was also cited by respondents as a form of violence and abuse, they experienced at distribution sites.
5. **Provide child/mother care corners at FDP sites.** It was noted that women with infants and young children struggle at FDPs to wait in line, and therefore are at heightened risk of being sexually exploited. By creating more child/mother care corners, World Vision, IRC, and other distribution actors can reduce the risk of SEA for those who are vulnerable, as well as create a safer and healthier environment at the FDP overall.

## Section 2:

### Empowered Aid Uganda Dignity Kit Distribution

#### Pilot Reports



## IRC & GWI Dignity Kit Distribution, Empowered Aid

### Pilot 2 Summary Report

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## Introduction

*Empowered Aid: Transforming Gender & Power Dynamics in Aid Distribution* is a three year project that aims to reduce the risks that may lead to sexual exploitation and abuse (SEA) in aid distributions. The project utilizes participatory action research methods to engage women and girls throughout, and apply their knowledge on how to better understand and prevent SEA. In the first year of Empowered Aid, the Global Women's Institute (GWI) and the International Rescue Committee (IRC) worked with South Sudanese refugee women and girls to document SEA risks when accessing food, WASH, shelter, and fuel and firewood and share recommendations on how to improve their safety and reduce feelings of fear in aid distribution processes.<sup>1</sup>

In the second phase of Empowered Aid, GWI is working with the NGOs World Vision and IRC in Uganda, to adapt distribution monitoring tools that more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid's first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.

**Individual monitoring reports are also available for each of the tools used in the dignity kit pilot:**

- Safety Audit
- Point of distribution questionnaire

These reports include detailed methodology on how each tool and the research team was prepared for data collection.

Contact Harriet.Hope (at) rescue.org or APotts (at) gwu.edu for more information, or visit

<https://globalwomensinstitute.gwu.edu/empowered-aid>

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

## Overview of the Distribution and Methodology

In May 2020, IRC and GWI conducted a dignity kit distribution in all zones of Bidi Bidi refugee settlement in Northwest Uganda to 880 women and girls of reproductive age and matching certain vulnerability criteria. The distribution applied one of the recommendations from Phase 1: organizing aid recipients in small groups to come at pre-assigned times, to minimize crowding and confusion at distribution points. Women and girls were assigned to groups of 20, with each group pre-assigned a time to arrive at the distribution site (in this case, the IRC Women & Girls Centers) to collect their dignity kits.

This distribution method, recommended by women and girls to keep them safer, also aligns with social-distancing protocols related to the COVID-19 pandemic, which started after the second phase of research had begun and required further adaptations to the distribution monitoring process to maximize safety of both staff and target recipients. Two tools were used to monitor the distribution. The safety audit tool was adapted from IRC's existing tool, with additional questions on SEA-related safety and risk based on the findings of Empowered Aid's research.

In response to the pandemic, the Empowered Aid team developed a short questionnaire designed to be administered in-person at the point of distribution (referred to as the "point of distribution questionnaire" or PODQ). This tool allowed for rapid data collection—at a time when many women and girls were cut off from usual feedback and complaints mechanisms—around the impacts of COVID-19 on women and girls access to information, experiences of violence (SEA and other forms of GBV), and ability to seek help and access services. The brevity of the tool ensured the staff and participants spent minimal time interfacing, with additional protective measures in place (such as mask and space to maintain physical distance while also maintaining privacy).

Within each group of 20 aid recipients, 4 women were randomly selected to take part in the short 4-question point of distribution questionnaire, making the total sample of 176 women and girls. This questionnaire replaced plans for a longer household survey, which was not possible due to COVID-19 regulations; plans for focus group discussions were also dropped. Safety audits were still conducted, as they are observational tools that do not require interactions or proximity to aid recipients, but were also shortened due to COVID-19.

### **LEARNING SPOTLIGHT:**

#### **COVID-19 Adaptations to Monitoring SEA in humanitarian aid distributions**

With the onset of the COVID-19 pandemic when data collection was about to begin, the research team developed a short point of distribution questionnaire to ask questions on safety and risk related to the COVID-19 pandemic and response. A questionnaire was administered to women respondents covering four main areas on women's experiences in relation to distributions, particularly in context of the COVID-19 pandemic: information and communication on distributions, feelings of fear during the distribution process, SEA risk during aid distribution, and places to report complaints or obtain support.

TABLE 1. DISTRIBUTION SUMMARY		
TYPE OF DISTRIBUTION BEING PILOTED	ITEMS WERE DISTRIBUTED IN SMALL GROUPS OF 20 AID RECIPIENTS COMING AT PRE-ASSIGNED TIMES	
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 1-5	
DATE OF DISTRIBUTION	MAY 14-29, 2020	
# OF PEOPLE REACHED	880 WOMEN AND GIRLS OF REPRODUCTIVE AGE MATCHING VULNERABILITY CRITERIA	
DISTRIBUTION MONITORING CONDUCTED	176 SHORT (4 QUESTION) IN-PERSON SURVEYS, WITH RECIPIENTS SAMPLED FROM EACH DISTRIBUTION SITE	MAY 14 – 29 2020
	17 SAFETY AUDITS AT 16 DISTRIBUTION SITES (TWO AUDITS WERE CONDUCTED IN SITES WHERE THE DISTRIBUTION LASTED MORE THAN ONE DAY)	MAY 14 – 29 2020
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED AFTER LOCKDOWN LIFTED IN UGANDA	

## Reducing SEA Risk at Distributions: Analysis of Feasibility & Effectiveness

Below is a summary of the findings conducted by the research team to better understand the feasibility, and effectiveness of the adapted distribution model through the analysis of the two types of distribution monitoring data collected, and whether the tools are able to better capture women and girls' perceptions of safety and risk in relation to SEA and other forms of GBV.

### Feasibility of the adapted distribution model

The research team originally procured dignity kits and planned to conduct a pilot distribution with them later in the second phase of Empowered Aid. With the onset of the COVID-19 pandemic, the dignity kit distribution was conducted sooner to support IRC's COVID-19 emergency response programming. The GWI-IRC team applied one of the recommendations from the women and girl researchers in Empowered Aid's first phase – organizing small groups of aid recipients to come at pre-assigned times – which aligned well with COVID-19 safety measures and protocols. The team mobilized aid recipients through door-to-door announcements to the targeted groups, who were organized to come in groups of 20 at pre-assigned times.

Safety audit findings indicate the feasibility to implement the adapted distribution. All the staff and volunteers who took part in the distribution were trained on SEA and GBV mitigation, some organized by the Empowered Aid team but also in trainings through other IRC activities, such as the *Listen Up!* program. These trainings included known risks for SEA identified through Empowered Aid's first year of research. None of the distribution sites reported observing SEA risks.

Involving the community in planning was identified by IRC staff managing the distribution as key to the feasibility of implementing this adapted distribution modality. Buy-in from senior leadership is also



important, and can be supported by sharing data on known SEA risks and how these adaptations help to mitigate them.

### Effectiveness of adapted distribution model at increasing women and girls' safety

The GWI and IRC team agreed that minimizing interaction time between staff, volunteers, and aid recipients during distribution monitoring activities was central to maintaining COVID-19 safety. Therefore, data collection was limited and several of the tools prepared for piloting were not used, including the focus group discussion guide and household survey. The ability to gather data on women and girls' perceived safety and risk was therefore limited to the short (4-question) questionnaire and the observations staff made during safety audits. Within this limited dataset, the safety audit analysis reported no known SEA risk. Fourteen of the 17 (82%) safety audits noted ways in which the dignity of aid recipients was respected, through well-packed kits (which ensured privacy of the feminine hygiene items inside) and the location of distribution being well-organized. The manner in which the dignity kits were packed – all the items inside of a bucket – to ensure privacy and avoid shame while walking home with the kit, was praised by the women and girls who took part in the distribution, according to feedback the staff and volunteers involved in the distribution received.

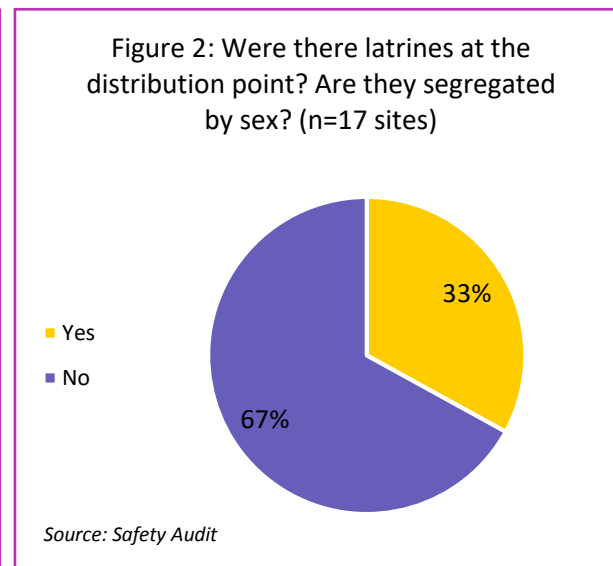
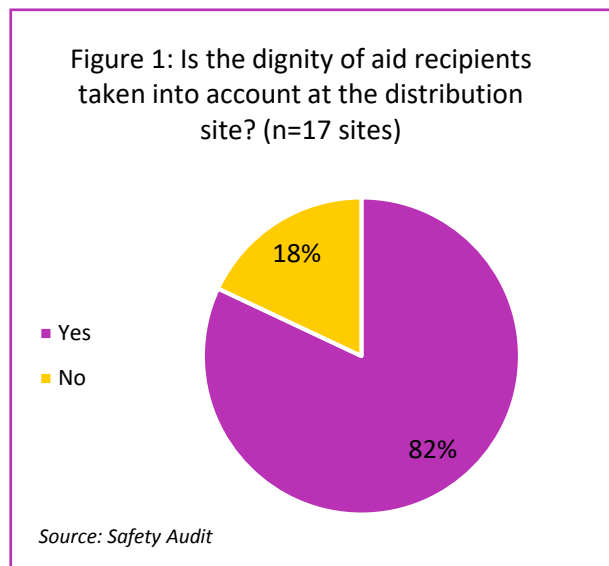
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*“The kits we're packed in a way that doesn't shame women and girls while walking back home” –*  
Observation by M&E staff in Zone 3, Hope Women & Girls Center

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The distribution took place in safe spaces (IRC Women and Girls Centers) so women and girls collecting kits could feel safe and comfortable. It was also an opportunity for staff at the Women and Girls Center to describe other programming and activities that happen at the Centers and encourage aid recipients to return and engage with them. The distribution also targeted the needs of vulnerable women and girls, at the same time none of the survivors or active GBV cases included were identifiable as such. In safety audits, equitable treatment of aid recipients was observed regardless of age, mobility, etc. The main challenge to respecting dignity at three of the distribution sites was lack of latrines. When latrines were not available, aid recipients would ask to use locked rooms in the Women & Girls Centers to change sanitary materials. For example, at Zone 3, Rock Women & Girls Center the IRC staff administering the safety audit stated, *“Women can change if they started their periods at the distribution point without feeling ashamed.”*

These findings indicate the adapted distribution model could support reducing SEA risk at distributions, as aid actors can better implement the above risk mitigation measures when serving smaller groups (as opposed to distributing goods to hundreds of aid recipients at one time). The safety audit findings also illustrate the importance of distribution monitoring tools such as these observational audits, and their use during a crisis like the COVID-19 pandemic. While the research and data collection teams may not be able to interact for long periods with aid recipients, safety audits and other observational tools can be utilized to ensure accountability and proactively respond to SEA risk in monitoring and evaluation activities.



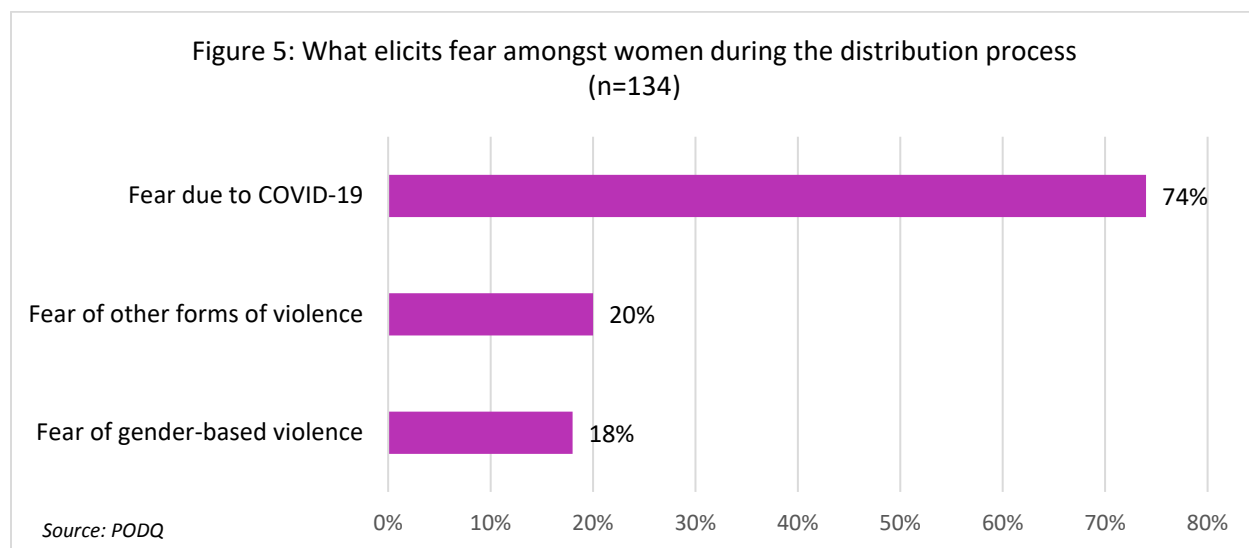
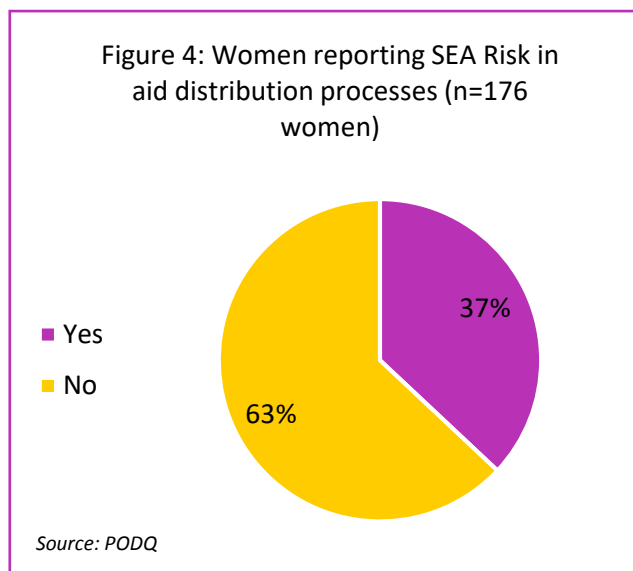
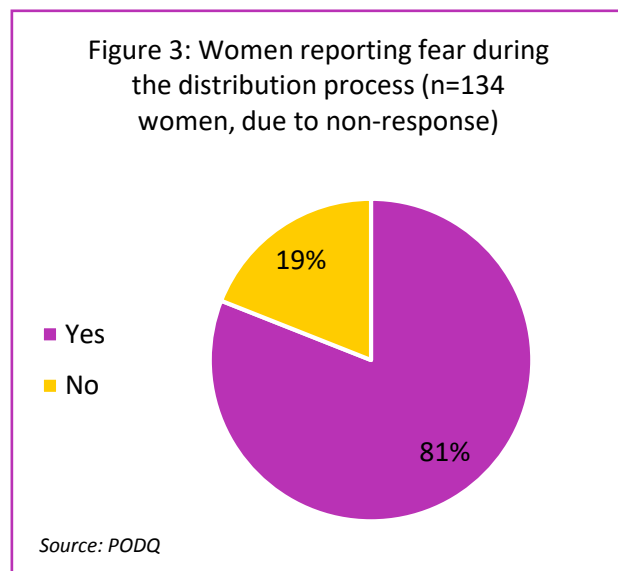
### Post-distribution monitoring tools and their ability to better capture women and girls' perceptions of risk and safety in relation to SEA and other forms of GBV

The next section reviews the ability of the adapted tools used by the research team in post-distribution monitoring activities to better capture perceptions of SEA and other forms of GBV risks amongst women respondents. Three main findings emerged from the analysis: (1) the tools' ability to capture SEA risk in the aid distribution process, including during information and communication activities; (2) where women and girls go to access reporting mechanisms and services; and (3) what other types of gender-based violence or abuse women may experience due to distributions that may be linked to the COVID-19 pandemic.

#### Identifying SEA risks in aid distribution

Even though the monitoring tools were shortened for COVID-19 safety reasons, the adaptations to the tools and their focus on safety and risk meant they were still able to capture SEA/GBV risks and feelings of fear in the distribution process. The short questionnaire the research team developed and administered at the point of distribution proved to be a very effective tool in understanding perceptions of safety and fear in the distribution process around SEA and GBV, as well as how those risks have changed during the COVID-19 pandemic. Safety audit questions also captured observations about known SEA risks and safety mitigation measures at the distribution sites. According to the point of distribution questionnaire, 81% of respondents reported that they felt fear throughout the distribution process in relation to three main categories: (1) fear of COVID-19 exposure, restrictions, or enforcement of those restrictions (74%), (2) fear of gender-based violence (18%), and (3) fear of other types of violence (20%). Over a third (65) of survey

respondents said they had seen or heard about SEA occurring in aid distribution. All were referred to IRC social workers for further support and information on reporting.



Questionnaire respondents identified several categories of actors associated with aid distributions as those most likely to perpetrate SEA, including security guards (19%), NGO volunteers (19%), truck drivers (17%), boda boda riders (13%), teachers (8%), businessmen or “sellers” (8%), aid workers (6%), community leaders (6%), construction workers (3%), host community members (3%), and medical staff (3%).

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*“Yes, some girls accept these drivers and boda boda men because they provide for them panties, pads and clothes that their parents cannot afford.” – Woman living in Uganda as a refugee*

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Respondents reported that COVID-19 lockdown and restrictions increased risk of SEA as businesses, places of work and schools were shut down and women and girls were in even more desperate need for income or basic necessities.

The tools also shed light on how different points of the distribution process can open up space for SEA risk. For example, the point of distribution questionnaire asked about information and communication on aid distributions – where or from whom women, men, girls and boys receive information on distributions, what method or source is most effective, and who is most or least likely to hear about the information. Results showcased how women and girls don't often hear announcements given in public spaces, and therefore are less likely to hear about distribution information first unless the mobilization is done door-to-door. This is the method used to mobilize recipients for this dignity kit distribution, as it targeted women and girls; during mobilization, information was provided verbally in the most commonly spoken languages, English and Juba Arabic.

In many ways, women, girls, boys and men's likelihood of hearing distribution announcements adheres to dominant gender roles. Men and boys will hear announcements that are in town centers and other public spaces, whereas women and girls are more likely to hear announcements when the information is disseminated within villages or from home to home. This lack of access to certain sources of information, especially when information is only communicated through one main source, can increase women and girls' risk of SEA by those who may use their lack of knowledge to exploit them.

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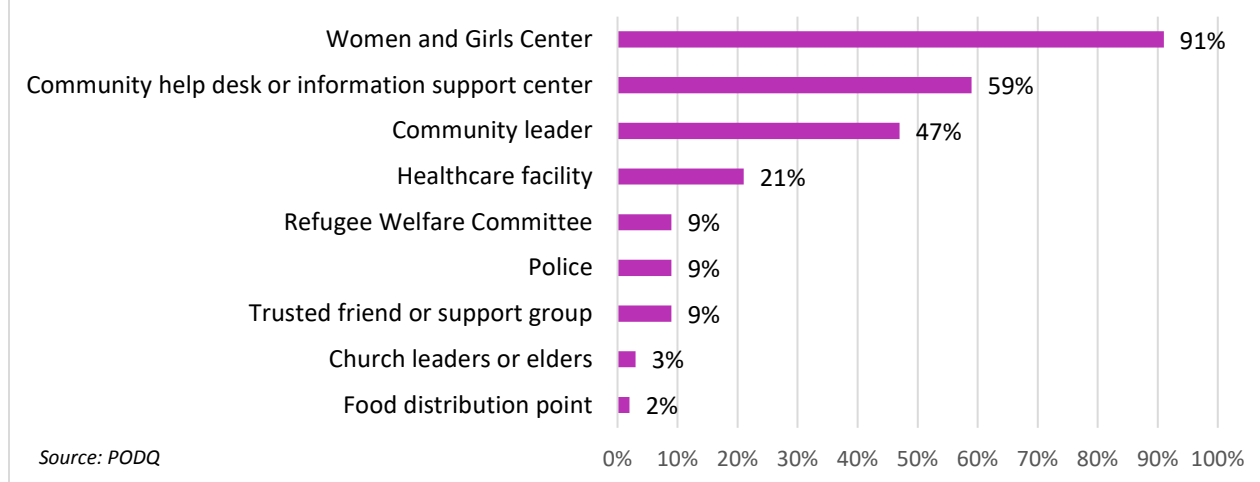
*“Men are the most likely to hear about distribution aid because they are always mobile, literate and stays mainly at busy places like markets.” – Woman living in Uganda as a refugee*

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### **Understanding where, how, and if women and girls access reporting mechanisms and services**

The point of distribution questionnaire also proved to be very effective in capturing where or to whom aid recipients could go to report complaints or access services, as well as where they would be most comfortable doing so. The vast majority (91%) of women named the IRC Women and Girls Centers as a place where they could go to report a complaint or obtain support and services. Almost half (45%) of women named the Women and Girls Centers as the place where they would feel most comfortable or safe reporting a complaint, obtaining support, or accessing services.

Figure 6: Where women would report a complaint, obtain support, and access services (n=176 women)



Respondent’s knowledge of and preference in reporting to and seeking services at IRC Women and Girls Centers is supported by safety audit findings that the Women and Girls Centers were a safe space for aid recipients: IRC staff and volunteers were observed sharing complaint mechanisms and key messages on PSEA as well as helping women and girls with dignity needs and other challenges that arose during the distribution.

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*“I feel very comfortable and safe reporting a case to the Women and Girls Centers of IRC and I feel free reporting to the staff and volunteers because they give us psychosocial support. Women also go to the women representative, the chairman, police and health center by walking and also support from IRC.” – Woman living in Uganda as a refugee*

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### **Other types of gender-based violence or abuse related to COVID-19 or reported as increasing due to the pandemic**

The point of distribution questionnaire represented an opportunity to quickly and safely capture feedback from women and girls on how COVID-19 impacted their access to distributions, as well as any new or changing risks related to gender-based violence and sexual exploitation and abuse.

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*“I fear because of delays at the FDP you can go back late and if you don't cook, your husband can beat you” – Woman living in Uganda as a refugee*

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Among women who said they felt fear at some point in the distribution process, 18% (26) said they were fearful of gender-based violence. Of the respondents who reported a fear of gender-based violence, 46% (12) were fearful of intimate partner violence related to the aid distribution process. Eighty-three percent of that fear occurred when they were storing their aid, indicating this could cause conflict within the

home; and 25% at the distribution point. Explanations women gave for fearing intimate partner violence included spouses attempting to steal and sell food, which could lead to an altercation and physical violence; physical violence for not cooking food for the family in a timely manner; and violence inflicted upon women by their spouses who forget to wash their hands or believe the food has been exposed to COVID-19.

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Explanations women gave for fearing intimate partner violence included spouses attempting to steal and sell food, which could lead to an altercation and physical violence; physical violence for not cooking food for the family in a timely manner; and violence inflicted upon women by their spouses who forget to wash their hands or believe the food has been exposed to COVID-19.

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Twenty three percent (6) of respondents felt fear of rape in the distribution process, and 83% of those (4) respondents said this fear occurred when they were traveling to and from the distribution point, while 17% (2) said it was in relation to safely storing aid. Women mentioned feeling fear of rape because they have to travel far distances through bushy areas and valleys to and from the distribution point. Some mentioned traveling alone due to COVID-19 restrictions and social distancing guidelines increases their fear.

Twenty three percent (6) felt fear of sexual assault in the distribution process, with all of that fear occurring at the distribution point. Women mentioned fear of sexual assault at the distribution while waiting in line with men in non-sex-segregated lines. They shared how men will yell, physically assault, beat, or intimidate women while waiting in line and, in some instances, steal their food packages. Twelve percent (3) felt fear of adolescent pregnancies but did not mention a particular point in the distribution process where they felt this fear. The three instances in which early pregnancy was mentioned were in relation to a fear of young girls getting pregnant, with respondents suggested that pregnancy was more likely because girls are “idle” due to lockdown and schools being closed.

## Recommendations

Based on the findings from the analysis of all the post-distribution monitoring data collected in the food distribution, below are recommendations for IRC Uganda and World Vision to improve the safety of women and adolescent girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

- 1. Consider ways that women can travel accompanied to distribution sites, and that women and men can be supported in carrying heavy items home.** The dignity kit monitoring and evaluation findings support the use of accompaniment systems for women and girls as no known SEA risk was reported in safety audits, and the distributions respected dignity of aid recipients. Aid actors should also work to implement other recommendations made by women, girls, men and boys in Empowered Aid Phase I and Phase II, including sex-segregated lines, sex-segregated latrines, and further community sensitization on SEA and GBV.

- 2. Utilize Empowered Aid tools and toolkit to better capture women and girls' safety and risks in food aid distribution.** The data captured by the tools increased knowledge on women and girls' safety and risk in the distribution process, and in doing so, aid actors can better identify the risks and mitigate them in future distributions and programming. The point of distribution questionnaire proved particularly useful to understand the landscape of risk and fear throughout the distribution process, in order for aid actors to improve identified risks. The safety audit can help aid distributors and others safely identify what's working well and where improvement is needed, and track these over time, while maintaining socially-distanced monitoring activities.
- 3. Continue PSEA training and awareness raising activities with staff and volunteers involved in food and NFI distributions, including frequent refresher trainings.** While staff may receive trainings, community volunteers, drivers, security guards, and police may be less involved, however they are often the groups in most frequent contact with other aid recipients during distributions and were identified most frequently as being associated with SEA risk. Therefore, their training and awareness on PSEA is critical. These trainings can include safe and appropriate ways to enforce COVID-19 restrictions at aid distributions. *Empowered Aid's training guides and facilitation manuals are available for you to use and further adapt, online at: [globalwomensinstitute.gwu.edu/empowered-aid-resources](http://globalwomensinstitute.gwu.edu/empowered-aid-resources)*
- 4. Display sensitization on SEA, GBV, and COVID-19 at all Women and Girls Centers with visuals that are accessible for low-literacy groups** and ensure there are ways to successfully hang these materials at sites built with tarpaulin or other materials reported to be challenging. These materials are vital to raise awareness, regardless of whether or not a distribution is happening.
- 5. While Women and Girls Centers should not be regular distribution sites, future distributions should adopt the qualities that were favorable while holding the distributions at the Women and Girls Centers.** These include a space that felt safe and comfortable for women and girls, accessible reporting and complaint mechanisms with IRC social workers and WPE volunteers who also could provide referrals and services, and safe access to latrines intended to be used only by women and girls.
- 6. Ensure that IRC Women and Girls Centers are well staffed with social workers and volunteers,** as these workers play a critical role critical in women and girls' ability to access services and report complaints. Not only were they most frequently mentioned as a place woman could go to obtain support, respondents overwhelmingly pointed to IRC Women and Girls Centers as where they feel most comfortable reporting complaints and accessing services. Women and Girls Centers' latrines should also have lockable doors and be sex-segregated to improve safety because the Centers are not fenced, and any community member can access the latrines. For more specific information on latrine issues, see the *Pilot 2 Dignity Kits Safety Audit Report*.
- 7. Implement door-to-door mobilization that targets women and girls for future distributions in addition to megaphone/microphone and mobile van announcements to ensure information is delivered more equally amongst women, girls, men, and boys.** According to the questionnaire

findings, women and girls were more likely to hear about distributions through door-to-door mobilization since they are at home more often. By increasing door-to-door mobilization by NGO volunteers or community mobilizers before distributions, women and girls may have better access to information, reducing their risk of SEA by those who may seek to exploit their lack of knowledge.

- 8. Expand ways of working with communities to prevent early marriage and teenage pregnancy, taking special care to prevent SEA by COVID-19 related drivers.** Distributions represent one way that aid actors interact with large swaths of the refugee community at a time when many other centers and activities have been shut down or minimized, including the IRC Women and Girls Centers. IRC can collaborate with World Vision to deliver key messages on SEA, early marriage, and teen pregnancy prevention as part of mobilization and pre-address announcements, as well as through visual and low-literacy signage at distribution points. IRC Women and Girls Centers and protection desks represent important information and referral points and should also help to deliver SEA prevention messaging. These entities should collaborate with other NGOs such as World Vision. Additionally, usage of IRC's existing early marriage programming is encouraged.



**GW & IRC Dignity Kit Distribution, Empowered Aid Pilot 2**

**Safety Audit  
Summary of Findings**

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Overview

As part of Empowered Aid, the Global Women’s Institute (GWI) is working with the NGOs International Rescue Committee (IRC) and World Vision in Uganda, to adapt distribution monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the

findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

From May 14 – 29, the Global Women’s Institute and the International Rescue Committee Uganda and distributed 880 dignity kits to women and girls in Bidi Bidi refugee settlement, as one of Empowered Aid’s pilot tests to build evidence on safer distribution methods and monitoring. IRC Women’s Protection & Empowerment (WPE) and Protection & Rule of Law (PRoL) teams identified recipients from among women and girls of reproductive age (12-45 years) from their databases who were considered most vulnerable, including female- and child-headed households, women and girls living with disabilities, persons with special needs (PSNs), extremely vulnerable individuals (EVIs), active GBV cases, and GBV survivors. WPE Community Volunteers conducted door-to-door mobilization, visiting the women and girls at their homes to inform them of the location, time, and date of the distribution as well as sharing key messages on SEA and COVID-19 preventative measures. This report covers the results from the analysis of the 17 safety audits conducted during the dignity kit distribution.

TABLE 1. DISTRIBUTION SUMMARY	
TYPE OF DISTRIBUTION BEING PILOTED	ITEMS WERE DISTRIBUTED IN SMALL GROUPS OF 20 AID RECIPIENTS COMING AT PRE-ASSIGNED TIMES
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 1-5
DATE OF DISTRIBUTION	MAY 14-29, 2020
# OF PEOPLE REACHED	880
DISTRIBUTION MONITORING CONDUCTED	17 SAFETY AUDITS AT 16 DISTRIBUTION SITES (TWO AUDITS WERE CONDUCTED IN SITES WHERE THE DISTRIBUTION LASTED MORE THAN ONE DAY)
	176 SHORT (4 QUESTION) IN-PERSON SURVEYS, WITH RECIPIENTS SAMPLED FROM EACH DISTRIBUTION SITE
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED AFTER LOCKDOWN LIFTED IN UGANDA

## Methods

To ensure the safety of the staff and aid recipients, women and girls came at pre-assigned times to the Women & Girls Centers in groups of 20 to collect their dignity kits. The distribution took place outside of the Women and Girls Centers, with recipients waiting at designated points spaced 6 feet apart and marked with circles drawn on the ground with chalks or marked by rocks. One IRC WPE staff member would verify the aid recipients name and information, while another staff member would hand over the dignity kits to each woman/girl and show them the contents, while they remained in their circles (to maintain social distancing), and once all kits were handed out the women and girls could leave the distribution site. Six staff total supported this distribution process at each site. If an aid recipient needed further assistance or

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

wanted to ask questions in private, they were given the opportunity to ask and stay to speak to a social worker or set up an appointment at another time. IRC staff and community volunteers orally relayed messages on SEA and COVID-19 prevention to each group of women and girls when the women and girls were mobilized for the distribution and during the distribution before they were given the dignity kit, in addition to displayed visual aids with messaging.

TABLE 2: DISTRIBUTION TIMELINE AND AMOUNTS OF DIGNITY KITS DISTRIBUTED

Zones in Bidi Bidi	IRC Women & Girls Centers	Date	# of Dignity Kits Distributed
Zone 1	Amaal, Stand Firm	May 14	160
Zone 2	Progressive, Women on the Move	May 18-19	160
Zone 3	Hope, Emmanuel, Rock, Loketa, Baraka	May 21-25	240
Zone 4	Jujumbita and Loketa	May 26	160
Zone 5	Asante, Faith, Unity, and Hope	May 28-29	160

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. IRC and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. As part of distribution monitoring, a safety audit was conducted at each distribution site (Women & Girls Center) on each day of the distribution. The Empowered Aid team adapted IRC's existing safety audit tool to include specific risks and safety measures women and girls shared during the first phase of research and shortened the audit tool in response to COVID-19. The safety audit is an observational tool that can be conducted while maintaining social distance, and provides a systematic way in which to record structured observations of aid processes. In this case, the safety audit tool focuses on issues of access, safety, dignity, and information, in relation to the distribution. In addition, a short (4-question) questionnaire was administered in-person at the distribution site; those findings are summarized in a separate report.

## Recommendations

- 1. Install latrines with locks at Stand Firm (Zone 1); Progressive (Zone 2); Emmanuel, Hope, and Loketa (Zone 3); Jujumbita (Zone 4); and Asante, Faith, Unity and Hope (Zone 5). Install locks on existing latrines at Amaal (Zone 1); Women on the Move, Loketa (Zone 2); and Rock (Zone 3).** As latrines are in unfenced areas, there is a need to ensure they are sex-segregated or otherwise set up so that women and girls can safely and privately use them without interference from men and boys. The lack of toileting facilities at the distribution points was pointed out in the safety audits particularly as a threat to the dignity of the aid recipients.
- 2. Display sensitization on SEA, GBV, and COVID-19 at all Women & Girls Centers with visuals that are accessible for low-literacy groups** and ensure there are ways to successfully hang these materials at sites built with tarpaulin or other materials reported to be challenging. These materials are vital to raise awareness, regardless of whether or not a distribution is happening.
- 3. Clearly define distribution spaces with a rope or other physical barrier to reduce confusion at the distribution sites.** Since Women & Girls Centers execute other programming and are also

gathering points for refugees, it is critical to create designated distribution space so that staff and volunteers can focus on the distribution and monitoring tasks and ensure aid recipients maintain social distancing measures necessary for COVID-19 prevention, which proved challenging according to the safety audits.

4. **The distribution team received positive feedback from aid recipients on the privacy afforded by packing materials in a container, such as a bucket.** This should be applied to future distributions where sensitive materials, such as sanitary materials, are handed out to women and girls, to preserve dignity and safety in the distribution process. Women and girls anecdotally reported to Empowered Aid staff in the past that they may be harassed or shamed when walking home with sensitive materials that are not packaged for privacy.
5. **While making Women and Girls Centers regular distribution sites could confuse their mission and purpose, future distributions should adopt the qualities that were favorable while holding the distributions at the Women and Girls Centers.** These include a space that felt safe and comfortable for women and girls, accessible reporting and complaint mechanisms with IRC social workers and WPE volunteers who can also provide referrals and services, and safe access to latrines intended to be used only by women and girls.

### Checklist of Key Safety Audit Findings

SAFETY AUDIT CHECKLIST																			
<i>Bidi Bidi Zone</i>	ZONE 1			ZONE 2		ZONE 3					ZONE 4		ZONE 5						
<i>Distribution Site</i>	Amaalu	Stand Firm	Loketa	Progressive	Women on the Move	Hope	Emmanuel	Rock	Loketa	Rock	Hope	Jujuibita	Loketa	Asante	Faith	Unity	Hope	<i>Summary of Findings</i>	
<b>ACCESS</b>																			
<i>Clear method for handling complaints</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All sites had clear methods for handling complaints.
<i>Defined distribution area that is clean and free of dangerous objects</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√		All sites clean and free of dangerous objects.
<i>Accessible visibility materials</i>	√	√		√	√				√	√	√		√		√		√		Almost 60% of the sites had visibility materials. Those that did not had

																			no means to hang the materials.
<i>Clear &amp; timely communication on the distribution</i>	√	√	√		√				√	√	√		√		√			√	A majority of the distributions had clear and timely communication.
<i>Did the distribution start on time?</i>	√	√		√	√	√	√	√	√			√	√	√	√	√	√	√	Distribution started on time except for logistical challenges on one day in Zone 1 and poor weather in Zone 4.
<i>If not, were aid recipients informed?</i>			√																Aid recipients were informed in Zone 1 but not Zone 4.
<i>Appropriate behavior of staff/volunteers</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All staff behaved in a dignified and

																		respectable way.
<i>Inappropriate behavior of staff/volunteers</i>																		No inappropriate behavior was observed.
<b>SAFETY</b>																		
<i>Adequate crowd control measures</i>																		No sites were defined by rope, concrete walls, or a fence.
<i>More female than male staff/volunteers</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All sites had more female than male staff.
<i>An equal number of female and male staff/volunteers</i>																		All sites had more female than male staff.
<i>More male than female staff</i>																		All sites had more female than male staff.

<b>Observation of SEA occurring</b>																			No observations of SEA occurred.
<b>Active measures in place to prevent or mitigate SEA</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	All sites took active measures to mitigate SEA including more female staff who were trained on PSEA.
<b>Interactions between Boda Boda / truck drivers and aid recipients</b>																			No interactions observed.
<b>Handwashing facilities available</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Handwashing facilities were available at all distribution sites.



<i>Methods to ensure social distancing</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Methods to ensure social distancing were implemented at all distribution sites.
<i>COVID-19 awareness materials displayed</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	COVID-19 awareness materials were displayed or shared at all distribution sites.
<b>DIGNITY</b>																		
<i>Model of distribution takes into account the dignity of aid recipients</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√			√	A majority of the sites took into account the dignity of aid recipients, <b>except for in Zone 5 due to a lack of latrines.</b>
<i>Latrines at the</i>	√		√		√			√		√			√					<b>5 of the 15 sites reported</b>

<i>distribution point</i>																			latrines available.
<i>Latrines are lockable</i>	√		√		√			√		√			√						All sites with latrines were lockable.
<i>Latrines are sex-segregated</i>																			No latrines were sex-segregated.
<b>INFORMATION ON THE DISTRIBUTION</b>																			
<i>Information-dissemination on complaint mechanisms</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Conducted at all sites.
<i>Sensitization on GBV/SEA</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Conducted at all sites.
<i>Dissemination done in English &amp; Juba Arabic</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Always done in English and Juba Arabic.

## Findings

### Access

#### Method for handling distribution complaints

All distribution points had clear methods of handling complaints. Aid recipients could give feedback or report a complaint directly to the IRC WPE staff at the Women and Girls Centers at all distribution sites. The staff also requested the aid recipients who had a complaint or problem once they reached home should go back to the Women & Girls Center or nearest complaint desk to report the complaint.

While information was shared to allow for transparency in why some women and girls received kits and others didn't, those who did not receive kits were also given information on how to share feedback via the complaint mechanisms outlined above. Aid recipients were further requested to check the items in the kit before leaving and report any issues to the staff immediately to rectify a missing item or other problem.

#### Layout, accommodation, and cleanliness of distribution points

None of the distribution points were defined by rope, a wooden fence, or concrete walls as they took place directly outside the Women and Girls Centers, which are either concrete buildings or tarpaulin tented structures located in open areas of the settlement. Spaces for each aid recipient to stand were defined by circles drawn in the dirt or using rocks set 6 feet apart, so that recipients would maintain social distancing and abide by COVID-19 preventative measures. Fourteen Distribution points in Zones 1 to 4 were kept clean however, one distribution point in Zone 5 was considered not clean.

#### Communication and timeliness of distribution

The audits indicated that all distribution information was given verbally to the aid recipients and shared in a timely manner in the most commonly spoken languages, English and Juba Arabic.

The distributions started early at every distribution site except at Zone 2, Loketa Women & Girls Center and Zone 3 due to logistical challenges and poor weather. When these delays occurred, information updates were shared verbally and by phone in Zone 2 and 3 by the WPE community volunteers in English and Juba Arabic.

#### Conduct of those distributing dignity kits

All IRC staff and community volunteers were observed behaving in an appropriate manner towards aid recipients. The distribution staff treated the women and girls with respect, answering questions and concerns, sharing information on SEA and COVID-19 prevention, showing them to handwashing stations, and directing women and girls to where they could sit and wait in the shade if they arrived early. Those who arrived despite not being included in the targeted list were spoken to politely about the limited supply of dignity kits and how, therefore, the distribution was targeted to those most vulnerable and could not serve all women and girls.

An IRC staff member would review the content of the dignity kit while kits were handed to recipients, to ensure transparency and clarity on what they would receive and allow recipients to double-check all contents were in the bucket.

Another example of clear and respectful communication occurred at Rock Women and Girls Center, Zone 3, where distribution staff first apologized for the delay due to the rain and welcomed all the women and girls to the Center for the distribution.

There were no instances observed in which staff and volunteers who were executing the distribution acted disrespectfully or inappropriately.

## Safety

### Crowding and crowd control

While the distribution sites did not have crowd control measures in place such as rope, fences, or concrete walls, crowd control staff were present at each site. The crowd control staff were male and female WPE volunteers who helped to ensure women, girls, and staff maintained social distancing measures. All the male and female crowd control staff were wearing visibility items during the distribution. Issues arose with crowd control because aid recipients and other refugees who were not receiving aid would linger around the Women & Girls Center during the distribution. Without a rope or other designated barriers, it proved difficult to maintain the distribution space.

At 15 of the 17 distributions (88%), the number of female crowd control staff exceeded or matched the number of male crowd control staff. The number of female crowd control staff ranged from 1 – 5 females present at the distribution. A female crowd control staff member was always present at the distribution sites. Further details can be found in the table below:

TABLE 3: AMOUNT OF CROWD CONTROL STAFF/VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

<i><b>Distribution</b></i>	<b>Location</b>	<b># Female crwd cntrl</b>	<b># Male crwd cntrl</b>	<b>Totals</b>
<b>Zone 1</b>	Amaalu	5	1	6
	Stand Firm	1	0	1
<b>Zone 2</b>	Loketa	3	0	3
	Progressive	3	0	3
	Women on the move	1	0	1
<b>Zone 3</b>	Hope	1	2	3
	Emmanuel	2	3	5
	Rock	2	2	4
	Loketa	1	1	2
	Rock	3	1	4
	Hope	1	0	1
<b>Zone 4</b>	Jujumbita	2	0	2
	Loketa	3	0	3
<b>Zone 5</b>	Asante	2	0	2
	Faith	1	0	1
	Unity	2	0	2
	Hope	2	0	2

<b>Overall average ratio of female:male crowd control staff:</b>	<b>Approx. 2 females:1 male</b>
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### Distribution staffing and volunteers

At every distribution site, there were more female staff and volunteers than male present. Female volunteers helped with translation, while the male WPE volunteers helped in ensuring that aid recipients maintained social distancing measures. Further details are in the table below.

TABLE 4: AMOUNT OF STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

<b>Distribution</b>	<b>Location</b>	<b># Female staff/vol.</b>	<b># Male staff/vol.</b>	<b>Totals</b>
<b>Zone 1</b>	Amaalu	5	1	6
	Stand Firm	4	0	4
<b>Zone 2</b>	Loketa	8	5	13
	Progressive	6	3	9
	Women on the move	5	3	8
<b>Zone 3</b>	Hope	3	2	5
	Emmanuel	6	5	11
	Rock	4	2	6
	Loketa	5	1	6
	Rock	5	3	8
	Hope	2	0	2
<b>Zone 4</b>	Jujumbita	5	2	7
	Loketa	6	3	9
<b>Zone 5</b>	Asante	5	2	7
	Faith	3	1	4
	Unity	4	2	6
	Hope	5	2	7
<b>Overall average ratio of female:male staff &amp; volunteers:</b>		<b>Approx. 5 females:2 males</b>		

### Sexual exploitation and abuse (SEA)

Every distribution site was observed as consistent with guidelines for safety, with no observed indications of known SEA risk. Female staff were present at all the Women and Girls Centers and participated in all the distributions at higher ratios than male staff. There was no need for sex-segregated lines since the target beneficiaries were 100% female, and police were not present.

All of the staff and volunteers who took part in the distribution received training on GBV core concepts and PSEA. Volunteers who took part in the distribution were trained either during Empowered Aid's PSEA trainings administered by GWI and IRC, or in IRC's *Listen Up* PSEA trainings. Seven of the staff who took part in the distribution attended Empowered Aid PSEA trainings and 5 were not trained by the research team but attended *Listen Up* trainings on PSEA.

## Transportation

Transport support was not provided for aid recipients. The dignity kit materials were placed inside a bucket so they were easy to carry and discretely packaged so that contents could not be seen when the aid recipients walked home. PSNs who participated in the distribution were supported by the IRC Protection & Rule of Law team, helping to take dignity kits closer to their residences or delivered directly to their homes so they did not have to travel long distances.

Boda Bodas (motorcycles) are currently banned to prevent the spread of COVID-19, and the dignity kits were packed and transported by IRC staff to the distribution points. As a result, no truck or boda boda drivers were on site and no SEA interactions with drivers occurred.

## COVID-19 safety related measures

All distribution sites had hand washing facilities with soap and water for aid recipients. Methods for ensuring physical distancing were practiced at all the distribution points, with support from crowd control staff who helped remind women & girls to practice physical distancing and stay within their designated circles / spaces when receiving their dignity kits.

All distribution sites included oral and written messages on COVID-19 prevention and safety measures. The oral messages were delivered in English and Juba Arabic. The messages relayed at every distribution site included: "Wash hands with soap and water, maintain social distance, avoid hand shaking and stay home if you have signs like fever, sore throat, coughing and difficulty in breathing." These key messages were also shared during mobilization of the aid recipients. Women and girls were told they could come and ask questions to social workers or visit the Women and Girls Centers if they had more specific needs related to COVID-19.

## Dignity

### Overall dignity of distribution models used

Fourteen of the 17 (82%) assessed distributions were observed as adequately taking into account the dignity of recipients. These were in Zones 1 – 4 and in one Women's Center in Zone 5. The reasons for this included:

The manner in which the dignity kits were packed – all the items inside of a bucket – to ensure privacy and avoid shame while walking home with the kit, was praised by the women and girls who took part in the distribution.

*"The kits we're packed in a way that doesn't shame women and girls while walking back home"* – monitoring staff observation from Zone 3, Hope Women & Girls Center, May 25

The distribution took place in safe spaces (the Women and Girls Centers) so women and girls collecting kits could feel comfortable. It was also an opportunity for staff at the Women and Girls Center to describe other programming and activities that happen at the Centers and encourage aid recipients to return and engage with them.

The distribution targeted the needs of vulnerable women and girls, at the same time none of the survivors or active GBV cases included were identifiable as such, and everyone was treated equally.

In Zone 2, Women on the Move Center had lockable toilets to ensure women’s safety and respect while using the facilities and so that men and boys do not enter.

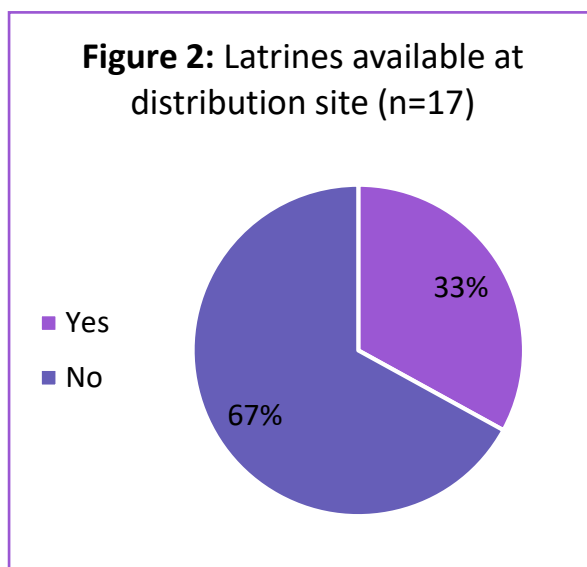
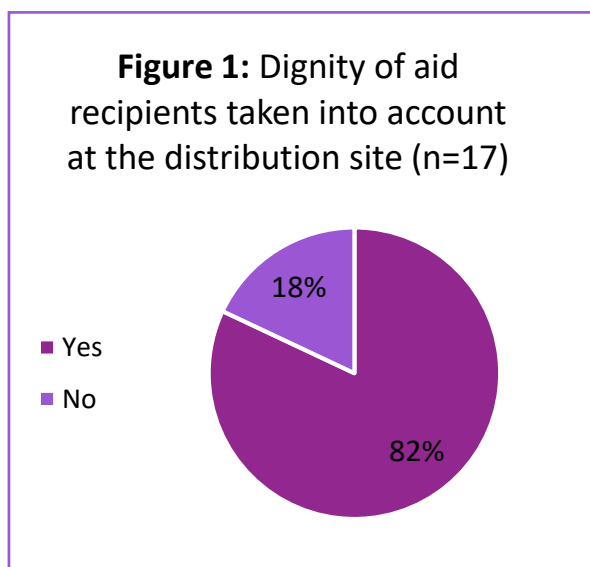
There is a counselling room at the Women & Girls Center, therefore if aid recipients are at the distribution and have questions or challenges for which they request support, they can talk to social workers and ask for help.

The three distributions in Zone 5 did not adequately take into account dignity of recipients due to lacking toilets, which is particularly problematic for women and girls who are menstruating or facing incontinence issues.

#### Latrines

Of the 15 women’s centers where distributions were held, 5 (33%) had latrines available and none were sex segregated, as they were only meant for the women and girls at the Centers. However, IRC staff reported that on occasion men and boys do use the latrines. The Women and Girls Centers that included latrines with locks were Amaalu in Zone 1, Loketa in Zone 2, Women on the Move in Zone 2, Rock in Zone 3, and Loketa in Zone 4. All the facilities had locks, but due to the way the toilets were constructed, none were easily accessible for PSNs.

When latrines were not available, aid recipients would ask to use locked rooms in the Women & Girls Centers to change sanitary materials. For example, at Zone 3, Rock Women & Girls Center the IRC staff administering the safety audit stated, *“Women can change if they started their periods at the distribution point without feeling ashamed.”*



#### Information on the Distribution

### Feedback, question, or complaint mechanisms

At all of the distribution sites, aid recipients were informed verbally of the ways they can share feedback, questions or complaints for any distributions or issues that could arise. The main formats of information sharing communicated to the women and girls included Complaint Desks, Women and Girls Centers, and toll-free hotlines.

This information was disseminated verbally to all the women and girls who attended the distribution in English and Juba Arabic. It was repeated each time a new group of 20 women and girls came to get their kits and displayed on posters on the walls of Women and Girls Center relaying the information.

IRC WPE staff and community volunteers shared verbal sensitization on SEA and GBV prevention at all the distribution sites and during mobilization for the distribution. The IRC staff and community volunteers communicated that all services are given to aid recipients and refugees free of charge; no humanitarian worker should demand anything in exchange for aid or services. If any issues should arise that women want to share, refer, or receive services for, they should visit the Women and Girls Center.

In addition to verbal messages, information on reporting and complaint mechanisms was posted on visual aids at the distribution in English and Juba Arabic. At all distribution sites, IRC staff and volunteers posted materials raising awareness on complaint and reporting mechanisms, GBV and SEA awareness prevention messages, and COVID-19 safety precautions. Awareness materials for low literacy/illiterate populations were available at 10 of the 15 distribution sites: Zone 1 Amaalu; Zone 2 Loketa, Progressive, and Women on the Move; Zone 3 Emmanuel and Rock; Zone 4 Loketa; Zone 5 Faith, Unity, and Hope Women and Girls Centers. The other 5 distributions took place at tarpaulin structured Women & Girls Centers that had experienced damage and therefore made it difficult to hang the materials during the distribution. Since the distribution, all the tarpaulin structures have been repaired.

### Information dissemination for aid recipients and refugees in special situations

For all the distribution sites, the information was tailored to the specific groups identified for the distribution but did not single out any group or call attention to their vulnerability in order to respect privacy and confidentiality. The messages on SEA, COVID-19, and reporting mechanisms were shared amongst all women and girl who attended the distribution.

## Recommendations

Based on the findings from the safety audit analysis, below are recommendations for IRC Uganda to improve the safety of women and girls at distribution sites. These recommendations can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

- 1. Install latrines with locks at Stand Firm (Zone 1); Progressive (Zone 2); Emmanuel, Hope, and Loketa (Zone 3); Jujumbita (Zone 4); and Asante, Faith, Unity and Hope (Zone 5). Install locks on existing latrines at Amaalu (Zone 1); Women on the Move and Loketa (Zone 2); and Rock (Zone 3).** As latrines are in unfenced areas, there is a need to ensure they are sex-segregated or otherwise set up so that women and girls can safely and privately use them without interference from men and boys. The lack of toileting facilities at the distribution points was pointed out in the safety audits particularly as a threat to the dignity of the aid recipients.



2. **Display sensitization on SEA, GBV, and COVID-19 at all Women and Girls Centers with visuals that are accessible for low-literacy groups** and ensure there are ways to successfully hang these materials at sites built with tarpaulin or other materials reported to be challenging. These materials are vital to raise awareness, regardless of whether or not a distribution is happening.
3. **Clearly define distribution spaces with a rope or other physical barrier to reduce confusion at the distribution sites.** Since Women & Girls Centers execute other programming and are also gathering points for refugees, it is critical to create designated distribution space so that staff and volunteers can focus on the distribution and monitoring tasks and ensure aid recipients maintain social distancing measures necessary for COVID-19 prevention, which proved challenging according to the safety audits.
4. **The distribution team received positive feedback from aid recipients on the privacy afforded by packing materials in a container, such as a bucket.** This should be applied to future distributions where sensitive materials, such as sanitary materials, are handed out to women and girls, to preserve dignity and safety in the distribution process. Women and girls anecdotally reported to Empowered Aid staff in the past that they may be harassed or shamed when walking home with sensitive materials that are not packaged for privacy.
5. **While Women and Girls Centers should not be regular distribution sites, future distributions should adopt the qualities that were favorable while holding the distributions at the Women and Girls Centers.** These include a space that felt safe and comfortable for women and girls, accessible reporting and complaint mechanisms with IRC social workers and WPE volunteers who also could provide referrals and services, and safe access to latrines intended to be used only by women and girls.

## IRC & GWI Dignity Kit Distribution, Empowered Aid Pilot 2

### Point of Distribution Questionnaire

#### Summary of Findings

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## Executive Summary

As part of Empowered Aid, the International Rescue Committee (IRC) Uganda and the Global Women's Institute (GWI) are working to adapt tools for monitoring distributions to more proactively identify risks for sexual exploitation and abuse (SEA) and take action to mitigate them. These tools build on the findings from Empowered Aid's first phase, which identified ways in which the distribution process can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup> In May 2020, IRC and GWI conducted a dignity kit distribution in all zones of Bidi Bidi refugee settlement in Northwest Uganda to 880 women and girls of reproductive age and matching certain vulnerability criteria. The distribution applied one of the recommendations from Phase 1: organizing aid recipients in small groups to come at pre-assigned times,

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

to minimize crowding and confusion at distribution points. Women and girls were assigned to groups of 20, with each group pre-assigned a time to arrive at the distribution site (in this case, the IRC Women & Girls Centers) to collect their dignity kits.

This distribution method also happens to be supportive of maintaining social-distancing protocols related to the COVID-19 pandemic, which started after the second phase of research had begun and required further adaptations to the distribution monitoring process to maximize safety of both staff and target recipients. Within each group of 20, 4 women were randomly selected to take part in a short 4-question questionnaire, making the total sample of 176 women and girls. This questionnaire replaced plans for a longer household survey, which was not possible due to COVID-19 regulations; plans for focus group discussions were also dropped. Safety audits were still conducted, as they are observational tools that do not require interactions or proximity to aid recipients.

This report summarizes the analysis from the short “point of distribution” questionnaire (PODQ), covering four main areas on women’s experiences in relation to distributions: information and communication, feelings of fear during the distribution process, SEA risk during aid distribution, and reporting mechanisms and accessing services.

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*“Yes they happen, now that due to corona people need support anything can happen, some girls were made pregnant by drivers but have been abandoned” – Woman living in Uganda as a refugee*

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### Information and Communication findings

Megaphones, microphones, other mobile announcement systems (vans with megaphones communicating distribution information) and door-to-door mobilization are used to share information about distributions, with NGO volunteers and community leaders often communicating such information. Men and boys were reported as more likely to hear information communicated via announcement

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*“Physical violence has become common especially when men are selling part of the food received and if the women resist, they are beaten” – Woman living in Uganda as a refugee*

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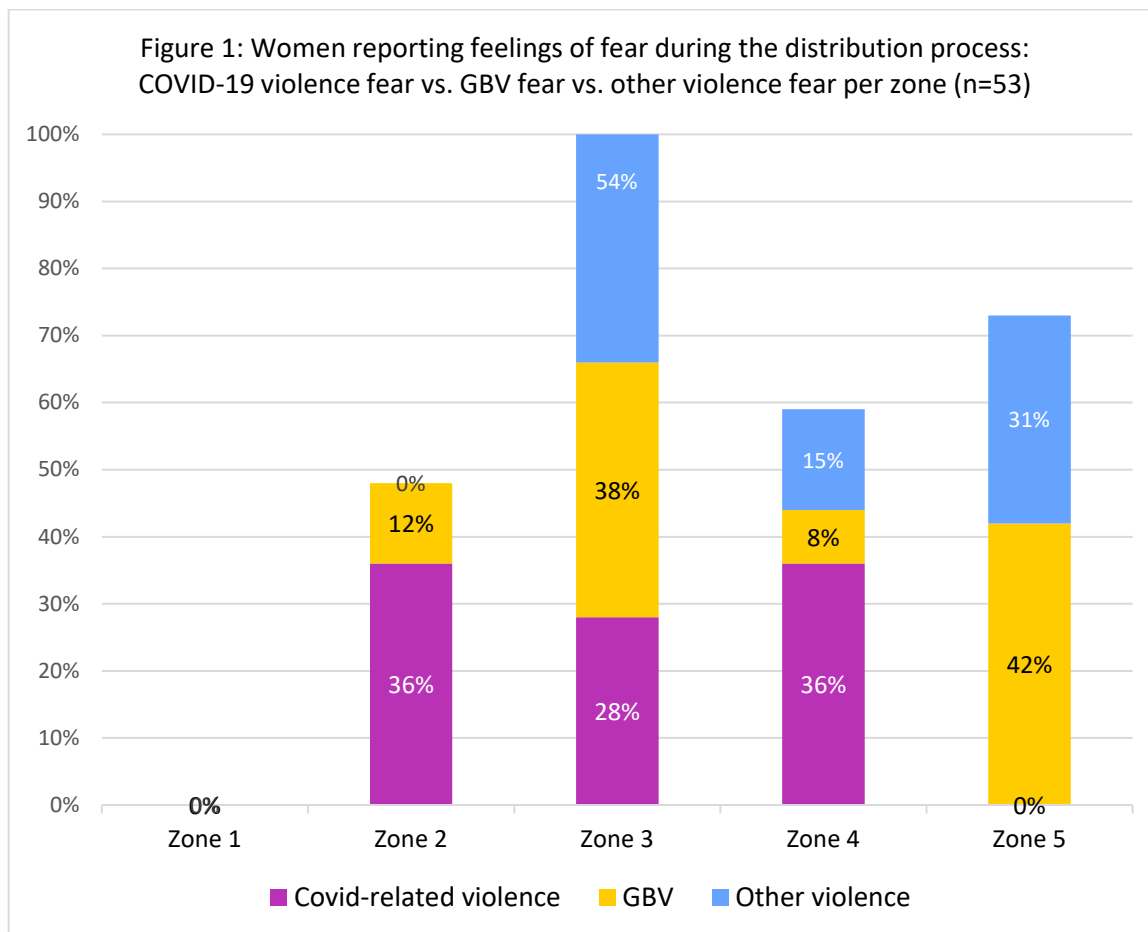
systems in public spaces, while women and girls were more likely to hear information communicated via door-to-door mobilization.

### Feelings of fear during the distribution process

Overall, 81% (134) of respondents reported that they felt fear throughout the distribution process in relation to 3 main categories: (1) fear of COVID-19 exposure, restrictions, or enforcement of those restrictions, (2) fear of gender-based violence, and (3) fear of other types of violence. Feelings of fear were most frequently reported while at the distribution point, followed by traveling to and from the distribution point. COVID-19 related fears were particularly reported at distribution points due to crowding and

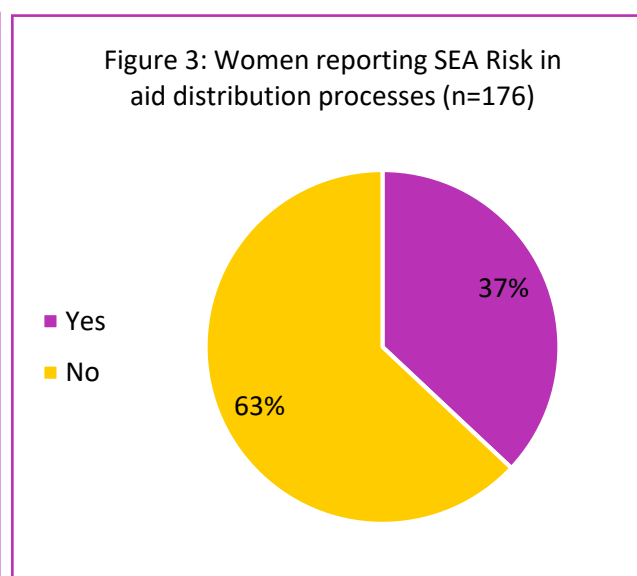
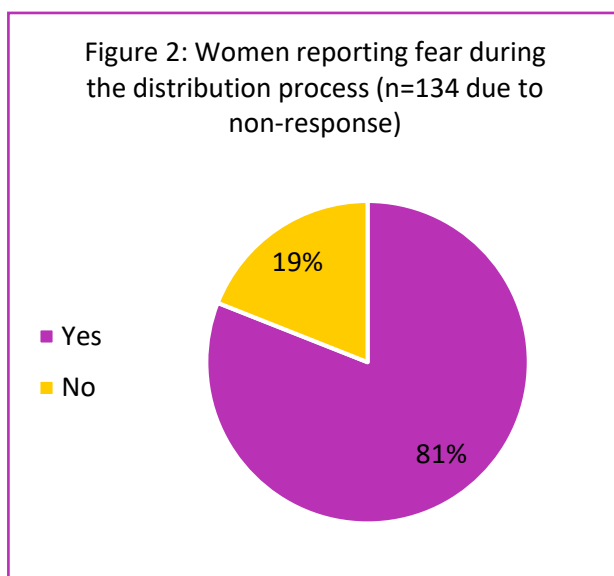
coming into contact with other people (especially those who don't abide by social distancing or other COVID-19 prevention measures) as well as fear of police and security using physical violence to enforce social distancing measures.

Gender-based violence related fears were most common in regard to intimate-partner violence (IPV), with that fear stemming from being unable to securely store or maintain aid from partners. For example, husbands may steal or attempt to steal food aid and abuse their partner if she protests, or husbands can inflict violence on their wives if they are late returning with the food aid, or accuse them of potentially infecting the husband with COVID-19 after attending a distribution. Other fears related to gender-based violence include fear of rape when traveling to and from distributions, sexual assault while waiting in line for aid, and increased early or teen pregnancies due to the lockdown and closure of schools and businesses, but respondents did not identify a point in the distribution when this was a concern. Other violence-related fear stemmed primarily from COVID-19 exposure fear and restrictions at the distributions or when walking home.



### SEA risk during aid distribution

Over a third (37%, n=65) of respondents reported SEA risks in aid distribution. Risk was most often mentioned in relation to food aid distributions but other types of aid mentioned were also mentioned including WASH, education, health, shelter, and energy needs. NGO volunteers and security personnel were reported as those most likely to perpetrate SEA or put women and girls at risk, using their position of access to food aid to sexually exploit women and girls. Respondents also reported that COVID-19 lockdown and restrictions further expanded SEA risk as businesses/places of work and schools were shut down, placing women and girls in even more desperate need for income or basic necessities. Aid workers, transport drivers such as truck or boda boda drivers, NGO volunteers, and security personnel were reported as taking advantage of this exacerbated unequal power dynamic, perpetrating sexual exploitation and abuse by offering access to basic needs in exchange for sex.



### Reporting mechanisms and accessing services

Respondents overwhelmingly (91%, n=176) stated that they could go to Women & Girls Centers to report complaints, provide feedback, and obtain support and services, with 45% of those respondents stating they would feel *most comfortable* accessing services from Women & Girls Centers. However, some women noted challenges around accessing services during lockdown since they weren't able to leave their homes and the Women and Girls Centers were closed. Other places where respondents stated they could report complaints and access services included information support centers, community leaders, trusted friends or family members, and police. However, in terms of where they would be *comfortable* reporting, no respondents stated they felt comfortable reporting to police.

## Recommendations

- 1. Ensure that IRC Women and Girls Centers are well staffed with social workers and volunteers,** as these workers play a critical role in women and girls' ability to access services and report complaints. Not only were they most frequently mentioned as a place women could go to obtain support, respondents overwhelmingly pointed to IRC Women and Girls Centers as where they feel most comfortable reporting complaints and accessing services. Women and Girls Centers should also have lockable doors and sex segregated to improve safety because the Centers are not fenced, and any community member can access the latrines. For more specific information on latrine issues, see the *Pilot 2 Dignity Kits Safety Audit Report*.
- 2. Hire more female security personnel at food distribution points and provide PSEA trainings for security personnel,** or include them in staff and volunteer trainings prior to starting their role. Women and girls reported fear of violence used by security personnel who attempt to stop crowding and ensure social distancing at food distribution points. While these measures are important, it is also critical to reduce violence at distribution points so that women can receive their food free of fear and will be less likely to seek other ways to access food that could put them at risk of SEA.
- 3. Implement door-to-door mobilization that targets women and girls for future distributions in addition to megaphone/microphone and mobile van announcements to ensure information is delivered more equally amongst women, girls, men, and boys.** According to the PODQ findings, women and girls were more likely to hear about distributions through door-to-door mobilization since they are at home more often. By increasing door-to-door mobilization by NGO volunteers or community mobilizers before distributions, women and girls may have better access to information, reducing their risk of SEA by those who may seek to exploit their lack of knowledge.
- 4. Continue PSEA awareness raising activities with community members, particularly as respondents identified COVID-19 restrictions as increasing SEA risk.** IRC's WPE and protection activities provide a critical platform through which PSEA messages can be shared with community members, such as through the *Listen Up!* program. Key messages can be delivered at Women and Girls Centers, protection desks, and in collaboration with World Vision at distribution points (such as through pre-addresses or community help desks). Zones 3 and 5 should be targeted with increased outreach as respondents from these zones reported the highest SEA risk.
- 5. Implement recommendations women, girls, and other aid recipients shared to make distribution points safer.** Distribution points were most frequently reported as the place where women experienced the most fear during the distribution process. Based on Empowered Aid's findings from Phase I and other pilots, World Vision, IRC, and other NGOs should implement recommendations women and girls have made to increase their feelings of safety at distributions,

including sex-segregated lines, increased female staff and volunteers working at the distribution, and transport support.

- 6. Expand ways of working with communities to prevent early marriage and teenage pregnancy, taking special care to prevent SEA by COVID-19 related drivers.** Distributions represent one way that aid actors interact with large swaths of the refugee community at a time when many other centers and activities have been shut down or minimized, including the IRC Women and Girls Centers. IRC can collaborate with World Vision to deliver key messages on SEA, early marriage, and teen pregnancy prevention as part of mobilization and pre-address announcements, as well as through visual and low-literacy signage at distribution points. IRC Women and Girls Centers and protection desks represent important information and referral points and should also help to deliver SEA prevention messaging. These entities should collaborate with other NGOs such as World Vision. Additionally, usage of IRC's existing early marriage programming is encouraged.
- 7. Display more visual aids on COVID-19 prevention and restriction measures at all IRC Women and Girls Centers.** Fear of exposure to COVID-19 or enforcement of COVID-19 restrictions were mentioned more than any other fear (74%). Awareness materials for those with low literacy level should also be displayed at the Centers.

## Overview of the Distribution

From May 14 – 29, 2020, the International Rescue Committee Uganda (IRC) and the Global Women's Institute (GWI) distributed 880 dignity kits to a targeted group of women and girls living in Bidi Bidi refugee settlement. Dignity kits support the health, safety and dignity of women and girls. These kits were packed in a bucket and included soap, panties, pads, kanga fabric, and Vaseline. The kits were procured by the Empowered Aid Uganda team prior to the COVID-19 pandemic, with the intention of executing a pilot to test the recommendations arising from Empowered Aid's first phase and adapt distribution monitoring tools to better measure SEA risk and safety in aid distribution.

With the onset of the COVID-19 pandemic, IRC and GWI decided to distribute the dignity kits despite the inability to execute a full-scale pilot, as the community exhibited continued need for dignity kits. The IRC Women's Protection & Empowerment (WPE) and Protection & Rule of Law (PROL) teams identified women and girls of reproductive age (12-45 years) from their databases who met vulnerability criteria including female- and child-headed households, women and girls living with disabilities, persons with special needs (PSNs), extremely vulnerable individuals (EVIs), active GBV cases, and GBV survivors. After the Empowered Aid Project Officer and WPE Manager generated a list of 880 aid recipients, WPE Community Volunteers conducted door-to-door mobilization for the distribution, visiting the women and girls at their homes to inform them of the location, time, and date of the distribution and sharing key messages on SEA and COVID-19 preventative measures.

To protect the health and safety of all involved in the distribution and monitoring exercises, the IRC and GWI team reduced the number of monitoring tools tested. Specifically, the household survey and focus groups were dropped completely. The team maintained safety audits and developed a brief (4 questions) survey to be administered at the point of distribution to 20% of aid recipients. This shortened survey allowed women and girls to provide feedback on whether the distribution met their needs, and also on COVID-related issues that they may not otherwise be able to communicate to IRC due to new limitations of services and mobility. Minimizing interactions to only occur at the distribution site is one example of how the team prioritized safety in all distribution decisions.

The distribution applied one of the recommendations from Phase 1: organizing aid recipients in small groups to come at pre-assigned times, to minimize crowding and confusion at distribution points. Women and girls were assigned to groups of 20, with each group pre-assigned a time to arrive at the distribution site to collect their dignity kits. This distribution method also happens to be supportive of maintaining social-distancing protocols related to the COVID-19 pandemic. The distribution took place outside IRC's Women and Girls Centers in each zone. Targeted women and girls waited at designated points that were spaced 6 feet apart, either drawn by circles or marked by rocks. An IRC WPE staff member would then give the dignity kits to the women and girls and once all were handed out, the group could leave while still maintaining social distance. If an aid recipient needed further assistance or wanted to ask questions in private, they could ask to speak to a social worker. At the distribution, IRC staff and community volunteers relayed messages on SEA and COVID-19 prevention to each group of women and girls.

The Point of Distribution Questionnaire was administered by a team of trained IRC WPE staff and community volunteers who supported translation at each distribution site and focused on four key



questions on distribution information-communication, fear in the distribution process, SEA risk, and accessing complaint mechanisms and services. Within each group of 20 women and girls, every 4<sup>th</sup> woman was selected to take part in a short, 4-question questionnaire, making the total sample of 176 women. No girls were included in the sample as consent was taken immediately before the interview and the research team could not guarantee a parent or guardian would be on site to agree to consent for the survey. All those selected for the questionnaire agreed to complete it. No demographic or descriptive data was collected to reduce the amount of time spent with each respondent, but the zone and Women's Center at which the distribution occurred was captured. Due to COVID-19 safety measures, no other groups were surveyed except for the aid recipients.

*Table 1: Number of aid recipients and percent included in sample*

Zone	# DKs distributed to women & girls	# Women sampled for PDM	Percentage
Zone 1	160	32	20%
Zone 2	160	33	20%
Zone 3	240	47	20%
Zone 4	160	32	20%
Zone 5	160	32	20%
<b>Total</b>	<b>880</b>	<b>176</b>	<b>20%</b>

## Summary of Findings

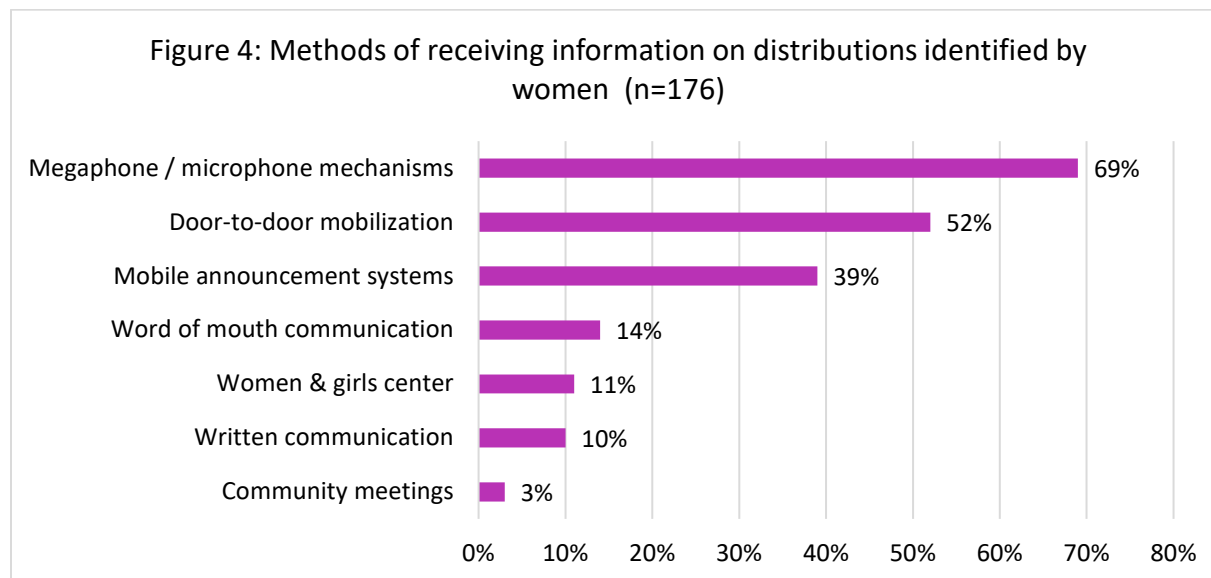
### Information and Communication on Aid Distributions

#### Methods of receiving information

Megaphones and microphones (69%), other mobile announcement systems such as vans or boda bodas, with megaphones communicating distribution information (39%), and door-to-door mobilization (52%) were most frequently used to share information about distributions. Community leaders, RWCs, and NGO staff and volunteers move through villages with megaphones and microphones and make announcements amongst the refugee community about upcoming distributions.

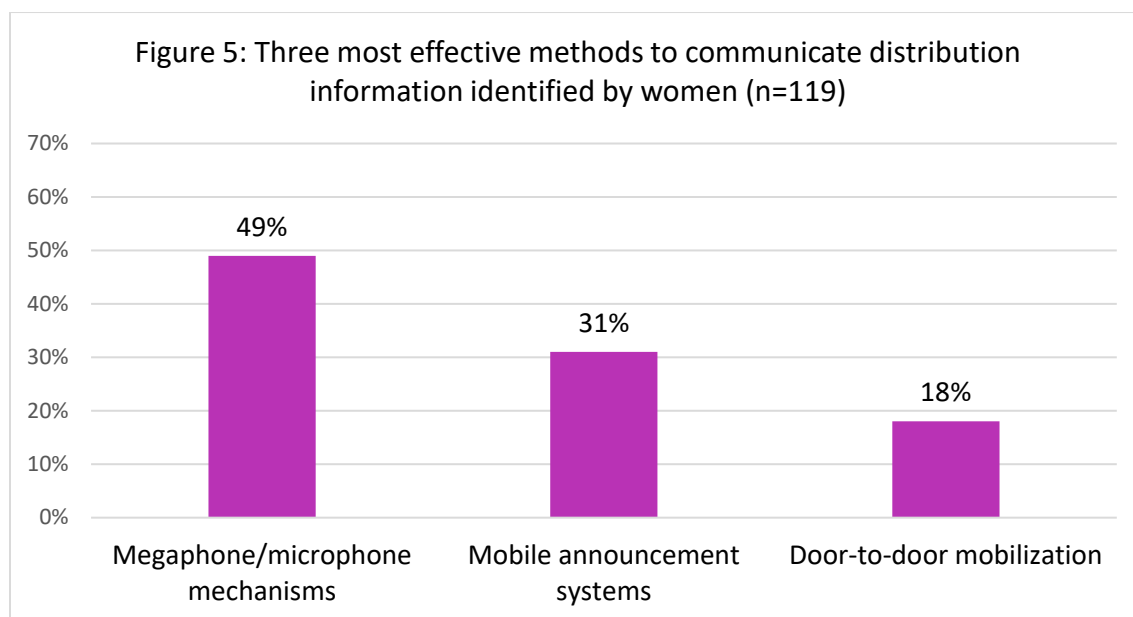
When executing door-to-door mobilization, NGO volunteers visit aid recipients at their homes and deliver distribution information. This method was used for the dignity kit distribution. Mobile announcement vehicles drive on major roads through the settlements announcing distribution information. Other methods that women reported being used to deliver information on distributions included word of mouth communication from friends or neighbors (14%), social workers or WPE volunteers sharing distribution information at IRC Women and Girls Centers (11%), written communication such as flyers or other visuals

(10%), and lastly, community meetings held by community leaders who share information on the distribution (3%).



**Most effective methods for communicating the information**

The three most effective methods of communication on distributions stated by respondents were megaphone/microphone mechanisms, mobile announcement systems, and door-to-door communication or mobilization. Other methods mentioned as most effective included community meetings, sharing by word of mouth such as phone calls, sharing at the IRC Women & Girls Centers, and written communication methods.



The method most frequently stated as the most effective method of communication were megaphone/microphone mechanisms. The reasons given for this include:

Megaphones, microphones, and mobile announcement systems can communicate the information quickly to a larger group of people, cater to illiteracy, and deliver information at a safe social distance that adheres to COVID-19 safety measures. However, some respondents' stated the megaphones don't reach far off houses and people who don't leave their homes, such as the elderly.

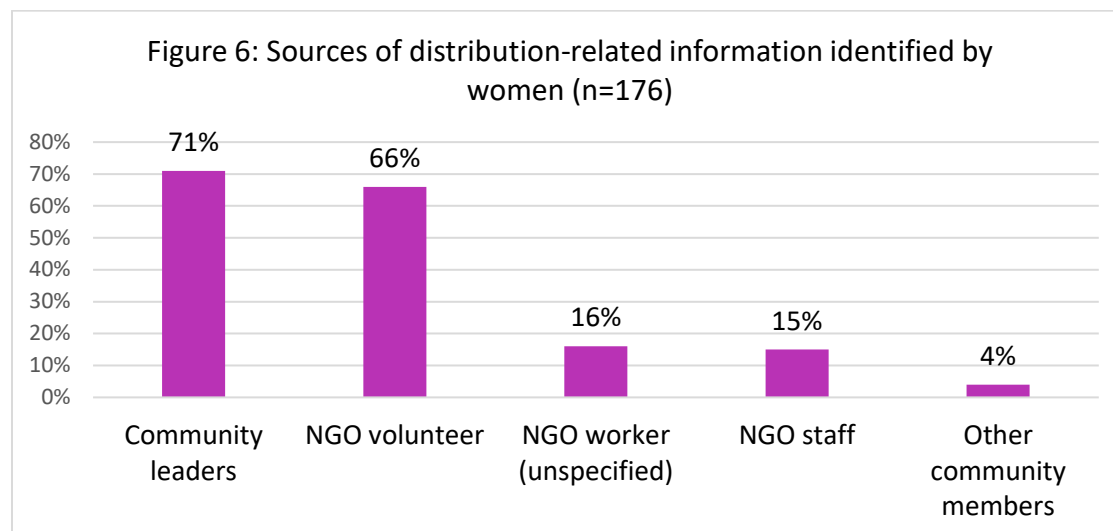
*"Use of megaphones is the best method because it can reach many people at once and also cater for those who are far from the road."* – Woman living in Uganda as a refugee

*"I prefer announcement by used of megaphones because it caters for everyone including the illiterate persons."* – Woman living in Uganda as a refugee

NGO volunteers who conduct door-to-door mobilization speak the same language as the aid recipients. As a result, the information goes directly to the individual who receives the aid and is not distorted through the use of an intermediary. However, some expressed a fear of contracting COVID-19 during door-to-door dissemination, as this method brings them in closer proximity to the mobilizers making the distribution announcement.

### Sources of information

Community leaders (71%) and NGO volunteers (66%) most frequently deliver information on the distributions to the aid recipients, followed by NGO workers (unspecified if they were volunteers or staff) (16%), NGO staff (15%), and other community members (4%). Community leaders are chosen by other refugees living in the settlement and act as intermediaries between the community and NGOs or the governing bodies of the camp. NGO volunteers are also refugees who sign up to volunteers with NGOs, therefore community leaders and volunteers most frequently communicate with the communities since they speak the same language and are embedded in the community.



### Who most often hears the information

There is little difference reported in whether men and boys (46%) or women and girls (49%) are most likely to hear about distributions when information is communicated. Of the respondents who said men and boys are most likely to hear about the information, reasons included that men and boys are more often the head of household, more often community leaders, and more likely to be literate and capable of reading written communication about distribution. In addition, men and boys often share information amongst each other as they walk on the roads and “idle” or hang out at the market, trading centers, and outside their homes. Meanwhile, women are at home doing domestic work, so they don’t hear announcements

*“Boys and men are most likely to hear about it because they are not confined at homes” – Woman living in Uganda as a refugee*

*“Men are the most likely to hear about distribution aid because they are always mobile, literate and stays mainly at busy places like markets.” – Woman living in Uganda as a refugee*

Of the respondents who said women and girls are most likely to hear about the information, reasons that they stated for this include that women and girls are more likely to hear announcements when they are delivered door-to-door because they spend more time at home, whereas men and boys are more likely to hear announcements communicated in public spaces. Some respondents mentioned that women’s role as family caretaker, situation in strong social networks where information is shared amongst women, and engagement in the community and Women and Girls Centers also support women’s access to information.

*“Women are most likely to hear about distribution aid because they are people who always care for their families especially their wellbeing thus they will always be vigilant and ready to get any information.” – Woman living in Uganda as a refugee*

*“Women are most likely to hear about distribution aid because women have strong social networks and very active people in the communities.” – Woman living in Uganda as a refugee*

In many ways, women, girls, boys and men’s likelihood of hearing distribution announcements adheres to dominant gender roles. Men and boys will hear announcements that are in town centers and other public spaces, whereas women and girls are more likely to hear announcements when the information is disseminated within villages or from home to home.

### Fear Reported Throughout the Distribution Process

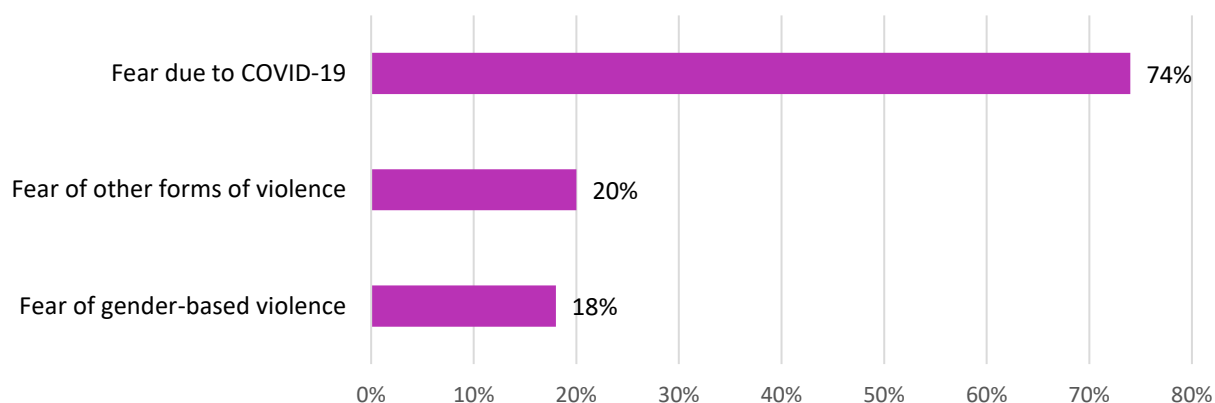
Overall, 81% of respondents reported that they felt fear throughout the distribution process in relation to 3 main categories: (1) fear of COVID-19 exposure, restrictions, or enforcement of those restrictions, (2) fear of gender-based violence, and (3) fear of other types of violence. Feelings of fear were most frequently reported while at the distribution point, followed by traveling to and from the distribution point. COVID-19 related fears were particularly reported at distribution points due to crowding and coming into contact with other people (especially those who did not abide by social distancing or other

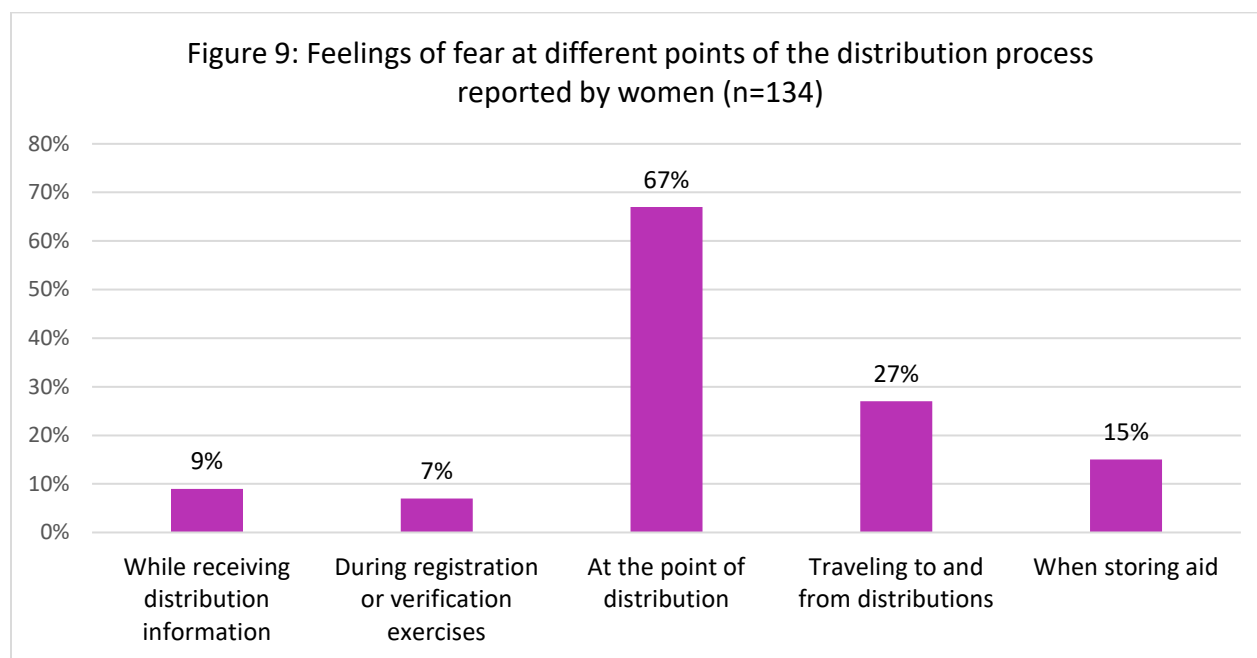
COVID-19 prevention measures) as well as fear of police and security using physical violence to enforce social distancing measures. Gender-based violence related fears were most common in regard to intimate-partner violence (IPV), with fear stemming from not being able to securely store or maintain aid from partners. For example, husbands may steal or attempt to steal food aid and abuse their partner if she protests, inflict violence on their wives if they are late returning with the food aid, or accuse them of potentially infecting the husband with COVID-19 after attending a distribution. Other fears related to gender-based violence include fear of rape when traveling to and from distributions, sexual assault while waiting in line for aid, and increased early or teen pregnancies due to the lockdown and closures of schools and businesses closed, but respondents did not identify a point in the distribution when this was a concern. Other violence-related fear stemmed primarily from COVID-19 exposure fear and restrictions at the distributions or when walking home.

Figure 7: Women reporting feelings of fear during the distribution process (n=134)



Figure 8: What elicits fear amongst women during the distribution process (n=134)





### COVID-19 related fear

Among survey respondents who said they felt fear during the distribution process, 81% (105) said they felt fearful of exposure to the virus, restrictions put in place due to COVID-19, or enforcement of those restrictions, particularly at distribution points. These COVID-specific fears are further broken down in Table 10.

Fears that survey respondents expressed included fear of COVID-19 exposure due to the crowding at the distribution point (31%); fear of exposure when interacting with people whose COVID-19 infection status is unknown (16%); fear of COVID-19 exposure due to other refugees not observing social distancing or attempting to come into physical contact, such as hugging or shaking hands (18%); and fear of COVID-19 exposure from other refugees coming to the distribution who live outside of Bidi Bidi (in areas such as Arua or Koboko) but travel to the settlement for the food distribution (16%):

*“I also fear each time am to walk from my house to the distribution point and back home thinking I will get Covid-19 and infect my family” – Woman living in Uganda as a refugee*

*“Yes I fear being in a crowded place, though there is social distance some people come from other districts, besides the community has no mask” – Woman living in Uganda as a refugee*

Women expressed fear of violence by security or police at distribution points as police use physical violence to enforce COVID-19 restrictions while people wait in line for the food distribution (14%). Violence by police to enforce COVID-19 restrictions was reported in Zones 2-5, but not in Zone 1. Women also reported insults and shouting from security guards and aid workers hurrying them through the distribution or enforcing COVID-19 restrictions, and refugees fighting with one another if someone is not following COVID-19 safety guidelines.

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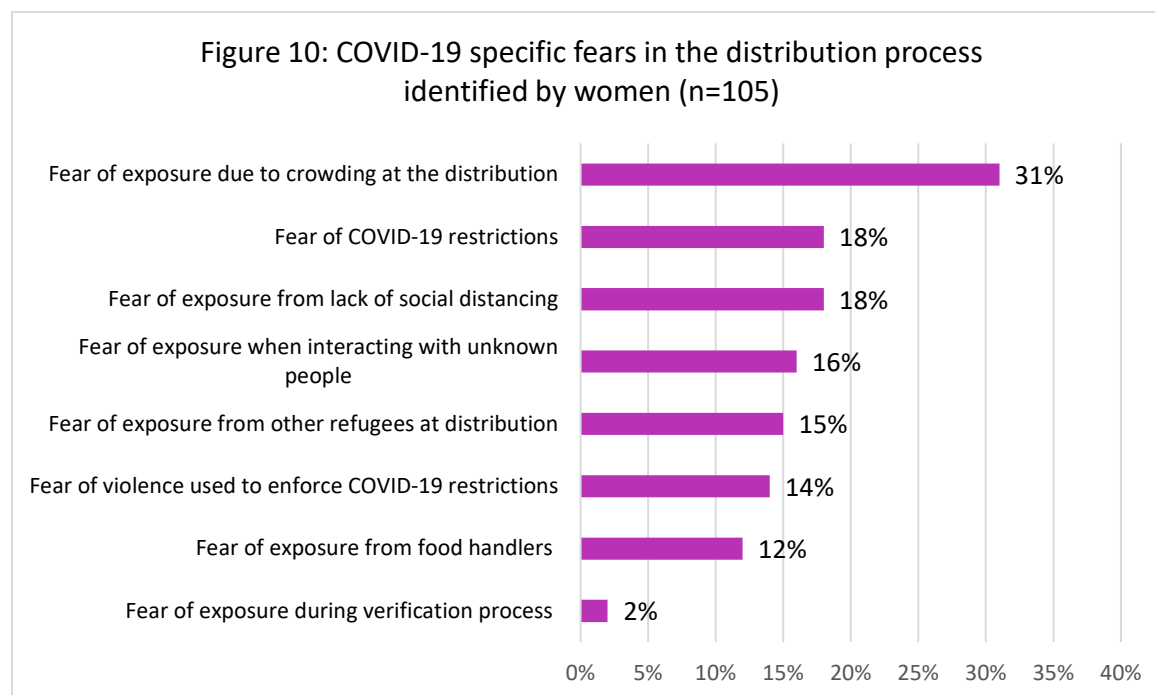
*“I have felt fear at a distribution because people gather together in large numbers and a lot of violence like insults and beating of women/girls who fails to follow the guidelines in preventing the COVID-19 by security officials.” – Woman living in Uganda as a refugee*

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*“I have felt fear of violence at a distribution because if I want someone to support me carry out my heavy load of food, the men who are working there insults and shouts on me to carry it alone because of social distances to prevent Covid19 infection.” – Woman living in Uganda as a refugee*

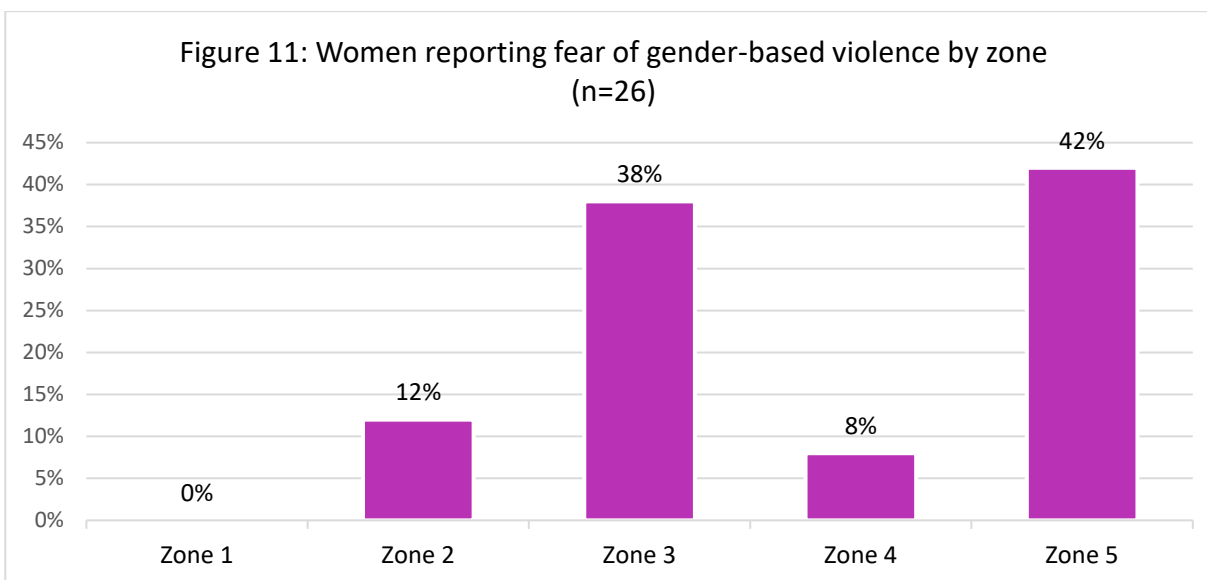
*“The restrictions have been so tight and failure to adhere, you can be beaten up bitterly. An example is when you don't keep the social distance.” – Woman living in Uganda as a refugee*

Women also reported fear of COVID-19 exposure from food handlers who may transfer the virus through droplets onto the food or packaging (12%) and fear of exposure during the verification process at the distribution point (2%).



### Gender-Based Violence (GBV) related fear

Among women who said they felt fear at some point in the distribution process, 18% (26) said they were fearful of gender-based violence.



Of the respondents who reported a fear of gender-based violence, 46% (12) felt fear of intimate partner violence in the distribution process. Eighty-three percent of that fear occurred when they were storing their aid and 25% at the distribution point. Explanations women gave for fearing intimate partner violence included spouses attempting to steal and sell food, which could lead to an altercation and physical violence; physical violence for not cooking food for the family in a timely manner; and violence inflicted upon women by their spouses who forget to wash their hands or believe the food has been exposed to COVID-19.

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*“Physical violence has become common especially when men are selling part of the food received and if the women resist, they are beaten” – Woman living in Uganda as a refugee*

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*“I fear because of delays at the FDP you can go back late and if you don't cook, your husband can beat you” – Woman living in Uganda as a refugee*

*“I also experience emotional abuse inflicted by my husband by insulting me vulgarly if I come back home with the food and forgot to wash my hands.” – Woman living in Uganda as a refugee*

Twenty three percent (6) of respondents felt fear of rape in the distribution process, and 83% of those (4) respondents who reported fearing rape said this fear occurred when they were traveling to and from the distribution point and 17% (2) when storing aid. Women mentioned feeling fear of rape because they have to travel far distances through bushy areas and valleys to and from the distribution point. Some mentioned traveling alone due to COVID-19 restrictions and social distancing guidelines that increase their



fear. One woman mentioned fearing living alone and that someone may break into her house and rape her.

*“I fear that I am alone at home; someone may break my door and take advantage of me not having a man.” – Woman living in Uganda as a refugee*

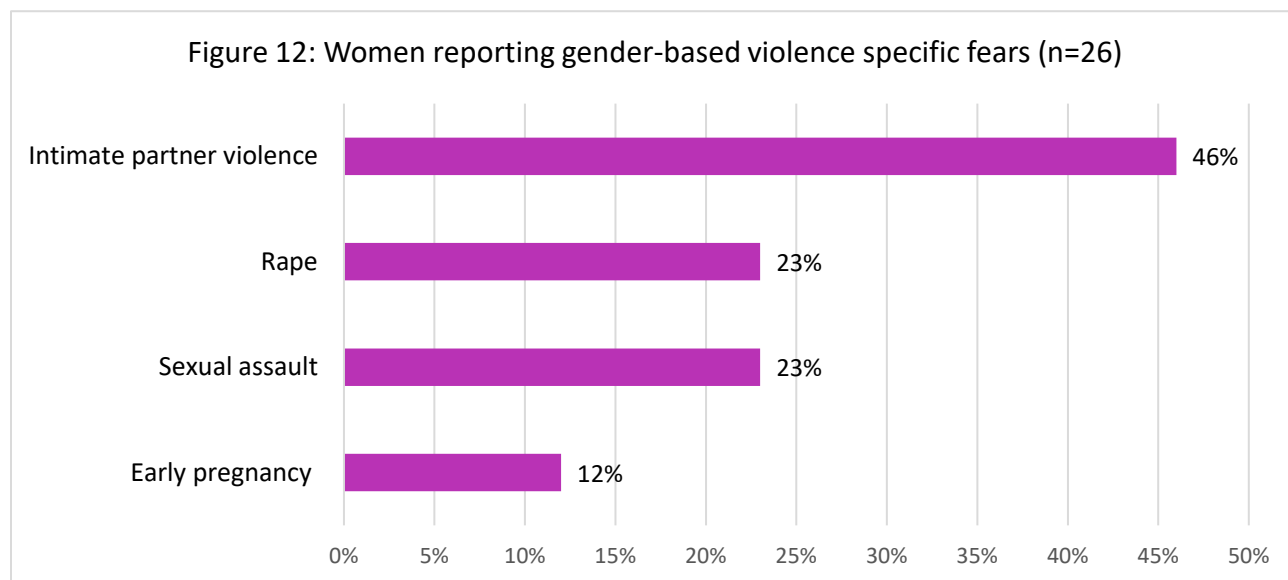
*“I fear walking back especially in bushy places someone can catch you, and forcefully have sex with you.” – Woman living in Uganda as a refugee*

Twenty three percent (6) felt fear of sexual assault in the distribution process, with all of that fear occurring at the distribution point. Women mentioned fear of sexual assault at the distribution while waiting in line with men. Men will yell, physically assault, beat, or intimidate women while waiting in line and, in some instances, steal their food packages.

*“They experience fear of violence because of the long queues...men tend to touch (harass) and push and insults on the girls and women. After receiving food men tend to steal women's packages because they are men.” – Woman living in Uganda as a refugee*

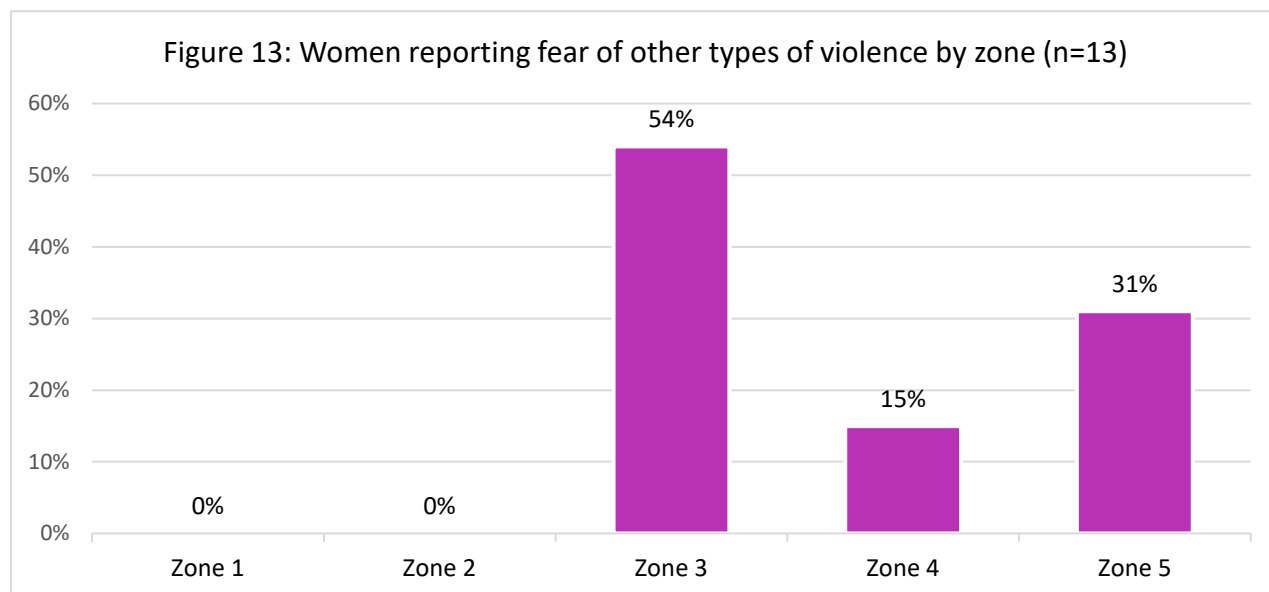
Twelve percent (3) felt fear of early/teenage pregnancies but did not mention a particular point in the distribution process where they felt this fear. In the three instances in which early pregnancy was mentioned was in relation to a fear of young girls getting pregnant, respondents suggested that pregnancy was more likely because girls are “idle” due to lockdown and schools being closed. This sentiment was also commonly expressed in the food PODQ.

*“My only fear is my children getting pregnant before schools open because times are hard” – Woman living in Uganda as a refugee*



### Other violence-related fear

Among survey respondents who said they felt fear during the distribution process, 11% (13) said they felt fearful of other types of violence (non-gender based violence).



Of the respondents who expressed fear of violence, 24% (6) felt fear of physical violence or assault. Women feared physical violence at food distributions and when traveling to and from distributions because food rations were reduced and they feared getting attacked by others attempting to steal their food.

*“Fears of physical violence, this commonly happened when food was reduced and got scared that someone would attack me just to pick the food from me on my way back home.” – Woman living in Uganda as a refugee*

Fourteen percent (4) feared that their aid will be stolen from their homes or when walking from a distribution.

*“I fear storing food because of food ration cut, thieves break into people's home, it's worse for those without husband.” – Woman living in Uganda as a refugee*

One woman felt fear of emotional or psychological violence since she wasn't sure when she was going to get food again, and three women mentioned fear of other types of violence but did not specify the type of violence.

Figure 14: Women reporting other types of violence specific fears (n=13)

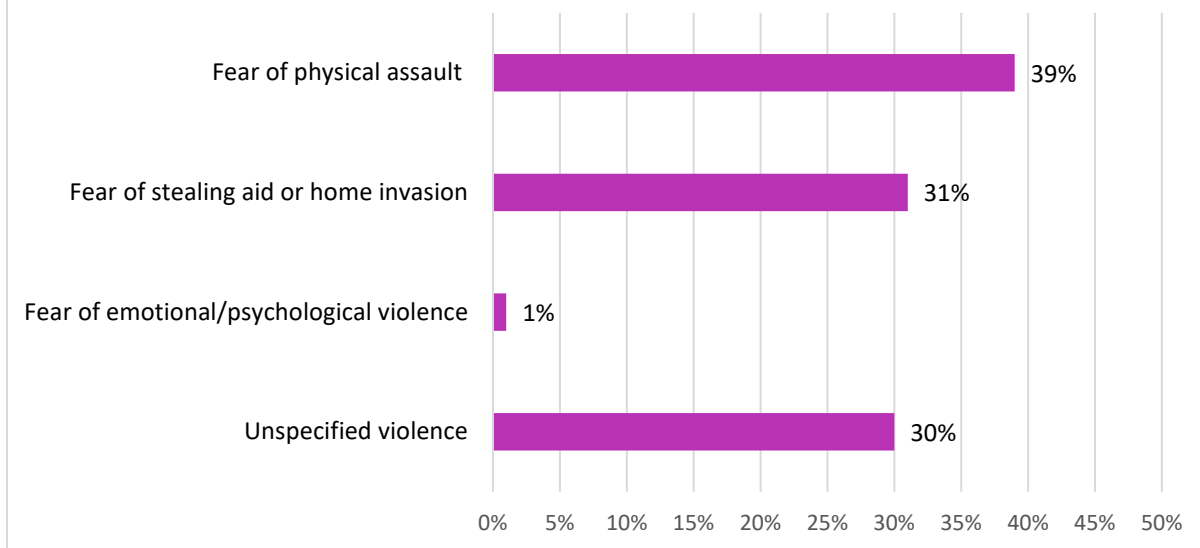
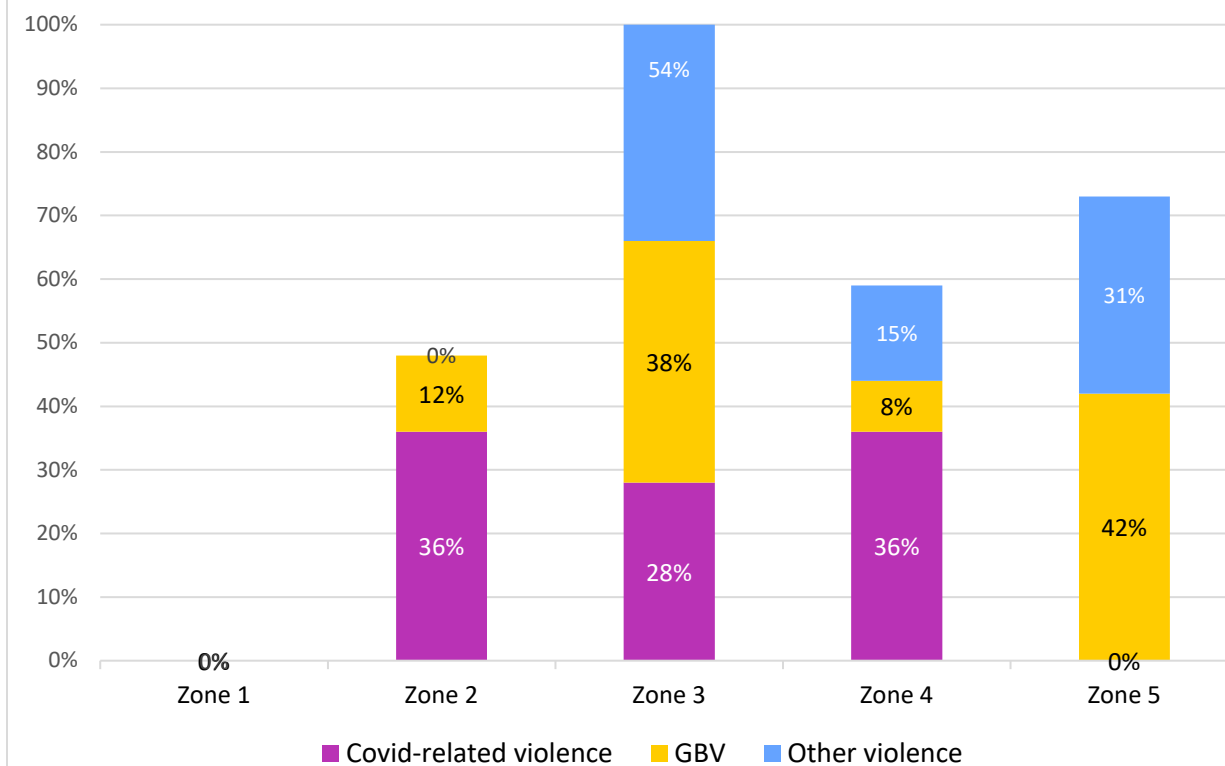


Figure 15: Women reporting feelings of fears during distribution process: COVID-19 violence fear vs. GBV fear vs. other violence fear per zone (n=53)

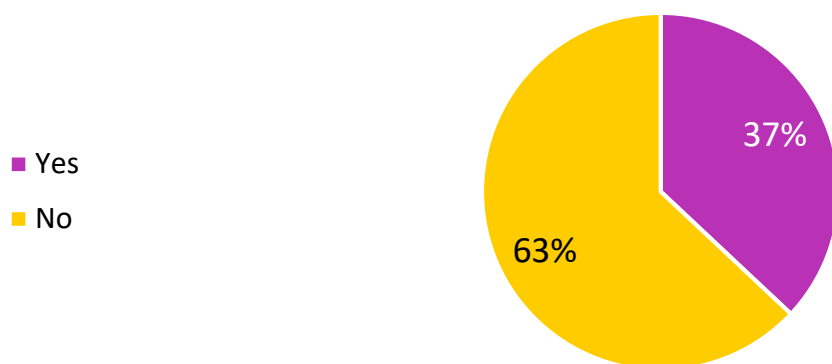


No fear of the three types of violence was reported in Zone 1. Women in Zone 2 reported COVID-19 related violence fears, such as security, staff or other refugees using violence to enforce COVID-19 restrictions, and GBV fear but no other violence related fear. Zone 3 reported fear of all three types of violence, including the highest percentage of other violence related fear. Zone 4 also reported fear of all three types of violence, with the highest percentage of reported fear being COVID-19 related violence. Zone 5 reported no fear of COVID-19 related violence but the highest percentage of GBV related fear and some other violence related fear.

### SEA Risk in the Distribution Process

Thirty seven percent (65) of survey respondents said they had seen or heard about SEA occurring, and of those, 30% (19) named food aid as the context in which SEA risk could occur. In many cases, food aid was offered or promised in exchange for sex or a sexually exploitative relationship. 32% (20) of women mentioned other types of aid in relation to SEA risk, such as health, education or WASH aid.

Figure 16: Women reporting SEA risk in aid distribution processes (n=176)




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*“The people who distribute the food especially the security personnel, have been cited in community trying to deceive girls to have sex with them in exchange for more food.” – Woman living in Uganda as a refugee*

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*“...I am a survivor of SEA. [A] volunteer of [NGO] confused me and left me pregnant, then ran away. The issue was taken to police, but he was later left free.” – Woman living in Uganda as a refugee*

*“I think it happens but these girls and women haven't seen it as a harmful practice thus not reporting.” – Woman living in Uganda as a refugee*

*“There are some men at the distribution points who add us more food and serve us fast, and in particular they promise us salt and later they demand for sex in return. In schools there are some teachers have promised the learners more marks in exchange for sex.”* – Woman living in Uganda as a refugee

*“Mostly the single women whose husbands are in South Sudan are facing this exploitation”* – Woman living in Uganda as a refugee

Survey respondents identified several perpetrators of SEA including security guards (19%), NGO volunteers<sup>2</sup> (19%), truck drivers (17%), boda boda drivers (13%), teachers (8%), businessmen or sellers (8%), aid workers (6%), community leaders (6%), construction workers (3%), host community members (3%), and medical staff (3%).

Respondents often reported that NGO volunteers and security guards at food distribution would restrict access to goods and services or offer additional goods and protection in exchange for sexual favors.

*“Yes, I have heard about the security officers guarding the food at FDPs deceiving girls to give in for sex so that they will be given more.”* – Woman living in Uganda as a refugee

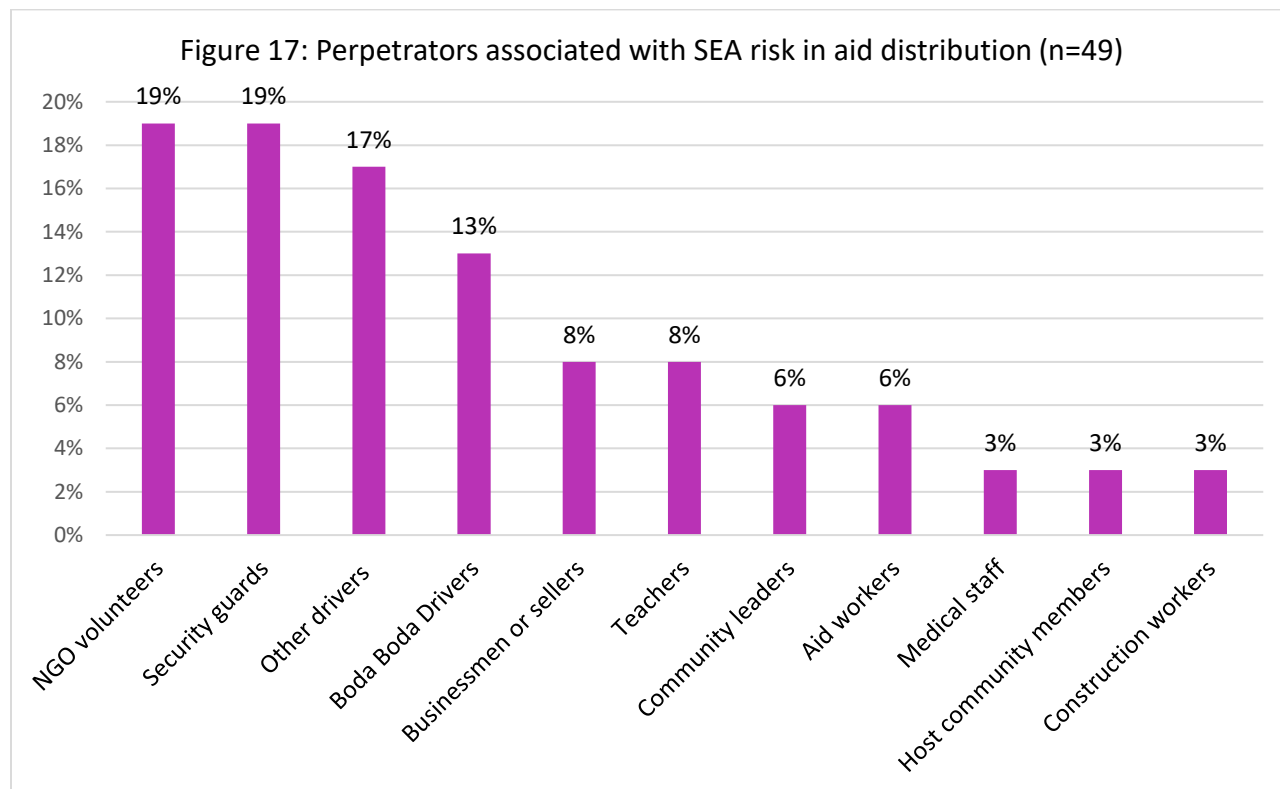
*“This was a volunteer who told a woman that, ‘I can give you more food because I can talk to the officer of World Vision in charge of food distribution, he will add you more food if you can give me sex.’ Even the boda bodas who carry our food demand for sex after carrying the food to our homes.”* – Woman living in Uganda as a refugee

Respondents also reported that COVID-19 lockdown and restrictions increased risk of SEA as businesses/places of work and schools were shut down and women and girls were in even more desperate need for income or basic necessities. Respondents said that aid workers, drivers – including boda boda drivers – and other refugees commit SEA because they know women and girls are in need because of COVID-19 restrictions and take advantage of the situation.

*“Yes they happen, now that due to corona people need support anything can happen, some girls were made pregnant by drivers but have been abandoned”* – Woman living in Uganda as a refugee

*“Yes, some girls accept these drivers and boda boda men because they provide for them panties, pads and clothes that their parents cannot afford.”* – Woman living in Uganda as a refugee

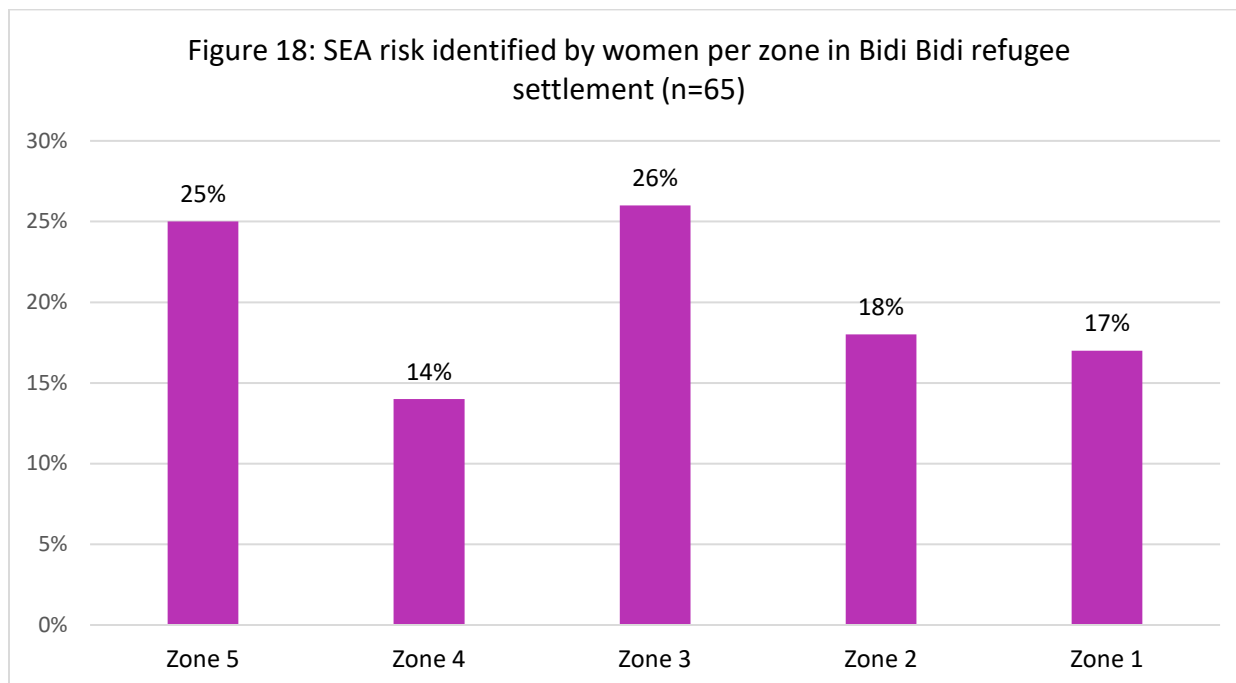
<sup>2</sup> NGO volunteers are recruited from the refugee community, therefore it easy to identify them as volunteers versus NGO staff or aid workers. They also wear visibility markers/clothing that identifies them as volunteers.



Several respondents expressed fear that young women in the community would be impregnated by businessmen, teachers, truck drivers, and other community members and then left to take care of the child on their own. These fears were exacerbated by COVID-19 restrictions and lockdowns, as girls are not in school and families have decreased income.

*“Yes, it happens because of lock down there is no money our girls are being sexually exploited by the drivers, boda boda men to meet their basic needs and some end up in early marriages.” – Woman living in Uganda as a refugee*

Of the 37% of respondents (65) who reported SEA risk in aid distribution processes, risks were reported highest in Zone 3 (26%) and Zone 5 (25%), which are the first and second largest Zones in Bid Bidi, followed by Zone 2 (18%), Zone 1 (17%) and then Zone 4 (14%).



### Reporting Complaints, Obtaining Support, and Accessing Services

The vast majority (91%) of women named the IRC Women and Girls Centers as a place where they could go to report a complaint or obtain support and services.

Other places where they would go included Information Support Centers or protection/help desks, community leaders, healthcare facilities, the Refugee Welfare Committee, a trusted friend or support group, the police, church leaders or elders, and food distribution points.

Services that women noted they can access at the Women and Girls Centers include psychosocial support, counseling, legal justice support, livelihood activities, dignity materials such as sanitary pads and soap, and referrals to healthcare. Respondents said they felt comfortable talking to the social workers and community volunteers at the Women and Girls Centers.

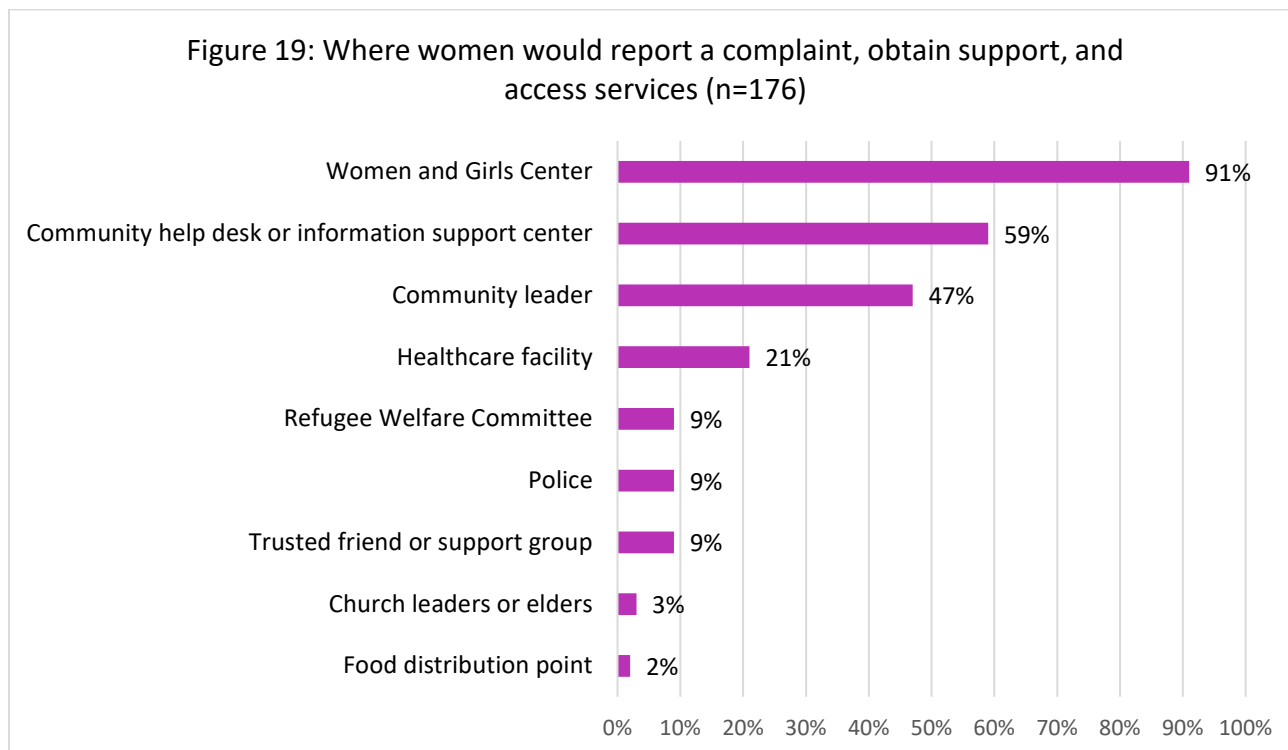
Some women noted challenges accessing services during lockdown since they weren't able to leave their homes and the Women and Girls Centers were closed.

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*“I would report to our village chairperson and to the health facility however I would feel comfortable reporting to a female health worker. I don't have an idea about where women go for support these days because of lockdowns.” – Woman living in Uganda as a refugee*

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Figure 19: Where women would report a complaint, obtain support, and access services (n=176)



Where women feel most comfortable or safe reporting a complaint, obtaining support, or accessing services

Almost half (45%) of women named the Women and Girls Centers as the place where they would feel most comfortable or safe reporting a complaint, obtaining support, or accessing services.

*"I report to women centers and complaint desks and I prefer talking to a social worker. Women still get support from their safe spaces and are referred accordingly to other services depending on their needs."* – Woman living in Uganda as a refugee

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*"I feel very comfortable and safe reporting a case to the Women and Girls Centers of IRC and I feel free reporting to the staff and volunteers because they give us psychosocial support. Women also go to the women representative, the chairman, police and health center by walking and also support from IRC."* – Woman living in Uganda as a refugee

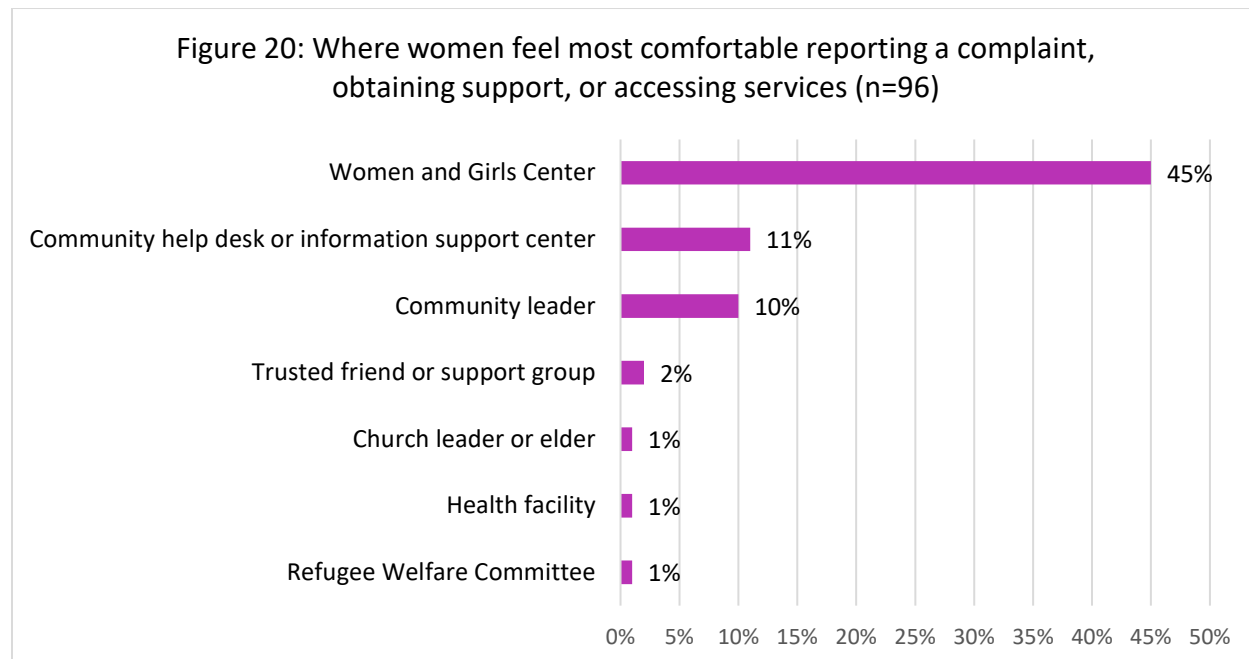
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Other places where women said they would feel most comfortable or safe include help or protection desk/information support center and community leaders. Of the 10% who said they felt most comfortable approaching a community leader, 19% said they preferred to talk to a female community leader.

Other places where women mentioned feeling most comfortable reporting included trusted friends or support groups, the Refugee Welfare Committees, health facilities and church leaders or elders. None said



they felt comfortable going to the police or the food distribution point to report a complaint or access support and services.



## Recommendations

1. **Ensure that IRC Women and Girls Centers are well staffed with social workers and volunteers,** as these workers play a critical role critical in women and girls' ability to access services and report complaints. Not only were they most frequently mentioned as a place woman could go to obtain support, respondents overwhelmingly pointed to IRC Women and Girls Centers as where they feel most comfortable reporting complaints and accessing services. Women and Girls Centers should also have lockable doors and sex segregated to improve safety because the Centers are not fenced, and any community member can access the latrines. For more specific information on latrine issues, see the *Pilot 2 Dignity Kits Safety Audit Report*.
2. **Hire more female security personnel at food distribution points and provide PSEA trainings for security personnel,** or include them in staff and volunteer trainings prior to starting their role. Women and girls reported fear of violence used by security personnel who attempt to stop crowding and ensure social distancing at food distribution points. While these measures are important, it is also critical to reduce violence at distribution points so that women can receive their food free of fear and will be less likely to seek other ways to access food that could put them at risk of SEA.

- 3. Implement door-to-door mobilization that targets women and girls for future distributions in addition to megaphone/microphone and mobile van announcements to ensure information is delivered more equally amongst women, girls, men, and boys.** According to the PODQ findings, women and girls were more likely to hear about distributions through door-to-door mobilization since they are at home more often. By increasing door-to-door mobilization by NGO volunteers or community mobilizers before distributions, women and girls may have better access to information, reducing their risk of SEA by those who may seek to exploit their lack of knowledge.
- 4. Continue PSEA awareness raising activities with community members, particularly as respondents identified COVID-19 restrictions as increasing SEA risk.** IRC's WPE and protection activities provide a critical platform through which PSEA messages can be shared with community members, such as through the *Listen Up!* program. Key messages can be delivered at Women and Girls Centers, protection desks, and in collaboration with World Vision at distribution points (such as through pre-addresses or community help desks). Zones 3 and 5 should be targeted with increased outreach as respondents from these zones reported the highest SEA risk.
- 5. Implement recommendations women, girls, and other aid recipients shared to make distribution points safer.** Distribution points were most frequently reported as the place where women experienced the most fear during the distribution process. Based on Empowered Aid's findings from Phase I and other pilots, World Vision, IRC, and other NGOs should implement recommendations women and girls have made to increase their feelings of safety at distributions, including sex-segregated lines, increased female staff and volunteers working at the distribution, and transport support.
- 6. Expand ways of working with communities to prevent early marriage and teenage pregnancy, taking special care to prevent SEA by COVID-19 related drivers.** Distributions represent one way that aid actors interact with large swaths of the refugee community at a time when many other centers and activities have been shut down or minimized, including the IRC Women and Girls Centers. IRC can collaborate with World Vision to deliver key messages on SEA, early marriage, and teen pregnancy prevention as part of mobilization and pre-address announcements, as well as through visual and low-literacy signage at distribution points. IRC Women and Girls Centers and protection desks represent important information and referral points and should also help to deliver SEA prevention messaging. These entities should collaborate with other NGOs such as World Vision. Additionally, usage of IRC's existing early marriage programming is encouraged.
- 7. Display more visual aids on COVID-19 prevention and restriction measures at all IRC Women and Girls Centers.** Fear of exposure to COVID-19 or enforcement of COVID-19 restrictions were mentioned more than any other fear (74%). Awareness materials for those with low literacy level should also be displayed at the Centers.

### Section 3:

## Empowered Aid Uganda Second Food Distribution Pilot Reports



**World Vision, IRC & GWI Food Distribution, Empowered Aid**

**Pilot 3 Summary Report**

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**Introduction**

*Empowered Aid: Transforming Gender & Power Dynamics in Aid Distribution* is a three-year project that aims to reduce the risks that may lead to sexual exploitation and abuse (SEA) in aid distributions. The project utilizes participatory action research methods to engage women and girls throughout and apply their knowledge on how to better understand and prevent SEA. In the first year of Empowered Aid, the Global Women's Institute (GWI) and the International Rescue Committee (IRC) worked with South Sudanese refugee women and girls to document SEA risks when accessing food, WASH, shelter, and fuel and firewood and share recommendations on how to improve their safety and reduce feelings of fear in aid distribution processes.<sup>1</sup>

In the second phase of Empowered Aid, GWI is working with the non-governmental organizations (NGOs) International Rescue Committee (IRC) and

**Individual monitoring reports are also available for each of the tools used in the food pilot:**

- Observational distribution monitoring (i.e., "safety audits");
- Household survey including a module on COVID-19-related safety and risk;

These reports include detailed methodology on how each tool and the research team was prepared for data collection. Contact [.Hope.Harriet \(at\) rescue.org](mailto:Hope.Harriet@rescue.org) or apotts (at) gwu.edu for more information. <https://globalwomensinstitute.gwu.edu/empowered-aid>

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

World Vision in Uganda, to adapt distribution-monitoring tools that more proactively identify and address risks for SEA. These tools build on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.

## Overview of the Distribution and Methodology

In September 2020, World Vision conducted a blanket distribution of food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid’s first phase: increasing the number of female aid workers (staff and community volunteers). This was done at Food Distribution Point 2 (FDP) in Zone 2 of Bidi Bidi, while the non-adapted FDP site (Food Distribution Point 1 in Zone 2) maintained the standard mix of female and male staff. The staff at the adapted site was increased to 100% female, and for every five female volunteers there were two male volunteers compared to the non-adapted site, whereas the non-adapted site had 43% female staff and 57% male staff, and five male volunteers for every three female volunteers. Table 1 breaks down these numbers in further detail per each day of the distribution:

TABLE 1: AMOUNT OF STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

Distribution	Location	Day	# Female staff	# Male staff	Avg. ratio female to male staff	# Female volunteers	# Male volunteers	Avg. ratio female to male volunteers	Totals	Overall ratio Female & male staff	Overall ratio female to male volunteers
Zone 2	FDP 1 (non-adapted site)	Day 1	9	21	3:1	16	23	3:5	69	8:7	25:24
		Day 2	9	21		35	53		118		
	FDP 2 (adapted site)	Day 1	7	0	14:0	25	10	5:2	42		
		Day 2	7	0		25	10		42		

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation, and analysis of distribution monitoring data. An observational distribution monitoring (ODM) tool, also known as a “safety audit,” was administered at each distribution site by the World Vision M&E Assistant assigned to each zone throughout Bidi Bidi refugee settlement. In addition, a household survey (HHS) tool was administered by World Vision enumerators and translators (15 females, 8 males) assigned to Zone 2 of Bidi Bidi refugee settlement (n=444), with the findings summarized in this report. The monitoring tools included:

- An observational distribution monitoring (ODM) tool administered at each distribution site by the World Vision M&E Assistant assigned to each zone throughout Bidi Bidi refugee settlement; we refer to these below as “safety audits.”
- A post-distribution monitoring (PDM) household survey. The survey was administered by gender-matched enumerators and translators recruited and trained by the research team.

**LEARNING SPOTLIGHT: COVID-19 Adaptations to Monitoring SEA in humanitarian aid distributions**

With the onset of COVID-19, Empowered Aid’s Phase 2 was adapted to not only test out the recommendations arising from refugee women and girls in Phase 1, but also to understand the pandemic’s effects on SEA risks and access to services—at a time when refugee communities had little other avenues for communicating this information with aid actors. It is important to note that, given the context of COVID-19, some of the challenges reported in distribution monitoring may reflect the strict conditions of Uganda’s public health response, put in place to limit the spread of COVID-19, rather than being specific to the distribution being monitored. Additionally, the distribution site structure may have impacted the results. The adapted distribution – where more female aid workers were present – occurred at a larger, mobile distribution site that served seven villages, which typically does not have latrines or permanent structures, while the non-adapted distribution occurred at a permanent distribution site that only served two villages.

FIGURE 2. DISTRIBUTION SUMMARY		
TYPE OF DISTRIBUTION BEING PILOTED	INCREASED NUMBER OF FEMALE STAFF AND COMMUNITY VOLUNTEERS WORKING AT FOOD DISTRIBUTION POINT 2 IN ZONE 2	
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONE 2	
DATE OF DISTRIBUTION	SEPTEMBER 24 <sup>TH</sup> - 28 <sup>TH</sup>	
# OF PEOPLE REACHED	49,513 INDIVIDUALS	
DISTRIBUTION MONITORING CONDUCTED	4 SAFETY AUDITS AT 4 DISTRIBUTION SITES (2 SAFETY AUDITS AT THE ADAPTED SITE AND 2 AT THE NON-ADAPTED SITE)	
	8062 HOUSEHOLD SURVEY PARTICIPANTS, RANDOMLY SAMPLED <ul style="list-style-type: none"> <li>INCLUDING A SHORT, NEWLY DEVELOPED PODQ ON SEA, GBV AND COVID-19, ADMINISTERED WITH FEMALE RESPONDENTS (N=444)</li> </ul>	SEPTEMBER 24 <sup>TH</sup> -28 <sup>TH</sup> 2020
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED DURING AND AFTER LOCKDOWN LIFTED IN UGANDA. THE RESTRICTIONS THAT WERE STILL IN PLACE INCLUDED 2 METER DISTANCING BETWEEN PEOPLE, WEARING OF MASKS, GATHERINGS OF NOT MORE THAN 20 PEOPLE, AND OPERATION OF PUBLIC TRANSPORT LIMITED TO HALF CAPACITY FOR PASSENGERS.	

## Reducing SEA Risk at Distributions: Analysis of Feasibility, Acceptability and Effectiveness

To better understand the feasibility, acceptability, and effectiveness of the adapted distribution model, we analyzed data from across the two data sets collected using the ODM and household survey tools. Results are summarized here, as well as how well the adapted monitoring tools developed by Empowered

Aid were able to capture women and girls' perceptions of safety and risk in relation to SEA, GBV, and accessing food aid.

### Feasibility of the adapted distribution model

GWl, World Vision, and IRC applied one of the key recommendations made by women and girls in Empowered Aid's first phase: more female aid workers at distribution sites. The adaptation was agreed by food distribution focal points within World Vision and carried out at one of the FDP sites in Zone 2 of Bidi Bidi refugee settlement where World Vision manages the general food assistance program. Given the size of FDP operations, the World Vision team, GWl and IRC worked in close coordination to increase the proportion of female staff to 100% and increase volunteers to be majority female. In the non-adapted distribution sites, staff were mostly gender-balanced (meaning most sites had equal numbers of female and male staff) and volunteers were majority male.

Prior to the distribution, the research team held trainings on protection from sexual exploitation and abuse (SEA) and gender-based violence (GBV) core concepts with all World Vision staff and volunteers involved in the adapted distribution. World Vision staff at the other FDPs were also trained. World Vision identified female staff to fill all positions at the adapted site and asked World Food Programme (WFP) and NGO partner staff to send female representatives. Security guards and police are employed by the WFP and the Office of the Prime Minister (OPM), therefore World Vision requested, but was not able to guarantee, female security guards and police. Recently, however, World Vision was approved to hire more female security guards and added new, only female guards to their FDP sites. These changes were brought about by the project's focus on increasing female aid staff at distribution sites in order to increase safety amongst women and girls.

Female staff volunteers and community structures fully participated in distribution at the adapted site but were involved to a lesser extent at the non-adapted site. The distribution was organized to occur for multiple days at both sites and therefore neither was completed in one day. On three of the distribution days, the distribution closed at 3:20pm, 3:30pm and 3:40pm respectively while it ended at 2:00pm on one day of the adapted distribution.

The safety audit data collected at each of the distribution sites reported that all FDPs had female staff present all though the ratio of females to male staff was more at the adapted site (7:0). Both the adapted and non-adapted sites had female police present. Additionally, two of the audits reported female staff and volunteers involved to a greater extent with the distribution process this was at the adapted site, and the other 2 sites reported female staff and volunteers were involved to a lesser extent (non-adapted). Both of the distribution sites had gender balanced members working at the Community Help Desks (CHD) More women also observed an increase in female distribution workers and female distribution volunteers than men (31% vs 14% for female workers and 26% vs 10% for female volunteers), which was statistically significant. These findings showcase World Visions' efforts to increase female staff and volunteers at their distributions in different capacities and their success in doing so.

Challenges that other organizations could face in implementing the recommendation to deploy more female staff include buy-in from senior leadership and community structures, however the ability of World Vision to easily secure such buy-in indicates this may be more of a theoretical hurdle than an actual one. The exception to that may be employing women in roles that challenge traditional gender roles, such as in security and policing roles. However, working with the community to share the ways in which this can

reduce SEA risk may open up space for more women in such jobs. With increased female staffing comes additional accountability to NGOs managing distributions to ensure adequate and safe facilities (for example, sex-segregated, lockable latrines available for staff use).

### Acceptability of the adapted distribution model

The research team measured the acceptability of the adapted distribution model through questions on expressed satisfaction of the distributions, and comparing experiences from the non-adapted versus adapted distributions. Satisfaction with treatment by staff or volunteers, and by security (police) at both FDPs was generally high. However, women were more satisfied with treatment by staff and volunteers and security guards than men (85% vs. 77% for staff and volunteers—this was statically significant, 81% vs 78% for security guards—not statistically significant). Aid recipients overall were more satisfied with the treatment by security at the non-adapted site (81%) than the adapted site (78%) however, this was not statistically significant. This may be due to the higher number of people that travel through the adapted site, as it serves seven villages, whereas the non-adapted site serves two. The larger size of the adapted site can also impact waiting times.

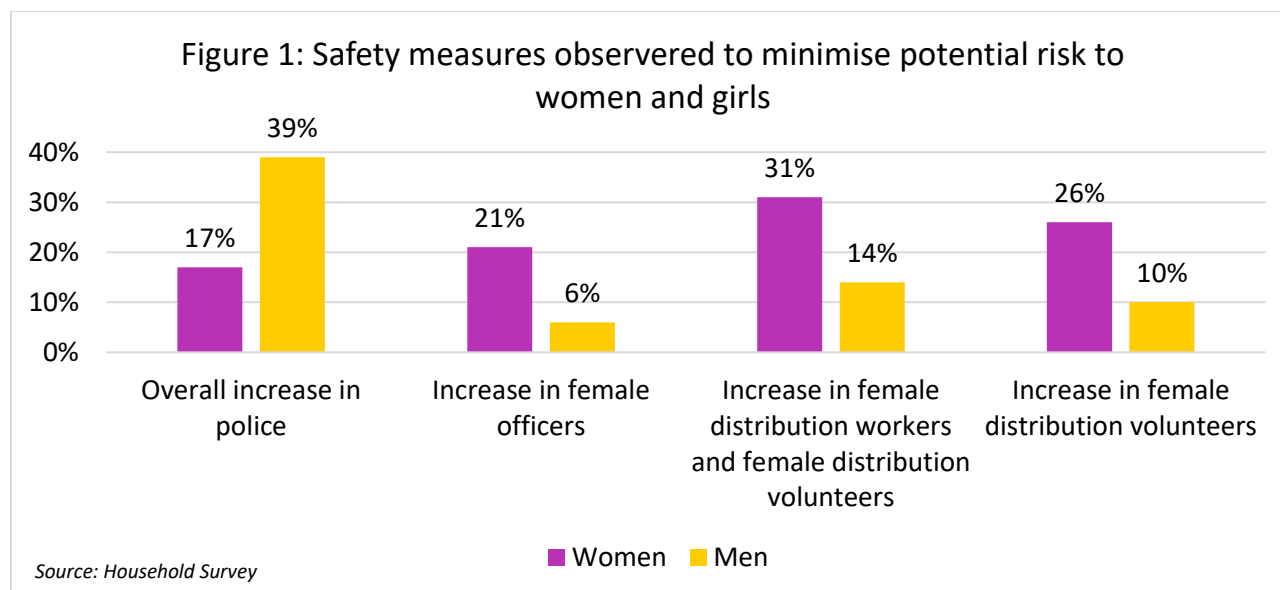
Compared to men, women were significantly more satisfied with waiting times than men (72% vs 63%), but waiting conditions (i.e. sex-segregated line, shade, etc.) were less satisfactory at the adapted distribution (50%) than the non-adapted distribution (58%), though this difference was not statistically significant. As for childcare facilities, woman were significantly more satisfied (76%) than men (55%).

As for complaint mechanisms, women were significantly more satisfied with the services and complaint mechanisms than men (87% vs. 83%), this was statistically significant. However, the satisfaction was lower at the adapted site (84%) than non-adapted site (87%), this was however not statistically significant. In total, 77 people said they were dissatisfied with complaint mechanisms and services provided; however, no one reported a complaint.

### Effectiveness of adapted distribution model at increasing women and girls' safety

Within Empowered Aid's objectives, effectiveness refers to whether the adapted distribution modality results in the target group (women and girls) reporting greater perceived safety, and/or lower perceived risk, when accessing aid. Within this food pilot, the post-distribution monitoring tools were adapted to measure women and girls' perceptions of SEA risk at the distribution sites, and whether the adapted model – increasing the number of female staff and volunteers – would impact feelings of safety. Seventeen percent of women and 39% of men reported seeing an increase in police overall, but more women observed an increase in female officers than men (21% vs. 6%). These differences were both statistically significant. More women also observed an increase in female distribution workers and female distribution volunteers than men (31% vs. 14% for female workers and 26% vs 10% for female volunteers). These findings were statistically significant. Additionally, slightly more women than men observed community safety groups (20% vs. 19%) and observations of safety groups were slightly higher at the adapted distribution (23% at the adapted site vs 18% at the non-adapted site), but these findings were not statistically significant.





Virtually all aid recipients at both distribution sites reported feeling fear at any point in the distribution process (100% of men and 99% of women). Information was not a significant source of fear for women or men, as only 5% of men and 3% of women reported experiencing this type of fear. However, other types of fear were more common among women than men. For example, 15% of the women who reported fear experienced fear during registration/verification exercises compared to just 6% of men who reported fear (this was statistically significant). Additionally, female headed households reported higher levels of fear (14%) than male headed households (7%). This finding was statistically significant. Women also reported more fear traveling to the distribution point than men (8% vs. 4%) and more fear traveling from the distribution point (22% vs 16%), these were both not statistically significant. Girls and boys under 18 felt the most fear traveling home from the distribution (45%), which was statistically significant. This increased fear traveling from distribution may be due to increased concerns that aid will be stolen or damaged in transit.

Lastly, women reported more fear at the distribution point (31% vs 30%), but this finding was not significant. More fear was also reported at the adapted distribution site compared to the non-adapted site (36% vs 29%) but this finding was also not significant. This may be due to reasons previously stated, as the adapted site is a mobile distribution site that serves seven villages and can be more congested. COVID-19 has contributed to fear at given points of the distribution but also the double cycle food rations implemented during the pandemic may have increased feelings of fear. Anecdotally, the World Vision team has received reports from aid recipients of fear of losing their rations since they are bulk amounts of food when traveling through a congested exit ground.

### SEA mitigation measures observed at distribution sites included:

Staff/volunteers completed PSEA training at both distribution sites.

Both distribution sites had female police present on each day of the distribution.

Both of the distribution sites had female staff present on each day of the distribution.

One day of the adapted distribution had transport support available for PSNs, but not the other day and no transport support was available at the non-adapted site.

Active follow up by management staff at occurred on one day of the non-adapted distribution but not at the adapted distribution site.

Complaints desks at distribution sites trained to handle SEA complaints at the adapted site but not at the non-adapted site.

Sex-segregated lines were present at the adapted site, but not the non-adapted site.

Neither of the distribution sites had awareness materials on PSEA available.

No messages on PSEA were included in the pre-address at both distribution sites.

*Source: Safety Audit*

### Post-distribution monitoring tools and their ability to better capture women and girls' perceptions of risk and safety in relation to SEA and other forms of GBV

The next section reviews the ability of the adapted post-distribution monitoring tools to capture perceptions of SEA and other forms of GBV risks amongst women and girls. Three main findings emerged from the analysis: (1) that the tools capture SEA risk in the aid distribution process; (2) where women and girls go to access reporting mechanisms and services; and (3) what other types of gender-based violence or abuse women may experience due to distributions that may be linked to the COVID-19 pandemic.

In all the post-distribution monitoring exercises conducted, women, men, boys and girls expressed that they had seen or heard of SEA in their communities. Additionally, in the household survey, participants stated that SEA risk had increased since the COVID-19 pandemic, subsequent lockdown, and restrictions because families, women, and adolescent girls are at home without access to jobs or school and need money. Women, men, adolescent boys and adolescent girls all said that, because of lack of basic necessities and money, women and adolescent girls may be taken advantage of by aid workers, security guards, or drivers who offer money or aid in exchange for sexually exploitative relationships.

Tools that best captured SEA-related risks as well as feelings of fear in aid distributions were the survey module. SEA mitigation measures were well captured in the safety audit tool, and this complemented community feedback on mitigation measures captured through the survey tools. As an example of how the monitoring data generated by this suite of tools complements each other and informs action: information from the survey and safety audit about where women and girls felt unsafe in the distribution process can be used to better target where in the process SEA mitigation measures should be

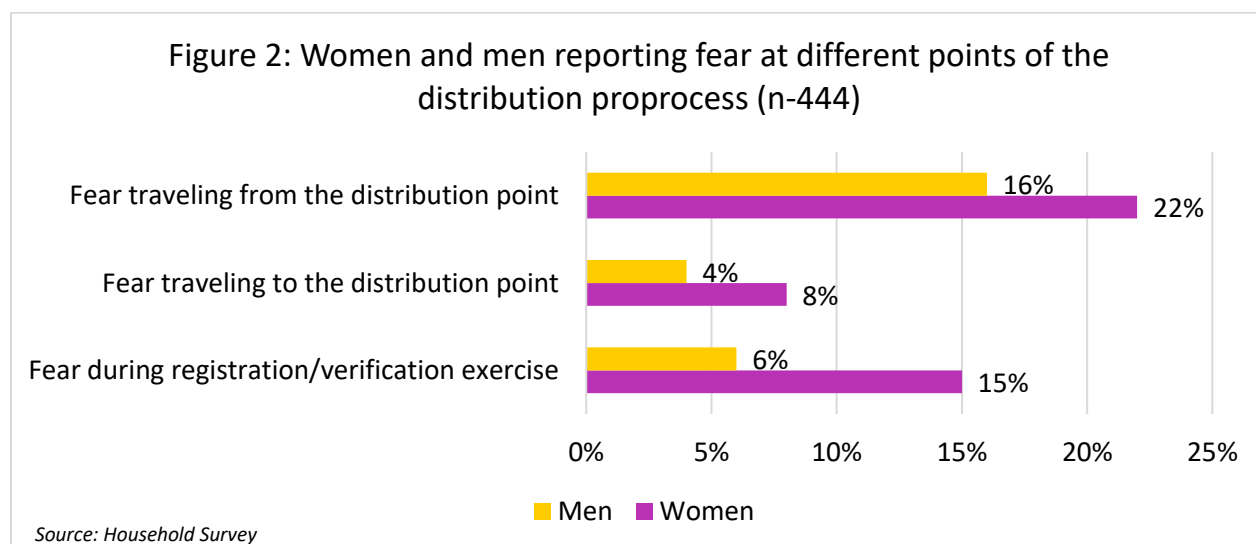
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*Seven women and six men reported that they had been asked for favors to be registered for food aid. Of these, three women and five men were asked money, two women and one man were asked for sex, and two women and two men were asked for casual labor.*

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implemented. The household survey was not designed to capture rates of SEA as specialized surveys are required to measure the prevalence of violence. However, it did capture a variety of SEA-related risks and some reports of abuse, which were safely referred to a social worker for follow-up.

One man and two women reported being harassed or abused by staff and/or volunteers and one man and three women reported being harassed or abused by another aid recipient. Seven women and six men reported that they had been asked for favors to be registered for food aid. Of these, three women and five men were asked money, two women and one man were asked for sex, and two women and two men were asked for casual labor. Though these aid recipients reported experiencing some form of sexual harassment or abuse in the survey, none formally reported their experiences of sexual exploitation and abuse during the distribution or when traveling to and from the distribution.



## Understanding where, how, and if women and girls access reporting mechanisms and services

The household survey and observational monitoring tool in combination captured services available as well as perceived satisfaction with the services or ability to access them. Both distribution sites had help desks with an equal number of women and men. Community Help Desks (CHD) desks were fairly busy and visited most by women whose ages ranged from 20 - 60 years. All CHD members collected feedback and complaints and a total of 17 feedback/complaints were collected during the point of data collection, and 11 of these were from the adapted site. The presence of CHD members at all sites enabled the collection of feedback/complaints. Overall, men were more satisfied than women about the information they received on the distribution. In particular, male headed households were more satisfied with the distribution hours and scheduling (81%) than female headed households (77%) although this finding was not statistically significant. There was no significant difference in satisfaction between adapted and non-adapted sites.

As for complaint mechanisms, women were significantly more satisfied with the services and complaint mechanisms than men (87% vs. 83%). However, the satisfaction was lower at the adapted site (84%) than non-adapted site (87%). **In total, 77 people said they were dissatisfied with complaint mechanisms and services provided; however, no one reported a complaint.**

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*In total, 77 people said they were dissatisfied with complaint mechanisms and services provided; however, no one reported a complaint.*

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## Other types of gender-based violence or abuse related to COVID-19 or reported as increasing due to the pandemic

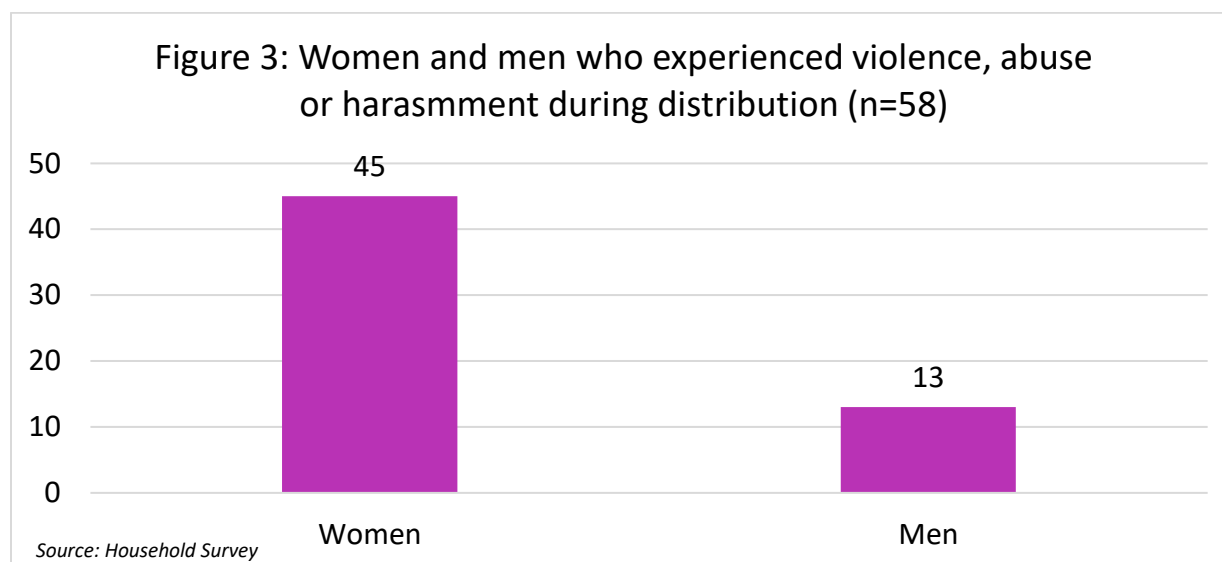
Participants of the household survey respondents identified other types of violence or abuse associated with aid distributions or accessing aid. Overall, 13% (45) of women and 8% (13) of men reported other types of violence, abuse, or harassment during the last distribution (not statistically significant). Physical harassment by staff and volunteers was among the most common forms of harassment, with 38% of men and 29% of women who reported harassment (n=58) experiencing this form of harassment these findings were not statistically significant. In addition, 8% of male and 33% of female respondents who reported harassment reported physical harassment by other aid recipients. This was not statistically significant. Aid recipients also reported verbal harassment; 23% of men and 20% of women who reported harassment experienced verbal harassment or abuse (including threats of abuse) by staff and/or volunteers at the

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*33% of female and 8% of male respondents who reported harassment reported physical harassment by other aid recipients.*

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distribution site. 27% of these incidences were reported at the non-adapted site, while 10% were reported at the adapted site (not statistically significant).



## Recommendations

Based on the findings from the post-distribution monitoring data collected, below are recommendations for World Vision and IRC Uganda to improve the safety of women and adolescent girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

- 1. Increase the number of female staff, volunteers, and security personnel working at distributions.** The satisfaction levels at the adapted distribution site, decreased feelings of fear, and other SEA mitigation measures applied point to the possibility of increasing feelings of safety and satisfaction at the distribution, as it continues to be the point in the distribution process where women and girls report the highest feelings of fear and lack safety (31% of female respondents from the household survey module said they felt fear at the distribution point).
- 2. Utilize the Empowered Aid toolkit to better capture women and girls' safety and risks in food aid distribution through use of the adapted post-distribution monitoring tools.** These tools improved data collection on women and girls' safety and risk in the distribution process, as well as men and boys' concerns and recommendations. By using the adapted tools, food and other aid actors can better identify these risks and mitigate them in future distributions and programming. By understanding the ways women and girls are exposed to SEA throughout the distribution process, and collecting routine monitoring data on this, aid actors can track how risks evolve as well as how effective their risk mitigation measures are, and where improvements or adjustments are needed. This will help all distribution actors take a more proactive role in better preventing known risks from happening in the first place.
- 3. Implement and test other recommendations that women, girls, and other aid recipients identified to make distribution points safer.** These include sex-segregated lines, sex-segregated latrines, and transport support or accompaniment systems for women transporting aid. More detail on these recommendations is included in the individual monitoring reports.

- 4. Continue PSEA training and awareness raising activities with staff and volunteers involved in food and non-food item (NFI) distributions, including frequent refresher trainings.** While staff may receive trainings, community volunteers – particularly those who serve as drivers – security guards, and police may be less involved, however they are often the groups in most frequent contact with other aid recipients during distributions and were identified most frequently as being associated with SEA risk; therefore, their training and awareness on PSEA is critical. These trainings can include safe and appropriate ways to enforce COVID-19 restrictions at aid distributions. *Empowered Aid's facilitation guides and training manuals can be freely used and adapted, online at: [globalwomensinstitute.qwu.edu/empowered-aid-resources](http://globalwomensinstitute.qwu.edu/empowered-aid-resources).*
- 5. Increase awareness of PSEA reporting mechanisms, including and beyond toll free lines.** Only one respondent displayed knowledge of using the PSEA toll free line from the survey module findings. World Vision, IRC, and other NGOs should increase awareness raising activities on what the toll free line is for and how to use it, as well as other ways to access support, give feedback, or report a complaint, for those who do not have phones. Awareness raising activities can include audio messages broadcast during mobilization for distributions; delivering information verbally (via megaphone or loudspeaker) during the pre-address at distributions and at other community activities; and visual / low-literacy appropriate signage that includes the toll free line as well as other ways to access support.
- 6. Ensure that information on distributions is delivered in ways that reach women, men, girls and boys more equally.** Ways to do this include having groups of female and male community mobilizers moving further into communities to share information closer to households (where women and girls tend to be) in addition to community gathering points (where men and boys tend to be), and communicating in as many languages as are spoken in a zone/area, including minority languages.
- 7. Provide adequate childcare support during distributions.** This may take the form of child/mother care corners at FDP sites. In our observational audit findings (reported separately) it was noted that these are currently not available in any sites, yet during the observational monitoring young children accompanied their parents to the distribution on every day at both FDPs (*see the observational monitoring report for full details*).
- 8. Accessible awareness materials** including for low literacy and illiterate population (and in different languages) on PSEA should be displayed at distributions and given through different mediums. None of the distribution sites had such materials. PSEA messages should also be present in the pre-address so that aid recipients are continuously reminded of risks and how to report.
- 9. Increase the number of functioning sanitary facilities that are lockable.** Only the non-adapted distribution site had sanitary facilities that were fully functional as the adapted site was a mobile distribution site. It is important that distribution sites have functioning facilities that are lockable as this provides for privacy for the women and girls and to increase their feelings of safety.
- 10. Accessibility and provision of transport to all persons with special needs (PSNs).** Accessibility to some of the places at the distribution was noted as a challenge for some of the PSNs, especially the elderly and persons with disabilities. All places within the distribution sites should be accessible for all aid recipients and transport readily available to support all PSNs to minimize the risk of SEA.

- 11. Functioning lighting at all sites that work throughout the night.** In order to minimize feelings of fear amongst women and girls, all distribution sites should have functioning lights that are powered every night. Only the non-adapted distribution site had functioning lights during this distribution cycle.
  
- 12. Health isolation corners for those who have high temperature readings.** Isolation corners should be available at all distribution sites as they were only available at the non-adapted distribution site. If cases of COVID-19 were to appear at the distribution, isolation corners are needed to keep all aid recipients, staff, and volunteers safe.

**World Vision, IRC & GWI Food Distribution, Empowered Aid Pilot 3**

**Observational Distribution Monitoring Tool  
Summary of Findings**

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Overview and Methods

As part of Empowered Aid, the Global Women’s Institute (GWI) is working with the non-governmental organizations (NGOs) International Rescue Committee (IRC) and World Vision in Uganda, to adapt distribution-monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

In September 2020, World Vision conducted a blanket distribution of food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid’s first phase: increasing the number of female aid workers (staff and community volunteers). This was done at Food Distribution Point 2 (FDP) in Zone 2 of Bidi Bidi, while the non-adapted FDP site (Food Distribution Point 1 in Zone 2) maintained the standard mix of male and female staff (See Table 1 for breakdown of female to male staff at each distribution). The staff at the adapted site was increased to 100% female, and for every five female volunteers there were two male volunteers compared to the non-adapted site, whereas the non-adapted site had 43% female staff and 57% male staff, and five male volunteers for every three female volunteers. Table 1 breaks down these numbers in further detail per each day of the distribution:

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<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.



TABLE 1: AMOUNT OF STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

Distribution	Location	Day	# Female staff	# Male staff	Avg. ratio female to male staff	# Female volunteers	# Male volunteers	Avg. ratio female to male volunteers	Totals	Overall ratio Female & male staff	Overall ratio female to male volunteers
Zone 2	FDP 1 (non-adapted site)	Day 1	9	21	3:1	16	23	3:5	69	8:7	25:24
		Day 2	9	21		35	53		118		
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Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. An observational distribution monitoring (ODM) tool, also known as a “safety audit,” was administered at each distribution site by the World Vision M&E Assistant assigned to each zone throughout Bidi Bidi refugee settlement. In addition, a household survey (HHS) tool was administered, with the findings summarized in a separate report.

TYPE OF DISTRIBUTION BEING PILOTED	INCREASED NUMBER OF FEMALE STAFF AND COMMUNITY VOLUNTEERS WORKING AT FOOD DISTRIBUTION POINT 2 IN ZONE 2
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONE 2
DATE OF DISTRIBUTION	SEPTEMBER 24-28
# OF PEOPLE REACHED	49,513 INDIVIDUALS
DISTRIBUTION MONITORING CONDUCTED	4 SAFETY AUDITS AT 4 DISTRIBUTION SITES (2 SAFETY AUDITS AT THE ADAPTED SITE AND 2 AT THE NON-ADAPTED SITE)
	444 HOUSEHOLD SURVEY PARTICIPANTS, RANDOMLY SAMPLED
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED AFTER LOCKDOWN LIFTED IN UGANDA . THE RESTRICTIONS THAT WERE STILL IN PLACE INCLUDED 2 METER DISTANCING BETWEEN PEOPLE, WEARING OF MASKS, GATHERINGS OF NOT MORE THAN 20 PEOPLE, AND OPERATION OF PUBLIC TRANSPORT LIMITED TO HALF CAPACITY FOR PASSENGERS.

### Recommendations

Based on the findings from the safety audit analysis, below are recommendations for World Vision and IRC Uganda to improve the safety of women and girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other

refugee settlement locations in Uganda. These recommendations echo those that can be found in the first food pilot ODM and summary reports.

- 1. Continue to staff Food Distribution Points (FDPs) with women in higher numbers and a broader range of positions**, including security and policing roles, FDP staff, community volunteers, help desk staff, logging in and out of beneficiaries, and directing people at the verification points. Women and girls and other community members, involved in Empowered Aid's research shared that this increases their safety and is an important SEA risk mitigation measure.
- 2. Accessible awareness materials** including for low literacy and illiterate population (and in different languages) on protection from sexual exploitation and abuse (PSEA) should be displayed at distributions and given through different mediums. None of the distribution sites had such materials. PSEA messages should also be present in the pre-address so that aid recipients are continuously reminded of risks and how to report.
- 3. Provide child/mother care corners at FDP sites.** Neither of the FDP sites had safe child-mother corners, however it was observed children accompanied their parents. Childcare corners should be present in all the sites to help women and girls support their families if needed.
- 4. Increase the number of functioning sanitary facilities that are lockable.** Only the non-adapted distribution site had sanitary facilities that were fully functional as the adapted site was a mobile site. It is important that distribution sites have functioning facilities that are lockable as this provides for privacy for the women and girls and to increase their feelings of safety.
- 5. Accessibility and provision of transport to all, particularly for persons with special needs (PSNs).** Accessibility to some of the places at the distribution was noted as a challenge for some of the PSNs, especially the elderly and persons with disabilities. All places within the distribution sites should be accessible for all aid recipients and transport readily available to support all PSNs to minimize the risk of SEA.
- 6. Functioning lighting at all sites that work throughout the night.** In order to minimize feelings of fear amongst women and girls, all distribution sites should have functioning lights that are powered every night. Only the non-adapted distribution site had functioning lights during this distribution cycle.
- 7. Health isolation corners for those who have high temperature readings.** Isolation corners should be available at all distribution sites as they were only available at the non-adapted distribution site. If cases of COVID-19 were to appear at the distribution, isolation corners are needed to keep all aid recipients, staff, and volunteers safe.

## Observational Distribution Monitoring Tool Checklist

OBSERVATIONAL DISTRIBUTION MONITORING TOOL CHECKLIST					
Zones	ZONE 2				Summary of Findings
Distribution Site	FDP 1		FDP 2		
	Day 1	Day 2	Day 1	Day 2	
<b>DISTRIBUTION POINT</b>					
<i>Distribution point accessible to deliveries and beneficiaries</i>	√	√	√	√	Both distribution sites were easily accessible to deliveries and to all beneficiaries.
<i>Adequate space for commodities and people</i>	√	√	√	√	Both distribution sites had adequate space for commodities and people.
<i>Sex-segregated lines at distribution</i>			√	√	The adapted site had sex-segregated lines at the distribution, the non-adapted site did not. <sup>2</sup>
<i>Infrastructure to prevent rain damage</i>	√	√	√	√	There was infrastructure to prevent rain drainage on all days at both distribution sites.
<i>Functioning lights powered every night including in latrines</i>	√	√			Only the non-adapted sites had functioning lights that were powered every night including in the latrines.
<i>Drinking water point available</i>	√	√	√	√	Both distribution sites had drinking water points available.

<sup>2</sup> Summaries marked as red are areas of improvement for future distributions.

<i>Handwashing facilities with soap available</i>	√	√	√	√	Both distribution sites had handwashing facilities.
<i>Sex-segregated handwashing facilities</i>		√		√	Both of the distribution sites had sex-segregated handwashing facilities, but only on one day of the distribution.
<i>Functioning sex-segregated latrines with locks and signage</i>	√	√			The non-adapted site had functioning sex-segregated latrines with locks and signage, but the adapted distribution did not as it was a mobile distributions site.
<i>Help desk present with feedback/complaints collected by CHD members</i>	√	√	√	√	Both distribution sites had help desks with feedback/complaints collected by CHD members.
<i>Gender-balanced CHD desk</i>	√	√	√	√	Male and female representatives were at all the desks at both distribution sites.
<i>Reports of diarrhea, cholera, or COVID-19</i>					There were no reported cases of diarrhea, cholera, or COVID-19 during the distribution days.
<b>BENEFICIARY DATA</b>					
<i>Beneficiaries verified and entitlements properly checked</i>	√	√	√	√	Beneficiaries were verified and entitlements properly checked at both distribution sites.
<i>Unverified persons received food aid</i>					No unverified persons received food aid at either distribution site.
<i>Beneficiaries record disaggregated by sex and age</i>					Neither of the distribution sites had beneficiary records disaggregated by sex and age.

<i>LMMS ID cards / Ration ID scanned before receiving their food ration</i>	√	√	√	√	LMMS ID cards / Ration ID were scanned before beneficiaries received food rations at both distribution sites.
<i>Distribution report signed by FMCs acknowledgment of food distribution completed for the day</i>	√	√	√	√	At both distribution sites, a distribution report was signed by FMCs as acknowledgement of food distribution completion for the day.
<i>Relevant Commodity documents left with FMCs</i>	√	√	√	√	Relevant Commodity documents were left with the FMCs at both distribution sites.
<b>DISTRIBUTION PROCESS</b>					
<i>Adequate scooping equipment available</i>	√	√	√	√	Both distribution sites had adequate scooping equipment.
<i>Number of female : male scoopers</i>	7 : 5	22 : 14	11 : 0	11 : 0	The number of female scoopers outnumbered the number of male scoopers at both distribution sites.
<i>Weighing scales available in good working condition</i>	√	√	√	√	Both distribution sites had weighing scales available in good condition.
<i>Number of female : male weighers</i>	0 : 0	1 : 2	0 : 0	0 : 0	Only one day of the non-adapted site had weighers present.
<i>Adverse security events</i>					No adverse security events occurred at either distribution.
<i>Number of female : male security personnel</i>	4 : 1	4 : 3	11 : 1	11 : 1	Both distribution sites had female security present, with a higher ratio at the non-adapted site and only

					one present on each day at the adapted site.
<b>Community participation in the distribution process</b>	√	√	√	√	Both distributions included community participation on all days of the distribution.
<b>Number of female : male community members participating in distribution process</b>	16 : 23	35 : 53	25 : 10	25 : 10	The adapted distribution site had 5 females for every 2 males on site, while the non-adapted site had approximately 13 females for every 19 males.
<b>More female than male community members involved in the distribution process</b>			√	√	The adapted distribution site had more female than male community members involved in the distribution.
<b>Children involved in offloading and stacking food</b>					Neither of the distribution sites had children involved in offloading and stacking.
<b>Female staff/volunteers involved in distribution to a greater extent</b>			√	√	Female staff/volunteers were reportedly involved in distribution to a greater extent at the adapted site.
<b>Female staff/volunteers involved in distribution to a less extent</b>	√	√			Female staff/volunteers were reportedly involved in distribution to a lesser extent at the non-adapted site.
<b>Random spot weighing carried out</b>	√	√	√	√	Random spot weighing carried out at both distribution sites.
<b>Female : male ratio among staff and volunteers randomly weighing</b>	1 : 2	1 : 2	1 : 3	1 : 3	The number of male volunteers conducting random weighing at the distributions outnumbered the

					number of females on every day of both distributions.
<b>CROWD CONTROL</b>					
<b>Adequate rope for crowd control purposes</b>	√	√	√	√	There was adequate rope tied for the purpose of crowd control at both distribution sites.
<b>Social distancing observed by beneficiaries</b>	√	√		√	Social distancing observed by beneficiaries at the non-adapted site and on one day of the adapted distribution. Crowding occurred at the exit on the first day of the adapted distribution.
<b>Beneficiaries' temperatures taken before accessing the FDP</b>	√	√	√	√	Beneficiaries' temperatures were taken before accessing the FDP at both distribution sites.
<b>Beneficiaries isolated due to high temperature reading</b>	√	√			No beneficiaries were isolated due to high temperature readings.
<b>Isolation corners for high temperature readings</b>	√	√			The non-adapted distribution site had isolation corners for high temperature readings but not the adapted site.
<b>Health partner present to address health related concerns</b>	√	√			Health partners were present to address health related concerns at the non-adapted site but not the adapted site.
<b>Food Management Committee (FMC) present at FDP.</b>	√	√	√	√	FMCs were present and active at both distribution sites.
<b># females : males in FMCs</b>	5 : 4	5 : 4	5 : 4	5 : 4	FMCs had 5 female and 4 male members at both distribution sites.

<b># female FMCs present at FDP</b>	5 : 4	5 : 4	5 : 1	5 : 1	All FMCs were present during the non-adapted site, while all five females and one male were present at the adapted site.
<b>FMC members active at FDP (engaged with aid recipients and community structures)</b>	9	9	6	6	All FMCs were active during both of the distributions.
<b>Observed difficulties in transporting food home</b>			√		PSNs, specifically elderly and people living with disabilities, had difficulty transporting food home on one day of the adapted site.
<b>FMCs received formal training on their role during distributions</b>	√	√	√	√	All FMCs were given formal training on their roles during the distribution.
<b># Female : Male FMC members receiving formal training</b>	5 : 4	5 : 4	5 : 4	5 : 4	All female and male FMCs received formal training on their roles during the distribution.
<b>FMCs have form of identification</b>				√	FMCs on one day of the adapted site had visibility, but not at the non-adapted site. They had no visibility at the non-adapted site.
<b>Young children accompanying parents to FDP</b>	√			√	Young children accompanied their parents on one day of each distribution.
<b>Child/Mother care corners for community structures at FDP</b>					There were no child/ mother care corners for the community structures at either FDP.
<b>Active measures to prevent or mitigate SEA: Female staff present</b>	√	√	√	√	Female staff were present on each day of both distribution sites.



<b>Active measures to prevent or mitigate SEA: Female police present</b>	√	√	√	√	Female police were present on each day of both distribution sites.
<b>Active measures to prevent or mitigate SEA: Transport support</b>				√	Transport support was available on only one day at the adapted distribution site (tricycles to help carry food), and none at the non-adapted site.
<b>Active measures to prevent or mitigate SEA: Sex-segregated lines</b>			√	√	Sex-segregated lines were implemented at the adapted distribution site but not at the non-adapted site.
<b>Active measures to prevent or mitigate SEA: PSEA training completed by staff/volunteers</b>	√	√	√	√	All staff and volunteers at the distribution had completed PSEA training at both distribution sites.
<b>Active measures to prevent or mitigate SEA: CHD desk trained to handle SEA complaints</b>			√	√	Community help desk staff were trained to handle SEA complaints at the adapted distribution site, but not at the non-adapted site.
<b>Awareness materials including for low literacy/illiterate populations</b>					No awareness materials, including those for low literacy/illiterate populations on PSEA were displayed at either distribution site.
<b>Active follow up by staff in management positions</b>		√			Active follow up by staff in management positions on PSEA mitigation measures occurred on one day of the non-adapted site, but on no others.
<b>PSEA messaging included in pre-address</b>					Neither of the distributions included PSEA messages in the pre-address.

DISTRIBUTION CENTRE MESSAGES					
<b>Pre-address conducted at FDP</b>	√	√	√	√	Pre-address conducted at both distribution sites. The pre-address was given by: WV staff (100%), Community Structures (75%), WFP (25%), and UNHCR (25%).
<b>Approx. # female / male beneficiaries attending pre-distribution address</b>	60 : 20	60 : 60	130: 120	60 : 60	On the first day of each distribution, more females than males attended the pre-address, and on the second day an equal number of males and females attended the pre-address.
<b>Beneficiaries able to give suggestions and ask questions</b>	√	√	√	√	Beneficiaries were able to give suggestions and ask questions, but no questions were asked on both days of both distributions.
<b>Printed materials at distribution site</b>	√	√	√	√	There were printed materials and banners at all the sites. These included donor, partner, CHD, and ration entitlement banners.
<b>Key messages on COVID-19 shared at distribution site</b>	√	√	√	√	Key messages on COVID-19, including proper hygiene, social distancing, and other preventative measures.
<b>Challenges for women and girls in understanding key messages</b>					Women and girls faced no challenges understanding key messages during the pre-address.
<b>Vulnerable groups faced difficulties/barriers with distribution</b>				√	Vulnerable groups faced difficulties/barriers with distribution especially the elderly

					on the second day of the adapted distribution site.
<i>Risky locations at FPD that could cause increased exposure to COVID-19</i>				√	The non-adapted site had no risky locations; however, the exit was crowded on the second day of the adapted site.

## Summary of Findings

### 1. Distribution Point

Both of the distribution sites were easily **accessible** to deliveries and all beneficiaries. There was adequate space for commodities and people for both the adapted and non-adapted sites. The adapted distribution site had sex-segregated lines on both days of the distribution, but none at the non-adapted site. In terms of time spent waiting, both women and men waited for the same amount of time (2 to 5 minutes of waiting) to enter the distribution site.

There was **infrastructure** to prevent rain drainage on all days at both distribution sites. However, only the non-adapted site had infrastructure to prevent rain drainage for all commodities. The distribution started on time on all days of the distribution at the adapted site. The non-adapted site started two hours late on one day of the distribution and started on time on the other day. Beneficiaries were able to reach home early since they all came from one village with an accessible FDP. The non-adapted site had functioning lights that were powered every night. The latrines were well lit as well in these sites. However, the adapted site did not have functioning lights at the distribution site or in the latrines.

Both distribution points had **drinking water as well as handwashing facilities** with either soap or water. 50% of the hand washing facilities were sex segregated (one at the adapted site and another at the non-adapted site). However, the handwashing facilities were not functioning on the first day of the non-adapted distribution. On one day of each distribution at both distribution sites the handwashing facilities were sex-segregated, but not on the other day. The handwashing facilities were located both at the entrance and exit of the gate at the non-adapted site, while the adapted site had the hand washing facilities at only the entrance. Handwashing facilities were located within the FDP on the second day of the non-adapted distribution, but outside on the other day and at the adapted site. There were no handwashing materials at the waiting tent/area as well as the verification area at both distribution sites.

The non-adapted site had functioning **sanitary facilities** for both women and men; they were all lockable and clearly marked as sex segregated; however, there were no functioning facilities at the non-adapted site because it was a mobile distribution site. Privacy was observed at the non-adapted site's facilities as they were locked. Women were mostly affected by the lack of sanitary facilities in the adapted sites.

Both of the distribution sites had **help desks** with an equal number of women and men. Complaints help desk (CHD) were fairly busy and visited most by women whose ages ranged from 20 - 60 years. All CHD members collected feedback and complaints and a total of 17 feedback/complaints were collected during the point of data collection, and 11 of these were from the adapted site. The presence of CHD members at all sites enabled the collection of feedback/complaints. CHD members were present at the distribution sites, however there were no stocked supplies at both distribution sites. It was observed on one day of the adapted distribution that workers/staff at FDP were supportive in directing recipients to CHD but not on the other days of the distribution.

There were no reported cases of **COVID-19**, dysentery or diarrhea. There were risky locations or processes at all FDPs that could cause increased exposure to COVID-19. All of the risky locations or processes that increased the risk of exposure to COVID-19 were at the exit, where crowding could occur. Much as the Refugee welfare committees (RWCs) were supporting recipients, there were other notable challenges like crowd control and misplacement of food at both the distribution sites.

## 2. Beneficiary Data

All the beneficiaries were **verified**, and entitlements properly checked by two staff at the non-adapted sites (one female and one male) and four female staff at the adapted sites (two on each day). No aid was provided to unverified persons. Neither the adapted sites nor the non-adapted ones had beneficiaries' records disaggregated by sex and age.

At both distribution sites, beneficiaries LMMS ID cards/Ration IDs were scanned before they were allowed to receive food ration. Volunteers did the scanning of LMMS ID cards/ration IDs on both days of the non-adapted site and on one day of the adapted site. There was a total of four staff at the non-adapted sites (one female and one male at each site), while at the adapted site there was also a total of four female staff (2 at each site) taking part in verification exercises.

At the end of the day, a distribution report was signed by the Food Management Committee (FMC) as acknowledgment of after the food distribution at all sites. Relevant commodity documents were left with FMCs at all distribution points.

## 3. Distribution Process

Both of the distribution sites had clean and adequate scooping conditions, as well as weighing scales in good condition and well calibrated, and random spot weighing was done in all the sites. There were waybill books in the adapted distribution of the FDPs to record returns. No adverse security events occurred at either of the distribution sites, and female police were present at both distribution sites on all days. Groups of community structures present at both distributions included the FMCs, scoopers, ushers, porters, RWCs and cleaners. Community structures participated in the distribution process at all the sites especially in pre-distribution address, checking & signing waybills, crowd control, offloading and stacking, overseeing food sharing and other forms of volunteering. Community members who are part of the community structures participated in checking names and scooping on both days of the adapted distribution. They also supported in checking and signing waybills in one of the sites while they supported crowd control at both distribution sites. Community structures helped with offloading and stacking one day of the adapted distribution and one day of the non-adapted distribution, and oversaw food distribution one day of the adapted distribution. Other forms of volunteering at both sites included raising tents and banners, and supporting beneficiaries with litigation issues.

Female staff volunteers and community structures fully participated in distribution at the adapted site, but were involved to a lesser extent at the non-adapted site. The distribution was organized to occur for multiple days at both sites and therefore neither was completed in one day. On three of the distribution days, the distribution closed at 3:20, 3:30 and 3:40 respectively while it ended at 2:00pm on one day of the adapted distribution.

## 4. Crowd Control

Both distribution sites had adequate rope tied for crowd control purposes. Aid recipients maintained Social distancing on both days of the non-adapted distribution and on the first day of the adapted

distribution – but not the second due to crowding at the exit of the site – with temperatures taken every day at both distribution sites. No aid recipients were isolated due to high temperature readings at the FDPs, however isolation corners were only available at the non-adapted distribution site and not at the adapted site. Health partners were present at the non-adapted site of the distribution, but not at the adapted site. Commodities were well organized in stack and food issued in an organized and orderly manner. Women were served first and men last, with older women served first followed by younger women.

All FDPs had food management committees (FMCs) who were active and between the ages of 21 to 45, and all were given a formal training on their roles during distribution. At the adapted site, the FMCs had identification on one day while they did not have identification at the non-adapted site. Young children accompanied their parents to the FDPs on one day of the adapted distribution and one day of the non-adapted distribution; however, neither distribution site had safe child mother corners. **Staff and volunteers were seen taking active part in preventing and mitigating SEA.** These mitigation measures included the presence of female staff, police, and volunteers who completed PSEA training; sex-segregated lines at adapted site; staff at the complaint desk trained to handle SEA; and active follow up by the staff in management position to ensure SEA mitigation measures were in place. However, transport support was available on only one day of the adapted distribution and not at the non-adapted site. On the second day of the adapted distribution, an aid recipient was observed to have difficulty in accessing the FDP and transporting food home, as he was elderly with a disability.

#### SEA mitigation measures observed at distribution sites included:

Staff/volunteers completed PSEA training at both distribution sites.

Both distribution sites had female police present on each day of the distribution.

Both of the distribution sites had female staff present on each day of the distribution.

One day of the adapted distribution had transport support available for PSNs, but not the other day and no transport support was available at the non-adapted site.

Active follow up by management staff at occurred on one day of the non-adapted distribution but not at the adapted distribution site.

Complaints desks at distribution sites trained to handle SEA complaints at the adapted site but not at the non-adapted site.

Sex-segregated lines were present at the adapted site, but not the non-adapted site.

Neither of the distribution sites had awareness materials on PSEA available.

No messages on PSEA were included in the pre-address at both distribution sites.

## 5. Distribution Center Messages

A pre-address was held on both days of the distribution at the adapted and non-adapted distribution sites by World Vision staff, WFP, community structures and UNHCR. No nutrition partners, protection and OPM

took part in the pre-address, while WFP was present on one day of each FDP. Key messages at both distributions included to follow and maintain guidelines of Covid-19 preventative procedures within the FDP; family sizes to be served commodities in the food basket; family sizes to be served should follow and maintain Covid-19 guidelines; not to send children to the FDP; verify you received soap before leaving the distribution; to report complaints to the CHD; and to maintain social distance and keep to an organized line. No awareness materials, including those for low literacy and illiterate populations, were present to build PSEA awareness, nor were messages included in the pre-address.

Other observations during the distribution at the non-adapted sites indicated that all aid recipients accessing the FDP had to put on masks and food was distributed in organized manner; however, crowding occurred at the exit on the first day of the adapted distribution. On the second day of the adapted distribution, PSNs were fully supported by the porters in carrying their food to the exit and tricycles were available in transporting PSNs food to their homes on one day of the adapted distribution. Banners displayed during distribution included donor, ration entitlement, CHD, and partnership banners. Donor banners were at the adapted site but not the non-adapted site. Key messages on COVID-19 safety and prevention were also shared through audio messages, help desk mobilizers, and visual materials. On one day of the adapted distribution, exit, checking, verification, ration entitlement, complaints and feedback banners were displayed with multiple visual materials all printed in English. Audio messages relaying the key messages on COVID-19 safety, ration entitlement, and complaints and feedback support were heard at both sites and shared through the help desks.

## Recommendations

Based on the findings from the safety audit analysis, below are recommendations for World Vision and IRC Uganda to improve the safety of women and girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and another refugee. These recommendations echo those that can be found in the first food pilot ODM and summary reports.

1. **Continue to staff FDPs with women in higher numbers and a broader range of positions**, including security roles, FDP staff, community volunteers, help desk staff, and more. Women and girls and other community members, involved in Empowered Aid's research shared that this increases their safety and is an important SEA risk mitigation measure.
2. **Accessible awareness materials** including for low literacy and illiterate population (and in different languages) on PSEA should be displayed at distributions and given through different mediums. None of the distribution sites had such materials. PSEA messages should also be present in the pre-address so that aid recipients are continuously reminded of risks and how to report.
3. **Provide child/mother care corners at FDP sites**. Neither of the FDP sites had safe child-mother corners, however it was observed children accompanied their parents. Childcare corners should be present in all the sites to help women and girls support their families if needed.
4. **Increase the number of functioning sanitary facilities that are lockable**. Only the non-adapted distribution site had sanitary facilities that were fully functional as the adapted site was a mobile

distribution site. It is important that distribution sites have functioning facilities that are lockable as this provides for privacy for the women and girls and to increase their feelings of safety.

5. **Accessibility and provision of transport to all PSNs.** Accessibility to some of the places at the distribution was noted as a challenge for some of the PSNs, especially the elderly and persons with disabilities. All places within the distribution sites should be accessible for all aid recipients and transport readily available to support all PSNs to minimize the risk of SEA.
6. **Functioning lighting at all sites that work throughout the night.** In order to minimize feelings of fear amongst women and girls, all distribution sites should have functioning lights that are powered every night. Only the non-adapted distribution site had functioning lights during this distribution cycle.
7. **Health isolation corners for those who have high temperature readings.** Isolation corners should be available at all distribution sites as they were only available at the non-adapted distribution site. If cases of COVID-19 were to appear at the distribution, isolation corners are needed to keep all aid recipients, staff, and volunteers safe.



## World Vision, IRC & GWI Food Distribution, Empowered Aid Pilot 3

### Household Survey

### Summary of Findings

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## Overview

As part of Empowered Aid, the Global Women’s Institute (GWI) is working with the non-governmental organizations (NGOs) World Vision and the International Rescue Committee (IRC) in Uganda, to adapt distribution-monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

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<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

In September 2020, World Vision conducted a blanket distribution of food throughout Bidi Bidi refugee settlement in Northwest Uganda. The distribution applied one of the recommendations from Empowered Aid's first phase: increasing the number of female aid workers (staff and community volunteers). This was done from 24 – 28 September of 2020 at Food Distribution Point 2 (FDP) in Zone 2 of Bidi Bidi, while the non-adapted FDP site (Food distribution point 1 in Zone 2) maintained the standard mix of male and female staff. The staff at the adapted site was increased to 100% female, and for every five female volunteers there were two male volunteers compared to the non-adapted site, whereas the non-adapted site had 43% female staff and 57% male staff, and five male volunteers for every three female volunteers. Table 2 on page six breaks down these numbers in further detail per each day of the distribution at both sites.

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC, and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. In addition to observational distribution monitoring (ODM, also called "safety audits"), a household survey (HHS) tool was administered amongst aid recipients who attended each distribution site by World Vision enumerators and translators (15 females, 8 males) assigned to Zone 2 of Bidi Bidi refugee settlement (n=444).

TABLE 1. DISTRIBUTION SUMMARY	
TYPE OF DISTRIBUTION BEING PILOTED	INCREASED NUMBER OF FEMALE STAFF AND COMMUNITY VOLUNTEERS WORKING AT FOOD DISTRIBUTION POINT 2 IN ZONE 2
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONE 2
DATE OF DISTRIBUTION	SEPTEMBER 24-28
# OF PEOPLE REACHED	49,513 INDIVIDUALS
DISTRIBUTION MONITORING CONDUCTED	4 SAFETY AUDITS AT 4 DISTRIBUTION SITES (2 SAFETY AUDITS AT THE ADAPTED SITE AND 2 AT THE NON-ADAPTED SITE)
	444 HOUSEHOLD SURVEY PARTICIPANTS, RANDOMLY SAMPLED
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED AFTER LOCKDOWN LIFTED IN UGANDA. THE RESTRICTIONS THAT WERE STILL IN PLACE INCLUDED 2 METER DISTANCING BETWEEN PEOPLE, WEARING OF MASKS, GATHERINGS OF NOT MORE THAN 20 PEOPLE, AND OPERATION OF PUBLIC TRANSPORT LIMITED TO HALF CAPACITY FOR PASSENGERS.

### **Recommendations**

Based on the findings from the household survey analysis, below are recommendations for World Vision and IRC Uganda to improve the safety of women and girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda. These recommendations echo those that can be found in the first food pilot ODM and summary reports, which can be found on pages 2 - 37.

1. **Commit to staffing Food Distribution Points (FDPs) with women in higher numbers and a broader range of positions**, including security and policing roles, , as well as FDP staff, community

volunteers, help desk staff, logging in and out of beneficiaries, and directing people at the verification points. Women and girls, and other community members, involved in Empowered Aid's research shared that this increases their safety and is an important SEA risk mitigation measure.

2. **Ensure that sex-segregated facilities – including lines, handwashing stations, and latrines – are implemented at all the distribution sites.** This aligns with findings from Empowered Aid's research with refugee women and girls, and previous distribution pilot tests (see pages xx – xx for the reports on the first Food Pilot conducted by the team) in which women reported high levels of satisfaction when these elements were present. Locks on latrines, and area lighting especially when distributions continue late into the day, are also important measures for safe distribution sites.
3. **Consider ways that women can travel accompanied to distribution sites, and that women and men can be supported in carrying heavy, bulky food items home,** particularly when double rations are distributed (i.e. due to COVID-19). This is in recognition of the gendered findings around reported reasons for feeling unsafe traveling to/from distribution sites. Women in particular reported that having to travel through the bush, and sexual harassment or abuse on the way to/from the FDP, were significant reasons for their lack of safety. Transport support was the *least* observed safety measure reported by survey respondents.
4. **Ensure accessible information and outreach around protection from sexual exploitation and abuse (PSEA).** This includes low-literacy and/or visual signage with key messages about SEA as well as how to report or seek services. Messaging should also be made available in a number of languages, including minority languages. PSEA awareness messages should be included in all the distribution site pre-addresses given by the staff or volunteers, in multiple languages, using participatory and attention-grabbing methods like drama. The findings from the household survey indicate a pressing need for more awareness as well as ways to make communities feel more comfortable reporting, as so few respondents who experienced violence, abuse, or harassment, including sexual exploitation and abuse, had previously reported it.

## Methodology

With the onset of COVID-19, Empowered Aid's Phase 2 was adapted to not only test out the recommendations arising from refugee women and girls in Phase 1, but also to understand the pandemic's effects on SEA risks and access to services—at a time when refugee communities had little other avenues for communicating this information with aid actors. It is important to note that, given the context of COVID-19, some of the challenges reported in distribution monitoring may reflect the strict conditions of Uganda's public health response, put in place to limit the spread of COVID-19, rather than being specific to the distribution being monitored. Additionally, the distribution site structure may have impacted the results. The adapted distribution – where more female aid workers were present – occurred at a larger, mobile distribution site that served seven villages, which typically does not have latrines or permanent structures. The non-adapted distribution occurred at a permanent distribution site that only served two villages.

**Research Team:** The GWI team consists of three researchers who, due to COVID travel restrictions, provide technical guidance and training through fully remote modalities now (Zoom). In Uganda, two Empowered Aid research staff from IRC worked with seven partner staff from World Vision's distribution and food aid teams. GWI co-facilitated data collection training with key members of the IRC and World Vision teams who had already received training previously, leading in-person training of other field team members (with social distancing and personal protective equipment protocols in place).

**Training and Ethics:** Trainings centered on gender & gender-based violence (GBV) core concepts including SEA, principles of participatory research and centering women and girls, research ethics, the household survey tool, data collection methods (using Kobo tablets), and referral processes and PSEA/COVID-19 measures. Team members practiced obtaining informed consent and the household survey tool, particularly the new questions on safety and risk pertaining to the Empowered Aid study. Ethical approval was given by the George Washington University Institutional Review Board.

**Sampling and Data Collection Protocol:** The research team compiled a list of all food distribution recipients by FDP and calculated the sample based on World Vision's methods as well as what was feasible given constraints of the COVID-19 pandemic. After calculating the total sample needed, households were selected by enumerators first working at village level to identify homesteads and assign them numbers, then randomly choosing a starting household using a random numbers table, and continuing to sample on set intervals. The person within the household who attended the food distribution was asked for their informed consent to participate in the survey. Interviews were conducted by enumerators of the same sex, with support of sex-matched translators as needed. The distribution cycle ended on 30 September 2020 and surveys were conducted between the 2 and 13 of October.

*Table 1: Total population and sample*

	Non-Adapted Site (FDP 1, Zone 2)	Adapted Site (FDP 2, Zone 2)	Totals
Number of households	1,901 (23.6%)	6,161 (76.4%)	8,062
Number of individuals	11,338 (5,959 female, 5,379 male) (22.9%)	38,175 (20,063 female 18,112 male) (77.1%)	49,513
Number of individuals sampled (%)	149 individuals (108 female, 41 male) (1.3%)	367 individuals (246 female, 121 male) (1.0%)	444 individuals (0.9%)

**Information and referrals:** Referral pathways were in place for any recipients who expressed need for humanitarian services or indicated lack of safety, need for psychosocial support, or experience of PSEA or GBV. Recipients were also given information about how to submit complaints around the aid distribution through established mechanisms, i.e. the UNHCR hotline. General information on aid feedback and PSEA reporting mechanisms, and COVID-19-related safety and support measures, was provided as part of each interview.

Table 2: Characteristics of recipients and their households, overall and by distribution modality

	Normal Distribution		Adapted Distribution		Total		
	n	%	n	%	n	%	
Respondent gender	male	121	33	41	28	162	31
	female	246	67	108	72	354	69
Age of respondent	(mean)	30.4		29.8		30.2	
	Under 18	23	6	10	7	33	6
	18-24	104	28	44	30	148	29
	25-34	136	37	56	38	192	37
	35-44	60	16	16	11	76	15
	45-59	32	9	17	11	49	9
	60 or older	12	3	6	4	18	3
Head of household marital status	single	36	10	14	10	50	10
	married	277	76	110	75	387	76
	separated	16	4	11	7	27	5
	divorced	9	2	3	2	12	2
	widowed	26	7	9	6	35	7
Head of household gender	male	128	35	47	32	175	34
	female	239	65	102	68	341	66
What is your family size	1-4	67	18	25	17	92	18
	5-9	210	57	94	63	304	59
	10 or more	89	24	30	20	119	23
How many people (family and non-family) live in your household?	1-4	50	14	20	13	70	14
	5-9	198	54	79	53	277	54
	10 or more	118	32	50	34	168	33

### Description of Sample

The survey was carried out among 444 refugee food parcel recipients, 29% who were part of the adapted (i.e., 100% female-staff) distribution at FDP 2 in Zone 2, and 71% who received food at FDP 1, the non-adapted site. Respondents were 72% female among those who attended the 'adapted' distribution site, and about the same proportion (66%) female among those who attended the non-adapted' distribution sites. At all sites, average family size was 7 people and total household (including non-family members) averaged 8 people.

TABLE 2: AMOUNT OF STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

Distribution	Location	Day	# Female staff	# Male staff	Avg. ratio female to male staff	# Female volunteers	# Male volunteers	Avg. ratio female to male volunteers	Totals	Overall ratio Female & male staff	Overall ratio female to male volunteers
Zone 2	FDP 1 (non-adapted site)	Day 1	9	21	3:1	16	23	3:5	69	8:7	25:24
		Day 2	9	21		35	53		118		
	FDP 2 (adapted site)	Day 1	7	0	14:0	25	10	5:2	42		
		Day 2	7	0		25	10		42		

## Findings

### Satisfaction with different aspects of the distribution process

#### *Information and communication about distribution*

Overall, men were more satisfied than women about the information they received on the distribution. There was no significant difference detected in satisfaction with information and communication between adapted and non-adapted sites, which likely reflects the similar methods used across both sites.

#### *Traveling to and from the distribution point*

Almost two-thirds (63%) of women were satisfied with the distance to the distribution, compared to slightly over half (51%) of men, which was statistically significant. While satisfaction was higher among non-adapted sites (61%) compared to adapted sites (56%), this finding was not statistically significant. The adapted site serves more villages, therefore aid recipients may travel further distances to get to the distribution versus the non-adapted site, where aid recipients live close to the FDP.

Most women and men (94% and 97% respectively) reported traveling on foot to the distribution while the remaining traveled on bicycle or motorcycle. Regarding travel time, 87% of women and 96% of men reported travel times less than 1 hour. Roughly half of the respondents (women and men) reported travel times less than 30 minutes while the other half took between 30 minutes and 1 hour. However, more women reported travelling long distances to distribution points, with 13% of women reporting travel times between 2 to 3 hours to reach the distribution point compared to just 4% of men. While both men and women reported traveling alone most often, women reported traveling in groups at a higher rate (36%) than men (22%). All of the reported traveling time and methods were statistically significant. This may be connected to men and women's different experiences of harassment, as 11% of women who reported any harassment or abuse experienced physical harassment or abuse while traveling to or from the distribution site, but no men reported these experiences, although this was not statistically significant.

### *Interactions at the distribution point*

Satisfaction with treatment by staff or volunteers, and by security (police) at both FDPs was generally high. However, women were more satisfied with treatment by staff and volunteers and security guards than men (85% vs 77% for staff and volunteers which was statistically significant, 81% vs 78% for security guards, which was not statistically significant). Aid recipients overall were more satisfied with the treatment by security at the non-adapted site (81%) than the adapted site (78%), although this was not statistically significant. This may be due to the higher number of people that travel through the adapted site, as it serves nine villages, whereas the non-adapted site serves two. The larger size of the adapted site may have also impacted waiting times.

Compared to men, women were considerably more satisfied with waiting times than men (72% vs 63%), but waiting times were less satisfactory at the adapted distribution (50%) than the non-adapted distribution (58%), and these numbers were statistically significant. As for childcare facilities, 76% of women were satisfied compared to just 55% of men, which was also statistically significant.

As for complaint mechanisms, women were considerably more satisfied with the services and complaint mechanisms than men (87% vs. 83%). However, the satisfaction was lower at the adapted site (84%) than non-adapted site (87%). **In total, 77 people said they were dissatisfied with complaint mechanisms and services provided; however, no one reported a complaint.**

### *Fear throughout the distribution process*

Virtually all aid recipients at both distribution sites reported feeling fear at some point in the distribution process (100% of men and 99% of women). Information was not a significant source of fear for women or men, as only 5% of men and 3% of women reported experiencing this type of fear. COVID-19 has contributed to fear at given points of the distribution but also the double cycle food rations implemented during the pandemic may have increased feelings of fear. Anecdotally, the World Vision team has received reports from aid recipients of fear of losing their rations—since receiving two months at once means they are even bulkier amounts of food—when traveling through a congested exit ground.

But many other fears were more common among women than men. For example, 15% of the women who reported fear experienced it during registration/verification exercises compared to just 6% of men who reported fear. Additionally, female headed households reported higher levels of fear (14%) than male headed households (7%). This finding was statistically significant. Women also reported more fear traveling to the distribution point than men (8% vs. 4%) and more fear traveling from the distribution point (22% vs 16%). Girls and boys under 18 felt the most fear traveling home from the distribution (45%), which was statistically significant. This increased fear traveling from distribution points home may be due to increased concerns that aid will be stolen or damaged in transit.

Lastly, women reported more fear at the distribution point (31% vs 30%), but this finding was not significant. More fear was also reported at the adapted distribution site compared to the non-adapted site (36% vs 29%), but this finding was also not significant. This may be due to reasons previously stated, as the adapted site is a mobile distribution site that serves seven villages, and can be more congested.

### Violence, Abuse, or Harassment

Overall, 13% (45) of women and 8% (13) of men reported other types of violence, abuse, or harassment during the last distribution. Physical harassment by staff and volunteers were among the most common forms of harassment, experienced by 38% of men and 29% of women who reported harassment (n=58). In addition, 8% of male and 33% of female respondents who reported harassment reported physical harassment by other aid recipients. Aid recipients also reported verbal harassment: 23% of men and 8% of women who reported harassment cited verbal harassment or abuse (including threats of abuse) by staff and/or volunteers at the distribution site. Almost a third (27%) of these incidences were reported at the non-adapted site, while 10% were reported at the adapted site.

As for sexual harassment and abuse including exploitation, 1 man and 2 women reported being harassed or abused by staff and/or volunteers and 1 man and 3 women reported being harassed or abused by another aid recipient. **Seven women and six men reported that they had been asked for favors to be registered for food aid. Of these, three women and five men were asked money, two women and one man were asked for sex, and two women and two men were asked for casual labor. Though these aid recipients reported experiencing some form of sexual harassment or abuse in the post-distribution survey, none formally reported their experiences of sexual exploitation and abuse during the distribution or when traveling to and from the distribution.** According to other World Vision M&E activities, community members consistently state that they prefer reporting to community help desks and community leaders; however, sensitive complaints are more frequently reported to community leaders, who may persuade the survivor and/or perpetrator to resolve these locally without following formal reporting procedures.

**Given the likelihood of under-reporting such sensitive issues due to shame, stigma, fear of retribution or loss of aid, and other issues, the SEA incidents reported here likely understate the true scope of sexual exploitation and abuse occurring. The commitment to zero tolerance among aid actors means that these findings are cause for further action to mitigate known SEA risks (outlined in the recommendations below), and that services for survivors in tandem with outreach on safe avenues for reporting.**

### Observed Safety Measures

17% of women and 39% of men reported seeing an increase in police presence overall, but more women than men (21% vs 6%) observed an increase in women police officers. More women also observed an increase in women distribution workers (31% vs 14%) and women volunteers than men (26% vs 10%). These findings were significant. Additionally, slightly more women than men observed community safety groups (20% vs 19%), and observations of safety groups were slightly higher at the adapted distribution (23% vs 18% at the non-adapted site), but these findings were not statistically significant.

Regarding **awareness on reporting and complaint mechanisms**, a similar proportion (21% of women and 19% of men) observed education for women and girls on how to report incidents, and this was also similar between the adapted site than the non-adapted site (22% vs 19%) but neither finding was significant. Similar numbers of male (17%) and female (19%) respondents reported observing education for community members on how to report incidents.

As for sex-segregation, 31% of women and 22% of men observed sex-segregated lines in place at distribution points. Sex-segregated lines were less commonly observed at the adapted distribution site



compared to the non-adapted distribution (21% vs 31%) and this finding was significant. In addition, sex-segregated WASH facilities (latrines) were observed by 24% of women and 23% of men, at similar rates across adapted and non-adapted sites.

The least commonly observed safety measures were **education opportunities between refugee and host community members** and **transport support**. Only 3% of women and 4% of men reported observing the former, and 2% of women and 2% of men reported observing the latter, regardless of the distribution site.

## Recommendations

Based on the findings from the household survey analysis, below are recommendations for World Vision and IRC Uganda to improve the safety of women and girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda. These recommendations echo those that can be found in the Pilot 1 ODM report (see page 15) and Summary report (see page 2).

1. **Commit to staffing Food Distribution Points (FDPs) with women in higher numbers and a broader range of positions**, including security and policing roles, as well as FDP staff, community volunteers, help desk staff, logging in and out of beneficiaries, and directing people at the verification points. Women and girls have shared throughout Empowered Aid's research that having more women aid staff increases their sense of safety and is an important SEA risk mitigation measure.
2. **Ensure that sex-segregated facilities – including lines, handwashing stations, and latrines – are implemented at all the distribution sites.** This aligns with findings from Empowered Aid's first phase of research, and in the previous Uganda food distribution pilot (see page 2-126) women reported high levels of satisfaction when these elements were present. Locks on latrines and area lighting—especially when distributions continue late into the day—are also important measures for safe distribution sites.
3. **Consider ways that women can travel accompanied to distribution sites, and that women and men can be supported in carrying heavy, bulky food items home**, particularly when double rations are distributed (i.e. due to COVID-19). This is in recognition of the gendered findings reported around reasons for feeling unsafe traveling to/from distribution sites. Women in particular reported that having to travel through the bush, and sexual harassment or abuse on the way to/from the FDP, were significant reasons for their lack of safety. Transport support was the *least* observed safety measure reported by survey respondents.
4. **Ensure accessible information and outreach around PSEA.** This includes low literacy and/or visual signage with key messages about SEA, as well as how to report or seek services. Messaging should also be made available in a number of languages, including minority languages. PSEA awareness messages should be included in all the distribution site pre-addresses given by staff or volunteers, in multiple languages, using participatory and attention-grabbing methods like drama. The findings from the household survey indicate a pressing need for more awareness, as well as ways to make communities feel more comfortable reporting, as so few respondents who experienced violence, abuse, or harassment, including sexual exploitation and abuse, had previously reported it.

## Section 4:

# Empowered Aid Uganda Solar Lamp and Dignity Kit Distribution Pilot Reports



IRC, World Vision & GWI Solar Lamp and Dignity Kit Distribution, Empowered Aid

Pilot 4 Summary Report

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Introduction

*Empowered Aid: Transforming Gender & Power Dynamics in Aid Distribution* is a three-year project that aims to reduce the risks that may lead to sexual exploitation and abuse (SEA) in aid distributions. The project utilizes participatory action research methods to engage women and girls throughout and apply their knowledge on how to better understand and prevent SEA. In the first year of Empowered Aid, the Global Women’s Institute (GWI) and the International Rescue Committee (IRC) worked with South Sudanese refugee women and girls to document SEA risks when accessing food, WASH, shelter, and fuel and firewood and share recommendations on how to improve their safety and reduce feelings of fear in aid distribution processes.<sup>1</sup>

In the second phase of Empowered Aid, GWI worked with the NGOs World Vision and IRC in Uganda, to adapt distribution monitoring tools that more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools built on the findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.

**Individual monitoring reports are also available for each of the tools used in the solar lamp and dignity kit pilot:**

- Safety Audit
- Point of distribution questionnaire

These reports include detailed methodology on how each tool and the research team was prepared for data collection. Contact Hope.Harriet (at) rescue.org or APotts (at) gwu.edu for more information, or visit <https://globalwomensinstitute.gwu.edu/empowered-aid>

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

## Overview of the Distribution and Methodology

Between 26<sup>th</sup> April and 1<sup>st</sup> May 2021, IRC, World Vision, and GWI conducted a solar lamp and dignity kit distribution in Zones 2, 3, and 4 of Bidi Bidi refugee settlement in Northwest Uganda. The solar lamp distribution took place in Zones 2 and 3 and targeted 880 women, girls, boys and men aged 12-70 years matching a certain vulnerability criteria. The dignity kit distribution took place in Zone 4 to 455 women and girls of reproductive age and matching certain vulnerability criteria. The distribution applied one of the recommendations from Phase 1: Increasing the number of female security staff at the distribution points and organizing aid recipients in small groups to come at pre-assigned times, to minimize crowding and confusion at distribution points. The beneficiaries were divided up into groups of 20, with each group pre-assigned a time to arrive at the distribution site to collect their items.

This distribution method, recommended by women and girls to keep them safer, also aligns with social-distancing protocols related to the COVID-19 pandemic, which started after the second phase of research had begun and required further adaptations to the distribution monitoring process to maximize safety of both staff and target recipients. Two tools were used to monitor the distribution. The safety audit tool was adapted from IRC's existing tool, with additional questions on sexual exploitation and abuse (SEA)-related safety and risk based on the findings of Empowered Aid's research and the Point of Distribution Questionnaire (PODQ).

The PODQ tool was a response to the pandemic. This was a short questionnaire developed by the Empowered Aid team, designed to be administered in-person at the point of distribution. This tool allowed for rapid data collection—at a time when many women and girls were cut off from usual feedback and complaints mechanisms—around the impacts of COVID-19 on women and girls access to information, experiences of violence (SEA and other forms of gender-based violence or GBV), and ability to seek help and access services. The brevity of the tool ensured the staff and participants spent minimal time interfacing, with additional protective measures in place (such as mask and space to maintain physical distance while also maintaining privacy).

While the project primarily targeted women and girls, the Empowered Aid team agreed to include some men who met a certain vulnerability category among the beneficiaries of the solar lamps so as to reach more vulnerable groups and not single out vulnerable women and girls. The team agreed to percentage of 70% of the beneficiaries would be female while the remaining 30% were male. The research team had a total of 10 enumerators and 10 translators (7 female, 3 male per category) who administered the PODQ tool, while 2 IRC staff administered the safety audit observation tool. Based on the length of the survey determined during piloting, and the number of enumerators, it was agreed that each enumerator could conduct 7 interviews per day, resulting in a total of 420 interviews. Due to no-shows and some recipients sending alternates to the distribution site, the team as able to conduct a total of 332 PODQ interviews (25% of the distribution recipients).

**LEARNING SPOTLIGHT:**

**COVID-19 Adaptations to Monitoring SEA in humanitarian aid distributions**

With the onset of the COVID-19 pandemic when data collection was about to begin, the research team developed a short point of distribution questionnaire to ask questions on safety and risk related to the COVID-19 pandemic and response. A questionnaire was administered to women respondents covering four main areas on women's experiences in relation to distributions, particularly in context of the COVID-19 pandemic: information and communication on distributions, feelings of fear during the distribution process, SEA risk during aid distribution, and places to report complaints or obtain support.

TABLE 1. DISTRIBUTION SUMMARY		
TYPE OF DISTRIBUTION BEING PILOTED	ITEMS WERE DISTRIBUTED IN SMALL GROUPS OF 20 AID RECIPIENTS COMING AT PRE-ASSIGNED TIMES	
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 2,3 AND 4	
DATE OF DISTRIBUTION	APRIL 26 <sup>TH</sup> -1 <sup>ST</sup> MAY 2021	
# OF PEOPLE REACHED	1335 WOMEN, GIRLS, BOYS AND MEN MATCHING VULNERABILITY CRITERIA	
DISTRIBUTION MONITORING CONDUCTED	332 IN-PERSON SURVEYS, WITH RECIPIENTS SAMPLED FROM EACH DISTRIBUTION SITE	26 <sup>TH</sup> APRIL -1 <sup>ST</sup> MAY 2020
	3 SAFETY AUDITS AT 3 DISTRIBUTION SITES	26 <sup>TH</sup> APRIL - 1 <sup>ST</sup> MAY 2021
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED AFTER LOCKDOWN LIFTED IN UGANDA	

## Reducing SEA Risk at Distributions: Analysis of Feasibility & Effectiveness

Below is a summary of the findings conducted by the research team to better understand the feasibility, and effectiveness of the adapted distribution model through the analysis of the two types of distribution monitoring data collected, and whether the tools are able to better capture women and girls' perceptions of safety and risk in relation to SEA and other forms of gender-based violence (GBV).

### Feasibility of the adapted distribution model

Towards the end of 2019, the Empowered Aid team procured 880 solar lamps and a same number of dignity kits. The intention was to conduct a pilot with the distribution of these items whilst also giving assistance to the people who needed them most based on a set vulnerability criteria. With the outbreak of COVID-19 and suspension of some activities, the team had to rethink about how to safely deliver these items and which of them were more critical during the pandemic. The team agreed to distribute the dignity kits (initially planned to be distributed in the second phase) sooner, since they were much needed. The dignity kit distribution was conducted sooner to support IRC's COVID-19 emergency response

programming. With the easing of COVID-19 restrictions in Uganda in 2021, the team agreed to distribute the solar lamps as well as an extra 455 dignity kits that had been procured earlier in 2021. Two of the recommendations by the women and girls in phase one were implemented in this particular pilot: organizing small groups of aid recipients to come at pre-assigned times, and increasing the number of female security workers at the distribution points. These adaptations aligned well with COVID-19 safety measures and protocols. The team mobilized aid recipients through door-to-door announcements and they were organized to come in groups of 20.

Safety audit findings indicated the feasibility to implement these two adapted distribution models. All staff who took part in the distribution (IRC Women Protection & Empowerment team or WPE, and World Vision) were trained on SEA and GBV mitigation, some organized by the Empowered Aid team, and some through other IRC and World Vision trainings, including IRC's *Listen Up* PSEA trainings. The team wanted to work with staff who had taken part in the previous distributions, not only because of their broader knowledge of the project and its work modalities, but also because they understood the sensitivities that might arise and the need to avail support services for SEA to anyone that might have needed them. SEA risk was observed in one of the distribution sites in Zone two (a child friendly space) during distribution and none at the rest of the distribution sites.

The IRC and World Vision team managing the distributions observed that community and stakeholder involvement in planning for the adapted distribution modality was feasible. The team also noted the importance of buy-in from senior leadership within aid agencies and other organizations whose mandate is the protection of refugees, such as United Nations High Commissioner for Refugees (UNHCR) and Office of the Prime Minister (OPM) in Uganda. Their support could include attending a sharing meeting to disseminate findings on known SEA risks identified during distributions, and how these adaptations help to mitigate them.

### **Effectiveness of adapted distribution model at increasing women and girls' safety**

Based on previous experience with distribution, and taking into account the need for safety, the GWI, World Vision, and IRC team agreed that minimizing interaction time between staff, volunteers, and aid recipients during distribution monitoring activities was central to maintaining COVID-19 safety. Therefore, data collection was limited to only two tools: the PODQ and Safety Audit, which were administered during distribution. The PODQ tool specifically was able to help gather data on women and girls' perceived safety and risk, and focused on four key areas: distribution information-communication, fear in the distribution process, SEA risk, and accessing complaint mechanisms and services. Staff collected other data on the safety of the women and girls during distribution through safety audits. The three safety audits noted ways in which the dignity of aid recipients was respected, through well-packed dignity kits (which ensured privacy of the feminine hygiene items inside the covered bucket) and the location of distribution being well-organized. This ensured privacy and avoided shame for the women and girls while walking home with the kit. The team ensured that the most vulnerable received the items and were treated with respect. According to feedback that staff and volunteers involved in the distribution received. During the distribution, women expressed excitement as they waited to receive lamps, stating that they had an ongoing need for them.

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*“Only God will reward the team for thinking about them, since they came to the settlement, they have never received lamps, during emergency the distribution of lamps did not reach their Zone.” – Woman living in Uganda as a refugee*

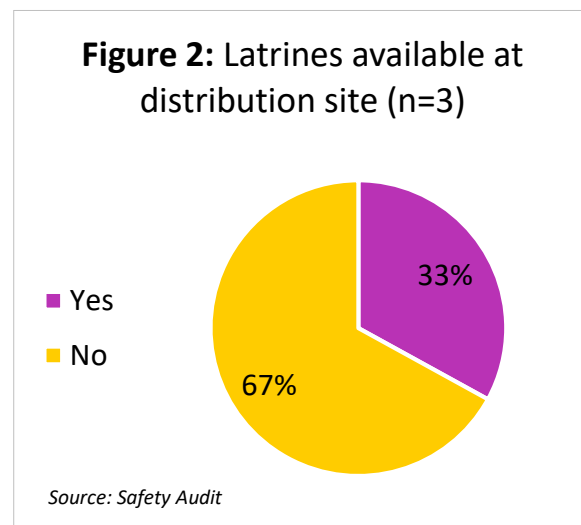
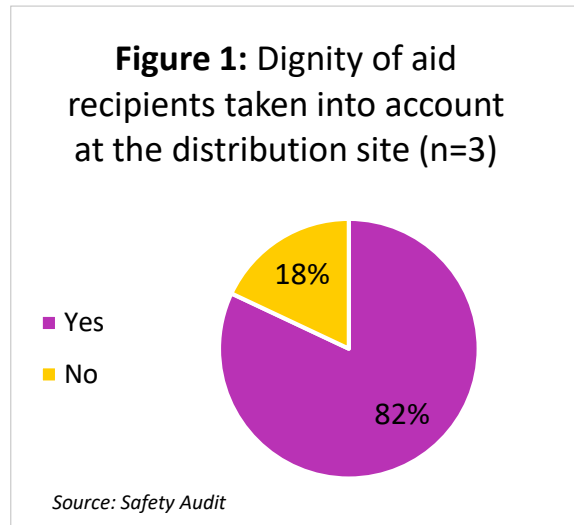
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The distribution of dignity kits took place in safe spaces—the Women and Girls’ Centers—so women and girls collecting kits felt comfortable. It was also an opportunity for staff at the Women and Girls Center to describe other programming and activities that happen at the Centers and encourage aid recipients to return and engage with them. During the dignity kit distribution, 2 of 3 safety audits reported that dignity of aid recipients was taken into account. One safety audit, however, found that the distribution in two Zones did not have an accessible latrine.

For the solar lamps, the recipients were encouraged to go to the food distribution points (FDPs). Then, there was a shift in distribution locations due to the distance that the beneficiaries had to travel to the FDP since the target was the PSNs and the most vulnerable could not cross the Zone to get there. Instead, the distribution was organized to take place through the protection desk and a child friendly space that was not being used since children were home due to COVID-19. In safety audits, equitable treatment of aid recipients was observed regardless of age, mobility, etc. One challenge to respecting dignity was observed at two of the distribution sites in Zones 3 and 4 due to lack of toilets, which could be particularly problematic for women and girls who are menstruating or those facing incontinence issues.

These findings indicate the adapted distribution model could support reducing SEA risk at distributions, as aid actors can better implement the risk mitigation measures mentioned above when serving aid recipients. The safety audit findings also illustrate the importance of distribution monitoring tools such as these observational audits, and their use during a crisis like the COVID-19 pandemic. While the research and data collection teams may not be able to interact for long periods with aid recipients, safety audits and other observational tools can be utilized to ensure accountability and proactively respond to SEA risk in monitoring and evaluation activities.

During the solar lamp distribution, 2 of 3 safety audits reported that dignity of aid recipients was taken into account across the board (Figure 1). However, 1 safety audit found that the distribution point in two Zones did not have an accessible latrine (Figure 2).



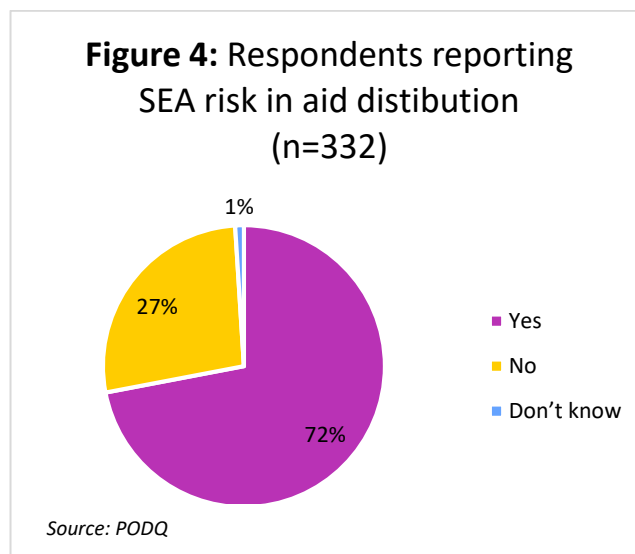
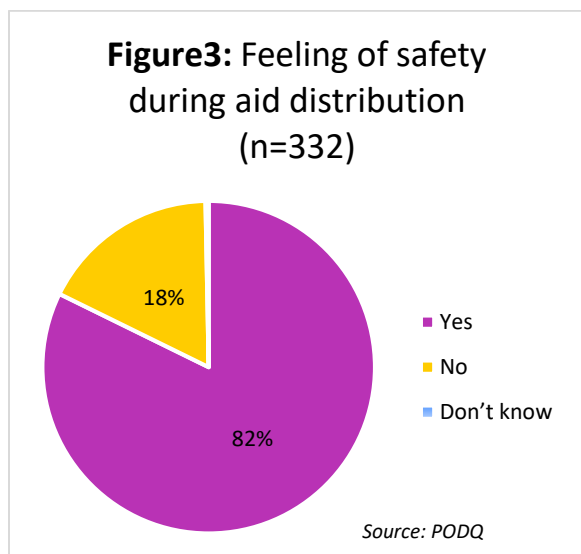
### Post-distribution monitoring tools and their ability to better capture women and girls' perceptions of risk and safety in relation to SEA and other forms of GBV

The next section reviews the ability of the adapted tools used by the research team in monitoring activities to better capture perceptions of SEA and other forms of GBV risks for women and girls amongst respondents (women and men). Three main findings emerged from the analysis: (1) the tools' ability to capture SEA risk in the aid distribution process, including during information and communication activities; (2) where women and girls go to access reporting mechanisms and services; and (3) what other types of gender-based violence or abuse women may experience due to distributions that may be linked to the COVID-19 pandemic.

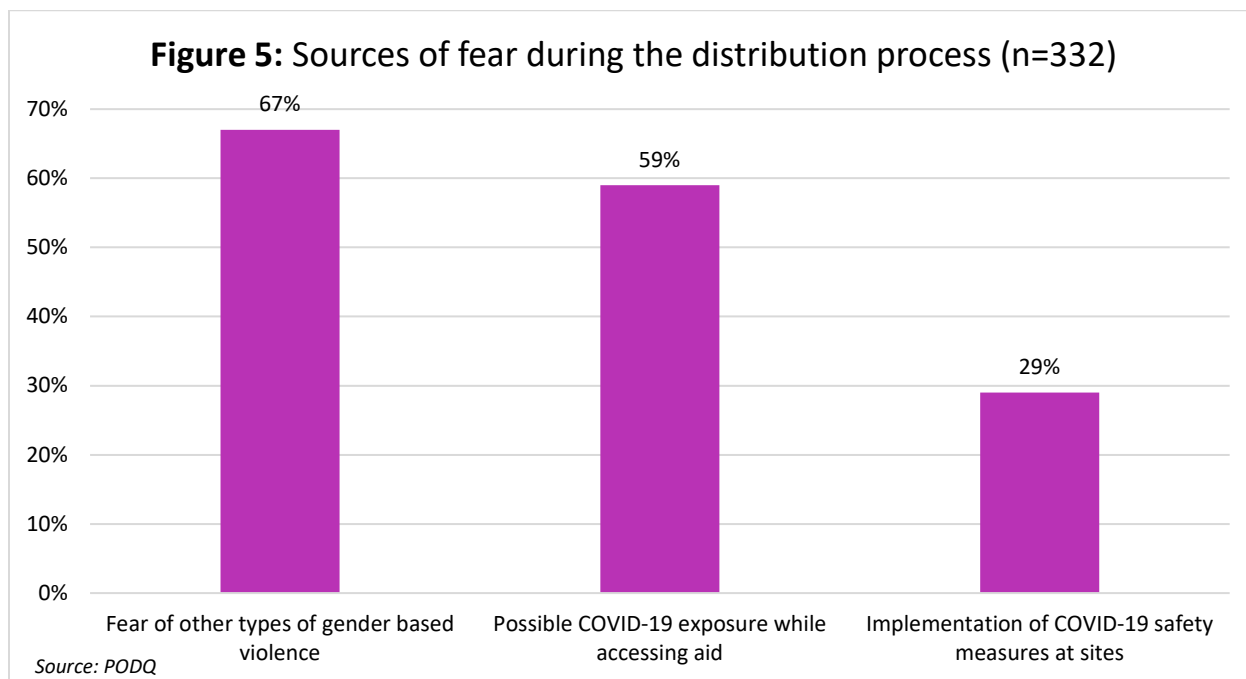
#### Identifying SEA risks in aid distribution

The adapted tool administered at the point of distribution was effective in understanding perceptions of safety and fear in the distribution process around SEA and GBV, as well as how those risks have changed during the COVID-19 pandemic. Safety audit questions also captured observations about known SEA risks and safety mitigation measures at the distribution sites. According to the point of distribution questionnaire (PODQ), 82% of respondents reported that they felt fear throughout the distribution process. The three main areas of fear during the distribution process included: (1) at the point of distribution (72%), (2) When traveling from the distribution / transporting goods home (40%) and (3) during registration/verification exercises (37%). This lack of safety was mainly due to; fear of other types of violence (e.g. physical or verbal fighting, theft) (67%), possible COVID-19 exposure when accessing aid (59%) and how COVID-19 safety measures are implemented at aid sites (29%).





Twenty seven percent of survey respondents said they had heard or seen someone being taken advantage of sexually by a NGO staff, partner or community volunteer. All were referred to IRC social workers and protection desk for further support and information on reporting.



Questionnaire respondents mentioned the types of aid where participants had seen or heard about someone being sexually exploited in order to access that type of aid. They named fuel and firewood (69%), this was followed by food (56%) and health care (15%) respectively. Host community members were mentioned by 68% of the participants as those who had been seen or heard to perpetuate SEA in exchange for aid. This might be linked to the fact that the fuel and firewood is the aid where women and girls are most likely to experience SEA since it is accessed within the host communities.

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*“Yes, some girls accept these drivers and boda boda men because they provide for them panties, pads and clothes that their parents cannot afford.” – Woman living in Uganda as a refugee*

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The other categories seen/heard to perpetuate SEA include: UN/NGO volunteers (39%), security guards (23%), UN/NGO staff and Boda boda riders (drivers) each at 21% respectively.

The tools also shed light on how different points of the distribution process can open up space for SEA risk. For example, the point of distribution questionnaire asked about information and communication on aid distributions – where or from whom women, girls, boys and men receive information on distributions; what method or source is most effective; and who is most or least likely to hear about the information. Results showed how the structures supporting women and girls’ activities, like the women and girls’ centers, are an effective way of accessing information on distribution. The majority of women and girls mentioned that they get information from the IRC Women and Girls Centers, while others reported receiving information through door-to-door mobilization (a method used to mobilize recipients for the dignity kit distribution, as it targeted women and girls with verbal information in the most commonly spoken languages: English and Juba Arabic).

In many ways, women, girls, boys and men’s likelihood of hearing distribution announcements adheres to dominant gender roles. Men and boys were likely to hear announcements that are in town centers and other public spaces, and they take up most of the leadership positions within the community. There is a need to identify and work with media and platforms that are accessible by women and girls in order to receive information regarding aid distributions. Lack of access to information can increase women and girls’ risk of SEA by those who may use their lack of knowledge to exploit them.

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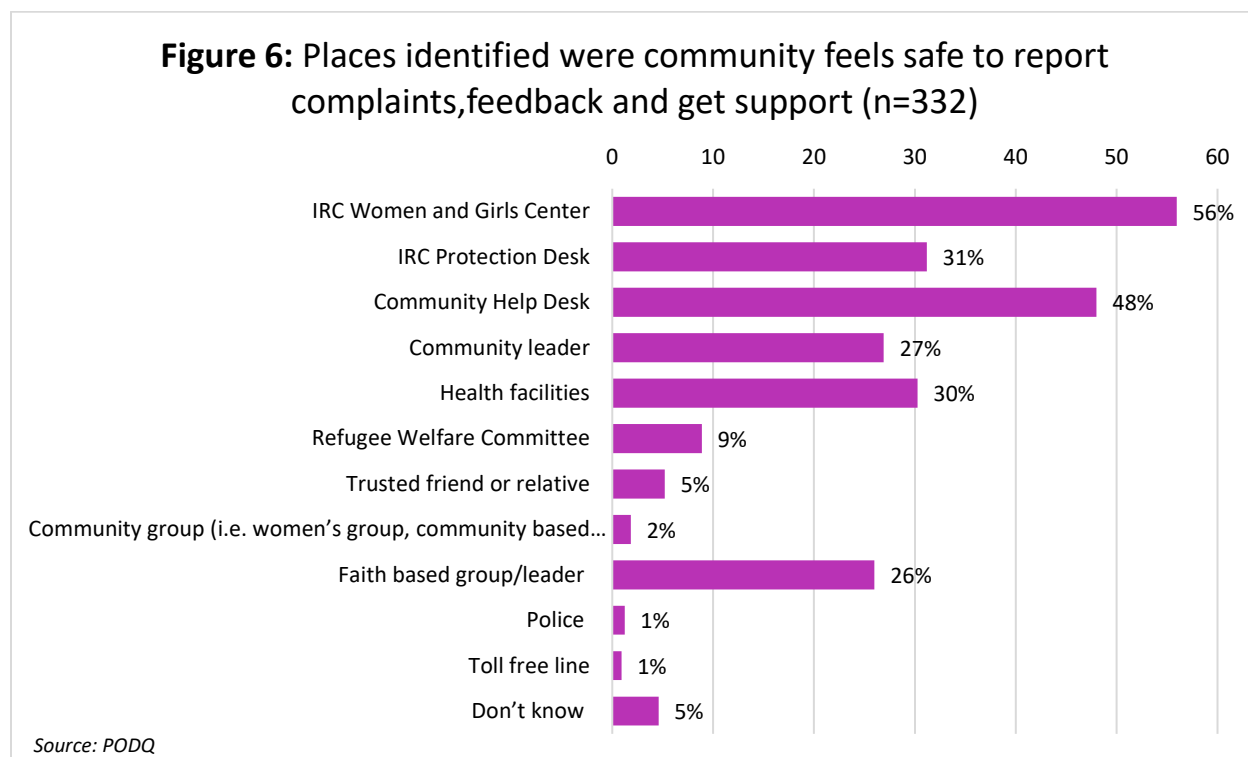
*“Most leaders are men and they stay with them in the centers first before reaching to women at homes.” – Man living in Uganda as a refugee*

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### **Understanding where, how, and if women and girls access reporting mechanisms and services**

The PODQ respondents were asked where they would go if they wanted to report a complaint related to aid or contact someone to give feedback or obtain support after being abused or exploited. The questionnaire proved to be very effective in capturing this information. The vast majority (74%) of the respondents named the IRC Women and Girls’ Centers as places where they could go to report a complaint related to aid and obtain support regarding SEA. Of all respondents, 56% said they would go to the IRC protection desk and 48% to community leaders. The respondents also shared where they thought women

and girls felt most safe or comfortable reporting complaints, giving feedback, and accessing services. A vast majority of the respondents (73%) mentioned that an IRC Women and Girls' Center was the place where they would feel most comfortable or safe reporting a complaint, obtaining support, or accessing services.



Respondents' knowledge of and preference in reporting to and seeking services at IRC Women and Girls' Centers is supported by safety audit findings that the Women and Girls' Centers were a safe space for aid recipients: IRC staff and volunteers were observed sharing complaint mechanisms and key messages on PSEA, as well as helping women and girls with dignity needs and any challenges that arose during the distribution.

IRC WPE staff and community volunteers shared verbal sensitization on SEA and GBV prevention at all the distribution sites and during mobilization for the distribution. The IRC staff and community volunteers communicated that all services are given to aid recipients and refugees free of charge; no humanitarian worker should demand anything in exchange for aid or services. If any issues should arise that women want to share, or receive referral or services for, they should visit an IRC Women and Girls' Center.

In addition to verbal messages, information on reporting and complaint mechanisms was posted on visual aids at the distribution in English and Juba Arabic. At all distribution sites, IRC staff and volunteers posted materials raising awareness on complaint and reporting mechanisms, GBV and SEA awareness prevention messages, and COVID-19 safety precautions. Awareness materials for low literacy/illiterate populations were available at all the three sites.

**Other forms of GBV or abuse related to COVID-19 or reported as increasing due to the pandemic**

The aim of the PODQ was to provide an opportunity to quickly and safely capture feedback from women and girls on how COVID-19 impacted their access to distributions, as well as any new or changing risks related to GBV and SEA.

When participants were asked to share if they felt fear at some point in the distribution process, 24% said they were fearful of other types of GBV (e.g. sexual assault, intimate partner violence). The questionnaire respondents went further to share that the other type of violence or abuse that women and girls in their communities were facing were linked to COVID-19 pandemic and response. Ninety percent of respondents named early/adolescent pregnancies and 71% mentioned early/forced marriage, followed by economic abuse (48%) and emotional/psychological abuse (35%).

## Recommendations

Based on the findings from the analysis of all the distribution monitoring data collected in the solar lamp and dignity kit distributions, below are recommendations for IRC Uganda and World Vision to improve the safety of women and adolescent girls at distribution sites. These can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

1. **Install latrines with locks at Women and Girls Centers and Protection Desks.** As latrines are in unfenced areas, there is a need to ensure they are sex-segregated or otherwise set up so that women and girls can safely and privately use them without interference from men and boys. The lack of toilet facilities at the distribution points was pointed out in the safety audits particularly as a threat to the dignity of the aid recipients.
2. **Display sensitization on SEA, GBV, and COVID-19 at all Women and Girls Centers with visuals that are accessible for low-literacy groups,** and ensure there are ways to successfully hang these materials at sites built with tarpaulin or other materials reported to be challenging. These materials are vital to raise awareness, regardless of whether or not a distribution is happening.
3. **Clearly define distribution spaces with a rope or other physical barrier to reduce confusion at the distribution sites.** Since Women & Girls Centers execute other programming and are also gathering points for refugees, it is critical to create designated distribution space so that staff and volunteers can focus on the distribution and monitoring tasks and ensure aid recipients maintain social distancing measures necessary for COVID-19 prevention, which proved challenging according to the safety audits.
4. **The distribution team received positive feedback from aid recipients on the privacy afforded by packing materials in a container, such as a bucket.** This should be applied to future distributions where sensitive materials, such as sanitary materials, are handed out to women and girls, to preserve dignity and safety in the distribution process. Women and girls anecdotally reported to Empowered Aid staff in the past that they may be harassed or shamed when walking home with sensitive materials that are not packaged for privacy.
5. **While Women and Girls Centers should not be regular distribution sites, future distributions should adopt the qualities that were favorable while holding the distributions at the Women and Girls Centers.** These include a space that felt safe and comfortable for women and girls, accessible

reporting and complaint mechanisms with IRC social workers and WPE volunteers who also could provide referrals and services, and safe access to latrines intended to be used only by women and girls.

- 6. Implement recommendations women, girls, and other aid recipients shared to make distribution points safer.** Based on Empowered Aid's findings from Phase I and other pilots, World Vision, IRC, and other NGOs should implement recommendations women and girls have made to increase their feelings of safety at distributions, including sex-segregated lines, increased female staff and volunteers working at the distribution, and transport support.
- 7. Targeted and increased engagement with host communities:** Much of the engagement is with the refugee communities and yet women and girls go into host communities to collect fuel and firewood. It is therefore important for aid actors to be deliberate around engaging host communities on creating a safe environment for the women and girls that go there to fetch fuel and firewood. Activities could vary from community dialogues, PSEA trainings, getting commitment from community leaders in the host communities to prevent SEA, etc.
- 8. Continue to build capacity of IRC Women and Girls Centers and Protection desks:** Since these were cited as the top two places where women and girls go to seek support and also report complaints, it is important that staff in these centers are continuously supported to build and expand their capacities and skills in providing support to women and girls. This can be through trainings, as well as ensuring adequate staffing at the centers and protection desks in order to support more people when the need arises.
- 9. Use of the right communication medium to reach everyone and raise awareness on PSEA:** Megaphones and microphones were found to be most effective in passing information to people. The use of boda boda mobile announcers specifically could be leveraged to reach women and men equally and sensitize community members about prevailing issues like SEA and early pregnancies within communities.
- 10. Broaden ways of working with communities and have coordinated efforts with other aid actors to prevent teenage pregnancy and early marriage:** With the closure of institutions like schools and minimized community engagement due to COVID-19 restrictions, aid actors need to work together to find safe ways of engaging community members by using the existing spaces where community members still access essential services like food distributions, water points, etc. IRC, through its Early Marriage project, can ensure increased presence of low literacy materials at Women and Girls' Centers and protection desks. IRC can also collaborate with World Vision to deliver key messages on SEA, early marriage, and teen pregnancy prevention as part of mobilization and pre-address announcements.

**GWI & IRC Solar Lamp and Dignity Kit Distribution, Empowered Aid Pilot 4**

**Safety Audit  
Summary of Findings**

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Overview

As part of Empowered Aid, the Global Women’s Institute (GWI) is working with the NGOs International Rescue Committee (IRC) and World Vision in Uganda, to adapt distribution monitoring tools to more proactively identify and address risks for sexual exploitation and abuse (SEA). These tools build on the

findings from Empowered Aid’s first phase, which identified ways in which the distribution processes can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

From April 26th to May 1st, 2021, the Global Women’s Institute, the International Rescue Committee Uganda, and World Vision Uganda distributed 880 solar lamps and 455 dignity kits to women and girls in Bidi Bidi refugee settlement, as one of Empowered Aid’s pilot tests to build evidence on safer distribution methods and monitoring. IRC Women’s Protection & Empowerment (WPE) and Protection & Rule of Law (PRoL) teams identified recipients from among women and girls of reproductive age (12-45 years) from their databases who were considered most vulnerable, including female- and child-headed households, women and girls living with disabilities, persons with special needs (PSNs), extremely vulnerable individuals (EVIs), active GBV cases, and GBV survivors. WPE Community Volunteers conducted door-to-door mobilization, visiting the women and girls at their homes to inform them of the location, time, and date of the distribution as well as sharing key messages on SEA and COVID-19 preventative measures. This report covers the results from the analysis of the three safety audits conducted during the solar lamp and dignity kit distributions.

TABLE 1. DISTRIBUTION SUMMARY	
TYPE OF DISTRIBUTION BEING PILOTED	ITEMS WERE DISTRIBUTED IN SMALL GROUPS OF AID RECIPIENTS COMING AT PRE-ASSIGNED TIMES
LOCATION OF DISTRIBUTION	BIDI BIDI REFUGEE SETTLEMENT, ZONES 2,3&4
DATE OF DISTRIBUTION	APRIL 26TH – MAY 1 <sup>ST</sup> , 2021
# OF PEOPLE REACHED	1335 (880 SOLAR LAMPS/455 DIGNITY KITS)
DISTRIBUTION MONITORING CONDUCTED	3 SAFETY AUDITS AT 3 DISTRIBUTION SITES
	196/120 SHORT (4 QUESTION) IN-PERSON SURVEYS FOR MEN AND WOMEN RECIPIENTS SAMPLED FROM EACH DISTRIBUTION SITE
COVID-19 RELATED CONTEXT	DISTRIBUTION OCCURRED AFTER LOCKDOWN LIFTED IN UGANDA

## Methods

To ensure the safety of the staff and aid recipients, women and girls came at pre-assigned times to the Women & Girls Centers in small groups to collect their dignity kits. The distribution took place outside of the Women and Girls Centers, with recipients waiting at designated points spaced 6 feet apart and marked with circles drawn on the ground with chalks or marked by rocks. One IRC WPE staff member would verify the aid recipients name and information, while another staff member would hand over the dignity kits to each woman/girl and show them the contents, while they remained in their circles (to maintain social distancing), and once all kits were handed out the women and girls could leave the distribution site. Six staff total supported this distribution process at each site. If an aid recipient needed further assistance or wanted to ask questions in private, they were given the opportunity to ask and stay to speak to a social

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

worker or set up an appointment at another time. IRC staff and community volunteers orally relayed messages on SEA and COVID-19 prevention to each group of women and girls when the women and girls were mobilized for the distribution and during the distribution before they were given the dignity kit, in addition to displayed visual aids with messaging.

TABLE 2: DISTRIBUTION TIMELINE AND AMOUNTS OF DIGNITY KITS /SOLAR DISTRIBUTED

Zone in Bidi Bidi	Distribution Site	Date	# of Dignity Kits/Solar Distributed
Zone 3	Protection Desk	April 26 <sup>th</sup> & 27 <sup>th</sup>	440
Zone 2	Child friendly space	April 28 <sup>th</sup> & 29 <sup>th</sup>	440
Zone 4	Women and Girls Center	April 30 <sup>th</sup> & May 1 <sup>st</sup>	455

Distribution monitoring was conducted during and after the distribution in accordance with COVID-19 restrictions. World Vision, IRC and GWI worked in close coordination throughout the design, training, implementation and analysis of distribution monitoring data. As part of distribution monitoring, a safety audit was conducted at each distribution site on each day of the distribution. The Empowered Aid team adapted IRC's existing safety audit tool to include specific risks and safety measures women and girls shared during the first phase of research and shortened the audit tool in response to COVID-19. The safety audit is an observational tool that can be conducted while maintaining social distance, and provides a systematic way in which to record structured observations of aid processes. In this case, the safety audit tool focuses on issues of access, safety, dignity, and information, in relation to the distribution. In addition, a short, multiple choice questionnaire was administered in-person at the distribution site; those findings are summarized in a separate report.

## Recommendations

- 1. Install latrines with locks at the Women and Girls Centers and Protection Desks.** As latrines are in unfenced areas, there is a need to ensure they are sex-segregated or otherwise set up so that women and girls can safely and privately use them without interference from men and boys. The lack of toileting facilities at the distribution points was pointed out in the safety audits particularly as a threat to the dignity of the aid recipients.
- 2. Display sensitization on SEA, GBV, and COVID-19 at all Women and Girls Centers with visuals that are accessible for low-literacy groups** and ensure there are ways to successfully hang these materials at sites built with tarpaulin or other materials reported to be challenging. These materials are vital to raise awareness, regardless of whether or not a distribution is happening.
- 3. Clearly define distribution spaces with a rope or other physical barrier to reduce confusion at the distribution sites.** Since Women and Girls Centers execute other programming and are also gathering points for refugees, it is critical to create designated distribution space so that staff and volunteers can focus on the distribution and monitoring tasks and ensure aid recipients maintain



social distancing measures necessary for COVID-19 prevention, which proved challenging according to the safety audits.

4. **The distribution team received positive feedback from aid recipients on the privacy afforded by packing materials in a container, such as a bucket.** This should be applied to future distributions where sensitive materials, such as sanitary materials, are handed out to women and girls, to preserve dignity and safety in the distribution process. Women and girls anecdotally reported to Empowered Aid staff in the past that they may be harassed or shamed when walking home with sensitive materials that are not packaged for privacy.
5. **While Women and Girls Centers should not be regular distribution sites, future distributions should adopt the qualities that were favorable while holding the distributions at the Women and Girls Centers.** These include a space that felt safe and comfortable for women and girls, accessible reporting and complaint mechanisms with IRC social workers and WPE volunteers who also could provide referrals and services, and safe access to latrines intended to be used only by women and girls.

### Checklist of Key Safety Audit Findings

<b>SAFETY AUDIT CHECKLIST</b>				
<i>Bidi Bidi Zone</i>	<b>ZONE 2</b>	<b>ZONE 3</b>	<b>ZONE 4</b>	
<i>Distribution Site</i>	Child Friendly Space	Protection Desk at FDP 1	Women and Girls Centers	<i>Summary of Findings</i>
<b>ACCESS</b>				
<i>Clear method for handling complaints</i>	√	√	√	All sites had clear methods for handling complaints.
<i>Defined distribution area that is clean and free of dangerous objects</i>	√	√	√	All sites clean and free of dangerous objects.
<i>Accessible visibility materials</i>	√	√	√	All the sites had visibility materials.
<i>Clear &amp; timely communication on the distribution</i>				A majority of the distributions had clear and timely communication.
<i>Did the distribution start on time?</i>	√	√	√	Distribution started on time except at the Women and Girls Center due to logistical challenges and poor weather.
<i>If not, were aid recipients informed?</i>	√	√		Aid recipients were informed of the delay at the Women and Girls Center.

<i>Appropriate behavior of staff/volunteers</i>	√	√	√	All staff behaved in a dignified and respectable way.
<i>Inappropriate behavior of staff/volunteers</i>				No inappropriate behaviour was observed at all distribution sites.
<b>SAFETY</b>				
<i>Adequate crowd control measures</i>	√			One, the child friendly space was defined by rope, concrete walls, or a fence.
<i>More female than male staff/volunteers</i>	√	√	√	All sites had more female than male staff.
<i>An equal number of female and male staff/volunteers</i>				All sites had more female than male staff.
<i>More male than female staff</i>				All sites had more female than male staff.
<i>Observation of SEA risk</i>	√			No observations of SEA risk occurred at the distribution sites.
<i>Active measures in place to prevent or mitigate SEA</i>	√	√	√	All sites took active measures to mitigate SEA including more female staff who were trained on PSEA.
<i>Interactions between Boda Boda / truck drivers and aid recipients</i>	√			Interactions observed in one of the sites, the Child Friendly Space.
<i>Handwashing facilities available</i>	√	√	√	Handwashing facilities were available at all distribution sites.

<i>Methods to ensure social distancing</i>	√	√	√	Methods to ensure social distancing were implemented at all distribution sites.
<i>COVID-19 awareness materials displayed</i>	√	√	√	COVID-19 awareness materials were displayed or shared at all distribution sites.
<b>DIGNITY</b>				
<i>Model of distribution takes into account the dignity of aid recipients</i>	√			The Chil Friendly Space took into account the dignity of aid recipients, <b>Women and Girls Center and Protection Desk did not have latrines, thus reducing dignity of the aid recipients.</b>
<i>Latrines at the distribution point</i>	√			<b>Only the child friendly space reported latrines available.</b>
<i>Latrines are lockable</i>	√			Only the child friendly site with latrines were lockable.
<i>Latrines are sex-segregated</i>				<b>No latrines were sex-segregated at any of the distribution sites.</b>
<b>INFORMATION ON THE DISTRIBUTION</b>				
<i>Information-dissemination on complaint mechanisms</i>	√	√	√	Complain mechanism information dissemination conducted at all sites.
<i>Sensitization on GBV/SEA</i>	√	√	√	Sensitization on GBV and SEA conducted at all sites.
<i>Dissemination done in English &amp; Juba Arabic</i>	√	√	√	Dissemination done in English and Juba Arabic at all distribution sites.

## Findings

### Access

#### Method for handling distribution complaints

All distribution points had clear methods of handling complaints. Aid recipients could give feedback or report a complaint directly to the IRC WPE staff at the Women and Girls Centers at all distribution sites. The staff also requested the aid recipients who had a complaint or problem once they reached home should go back to the Women & Girls Center or nearest complaint desk to report the complaint.

While information was shared to allow for transparency in why some women and girls received kits and others didn't, those who did not receive kits were also given information on how to share feedback via the complaint mechanisms outlined above. Aid recipients were further requested to check the items in the kit before leaving and report any issues to the staff immediately to rectify a missing item or other problem.

#### Layout, accommodation, and cleanliness of distribution points

The Zone 2 distribution site was defined with a fence, while Zones 3 and 4 were not. The fenced site was a child friendly space, while the others were a Women and Girls Center and a protection desk in open areas. There were methods for ensuring COVID-19 safe distances of approximately 2 meters at all the sites

There were separate access points at the child friendly space (Zone 2), but not at the other women and Girls centers. There were separate lines for women and girls and men and boys at the Zone 2 distribution site (child friendly space), but there were no separate lines at the Women and Girls Center one of the sites where dignity kits were distributed and no separate lines at the site where only men received the items. The distribution areas were kept "clean", i.e., without a lot of visible trash or potentially dangerous objects around. One of the sites was fenced, with guards who clean it. The Women and Girls Centers are cleaned daily by the women and girls and the protection desk is kept clean by volunteers. Distribution at two of the sites started early but was delayed by about an hour at the remaining site. Refugees who were not on the list were not registered. We explained to them about giving the items to fewer vulnerable people including some women, girls, men, and boys.

#### Communication and timeliness of distribution

The audits indicated that all distribution information was given verbally to the aid recipients and shared in a timely manner in the most commonly spoken languages, English, Kakwa and Juba Arabic.

The distributions started early at every distribution site except at the protection desk, where the team had relocated to a central place where men were able to come. When these delays occurred, information updates were shared verbally and by phone by the WPE community volunteers in English, Kakwa and Juba Arabic.

#### Conduct of those distributing dignity kits

All IRC staff and community volunteers were observed behaving in an appropriate manner towards aid recipients. They were polite, kind, and they directed recipients respectfully, especially when explaining to them how the items, particularly the solar lamps, are used. The distribution staff treated the women and

girls with respect, answering questions and concerns, sharing information on SEA and COVID-19 prevention, showing them to handwashing stations, and directing women and girls to where they could sit and wait in the shade if they arrived early. Those who arrived despite not being included in the targeted list were spoken to politely about the limited supply of dignity kits and solar lamps and how, therefore, the distribution was targeted to those most vulnerable and could not serve all women and girls or men and boys.

An IRC staff member would review the content of the dignity kit while kits were handed to recipients, to ensure transparency and clarity on what they would receive and allow recipients to double-check all contents were in the bucket. Recipients were also respectfully instructed on how to use the solar lamp. Clear and respectful communications occurred at all the sites, as distribution staff apologized to everyone who was not on the list. Staff also apologized for the delay that occurred at one of the distribution sites.

There were no instances observed in which staff and volunteers who were executing the distribution acted disrespectfully or inappropriately.

## Safety

### Crowding and crowd control

None of the distribution points were overcrowded because people came at different time intervals to observe the Standards operating procedures (SOPs) and men were mobilized at different intervals which helped to manage crowd. In addition, adequate crowd control measures were in place.

While only one distribution site, the Child Friendly Space, was fenced and the other two distribution sites, The Protection Desk and Women and Girls Center) did not have crowd control measures in place (such as rope, fences, or concrete walls), crowd control staff were present at each site. The crowd control staff were male and female WPE volunteers who helped to ensure that women and girls, men and boys, and staff maintained social distancing measures. All the male and female crowd control staff were wearing visibility items during the distribution. Issues arose with crowd control because aid recipients and other refugees who were not receiving aid would linger around the Women & Girls Center during the distribution. Without a rope or other designated barriers, including around the fenced site, proved difficult to maintain the separate distribution space.

At all of the distribution sites, the number of female staff exceeded the number of male staff. The number of female crowd control staff exceeded or matched the number of male crowd control staff. The number of female crowd control staff ranged from 1 to 5 females present at the distribution. A female crowd control staff member was always present at the distribution sites. Further details can be found in the table below.

TABLE 3: AMOUNT OF CROWD CONTROL STAFF/VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

<i>Distribution</i>	<i>Location</i>	<i># Female crowd control</i>	<i># Male crowd control</i>	<i>Totals</i>
<b>Zone 2</b>	Child friendly space	6	1	7
<b>Zone 3</b>	Protection Desk	3	1	4
<b>Zone 4</b>	Women and Girls Center	11	6	17
<b>Overall average ratio of female:male crowd control staff:</b>		<b>Approx. 5 females:2 male</b>		

### Distribution staffing and volunteers

At every distribution site, there were more female staff and volunteers present than male. Female volunteers helped with translation, while the male WPE volunteers helped in ensuring that aid recipients maintained social distancing measures. Further details are in the table below:

TABLE 4: AMOUNT OF STAFF AND VOLUNTEERS AT EACH DISTRIBUTION SITE DISAGGREGATED BY SEX

<i>Distribution</i>	<i>Location</i>	<i># Female staff/vol.</i>	<i># Male staff/vol.</i>	<i>Totals</i>
<b>Zone 2</b>	Child friendly space	2	0	2
<b>Zone 3</b>	Protection desk	1	0	1
<b>Zone 4</b>	Women and Girls Center	2	0	2
<b>Overall average ratio of female:male staff &amp; volunteers:</b>		<b>Approx. 2 females:0 males</b>		

### Sexual exploitation and abuse (SEA)

Every distribution site was observed as consistent with guidelines for safety, with no observed indications of known SEA risk. Female staff were present at all the Women and Girls Centers and participated in all the distributions at higher ratios than male staff. There were sex-segregated lines at one of the sites where both women and Girls and men and boys received items, but sex-segregated lines were not needed at the other two sites because the target beneficiaries were 100% female and male respectively, and police were not present.

All of the staff and volunteers who took part in the distribution received training on GBV core concepts and PSEA. Volunteers who took part in the distribution were trained either during Empowered Aid's PSEA trainings administered by GWI and IRC, or in IRC's *Listen Up* PSEA trainings.

## Transportation

Transport support was not provided for aid recipients. The dignity kit materials were placed inside a bucket and covered with lids so they were easy to carry and discretely packaged so that contents could not be seen when the aid recipients walked home. PSNs who participated in the distribution were supported by the IRC Protection & Rule of Law team, helping to take dignity kits and solar lamps closer to their residences or delivered directly to their homes so they did not have to travel long distances.

Boda Bodas (moto-taxi) were previously banned in response to COVID-19, but the ban has been lifted, and boda bodas have been seen moving around distribution sites again. Boda boda drivers were on site and vehicles were also seen at one of the sites carrying girls to the distribution sites. As a result, interactions with drivers occurred, indicating a higher risk that SEA might occur.

## COVID-19 safety related measures

All distribution sites had hand washing facilities with soap and water for aid recipients. Methods for ensuring physical distancing were practiced at all the distribution points, with support from crowd control staff who helped remind recipients to practice physical distancing and stay within their designated areas when receiving their dignity kits and solar lamps.

All distribution sites included oral and written messages on COVID-19 prevention and safety measures. The oral messages were delivered in English and Juba Arabic. The messages relayed at every distribution site included: "Wash hands with soap and water, maintain social distance, avoid hand shaking and stay home if you have signs like fever, sore throat, coughing and difficulty in breathing." These key messages were also shared during mobilization of the aid recipients. Women and girls were told they could come and ask questions to social workers or visit the Women and Girls Centers if they had more specific needs related to COVID-19.

## Dignity

### Overall dignity of distribution models used

The Child Friendly Space (Zone 2) and one Women and Girls Center (Zone 4) were found to adequately consider the dignity of recipients. The reasons for this included that fact that dignity kits were packed and transported by IRC staff to the distribution points. The manner in which the dignity kits were packed – all the items inside of a bucket covered with a lid to ensure privacy and avoid shame while walking home with the kit - was praised by both women and girls and men and boys. The recipients expressed great appreciation for the aid. As one recipient stated, *"Only God will reward the team for thinking about me. Since I came to the settlement I have never received lamps. During emergency, the distribution of lamps did not reach my zone."* In another moment during the distribution, women expressed excitement as they waited to receive lamps, stating that they had an ongoing need for them.

The distribution of dignity kits took place in safe spaces (the Women and Girls Centers, Zone 4) so women and girls collecting kits could feel comfortable while waiting for the solar lamps. The recipients were encouraged to go to the FDPs, however there was a shift due to the distance to the FDP. This was due to the fact that the target was the PSNs, yet the most vulnerable across the zone could not go there. Most of them ended up getting the items from the protection desk and a child friendly space that is not being used (since children are still home due to COVID-19). It was also an opportunity for staff at



the Women and Girls Center to describe other programming and activities that happen at the Centers and encourage aid recipients to return and engage with them.

The distribution targeted the needs of vulnerable women and girls. Survivors and active GBV cases included were identifiable as such, and everyone was treated equally.

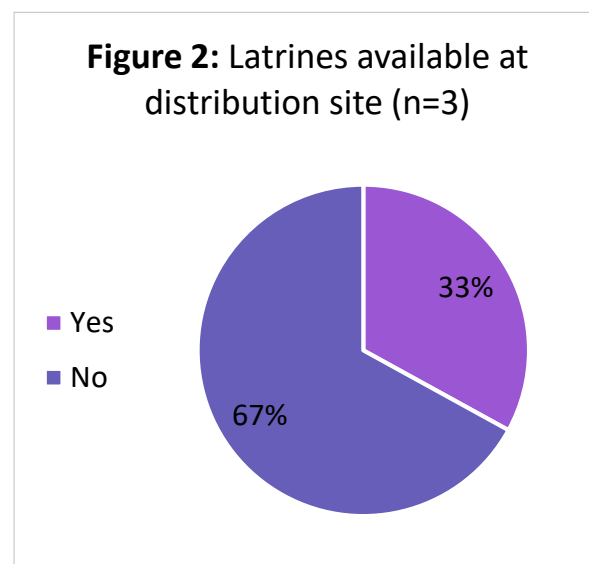
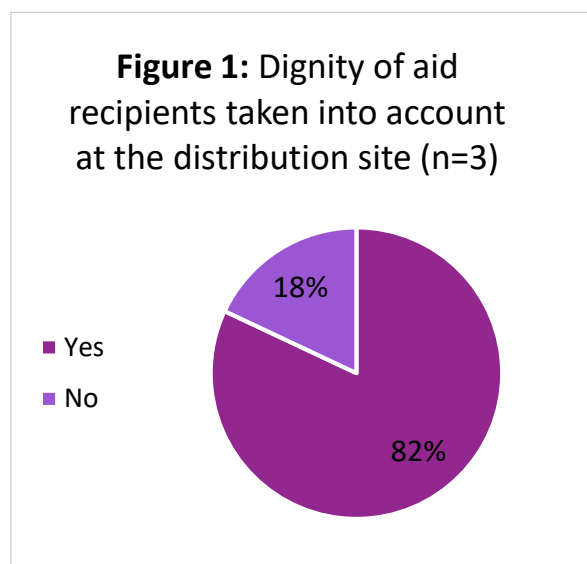
In Zone 2, Women on the Move Center had lockable toilets to ensure women's safety and respect while using the facilities and so that men and boys do not enter.

There is a counselling room at the Women & Girls Center, therefore if aid recipients are at the distribution and have questions or challenges for which they request support, they can talk to social workers and ask for help.

The two distribution sites in Zones 3 and 4 did not adequately take into account dignity of recipients due to a lack of toilets, which is particularly problematic for women and girls who are menstruating or facing incontinence issues.

### Latrines

Of the 3 sites where distributions were held, only Zone 2 had latrines available, but they were not sex-segregated. The latrines were located at the child friendly space, but due to the way the toilets were constructed, none were easily accessible for PSNs.



### Information on the Distribution

#### Feedback, question, or complaint mechanisms

At all of the distribution sites, aid recipients were informed verbally of the ways they can share feedback, questions or complaints for any distributions or issues that could arise. The main formats of information sharing communicated to the women and girls included Complaint Desks, Women and Girls Centers, and toll-free hotlines.

This information was disseminated verbally to all the women and girls who attended the distribution in English, Kakwa and Juba Arabic. It was repeated each time a new group of women and girls came to get their kits/solar lamps and displayed on posters on the walls of Women and Girls Center relaying the information.

IRC WPE staff and community volunteers shared verbal sensitization on SEA and GBV prevention at all the distribution sites and during mobilization for the distribution. The IRC staff and community volunteers communicated that all services are given to aid recipients and refugees free of charge; no humanitarian worker should demand anything in exchange for aid or services. If any issues should arise that women want to share, refer, or receive services for, they should visit the Women and Girls Center.

In addition to verbal messages, information on reporting and complaint mechanisms was posted on visual aids at the distribution in English and Juba Arabic. At all distribution sites, IRC staff and volunteers posted materials raising awareness on complaint and reporting mechanisms, GBV and SEA awareness prevention messages, and COVID-19 safety precautions. Awareness materials for low literacy/illiterate populations were available at all three sites.

#### Information dissemination for aid recipients and refugees in special situations

For all the distribution sites, the information was tailored to the specific groups identified for the distribution but did not single out any group or call attention to their vulnerability in order to respect privacy and confidentiality. The messages on SEA, COVID-19, and reporting mechanisms were shared amongst all women, girls, men and boys who attended the distribution.

## Recommendations

Based on the findings from the safety audit analysis, below are recommendations for IRC Uganda to improve the safety of women and girls at distribution sites. These recommendations can also be adapted by other NGOs and humanitarian actors at a wide range of distributions in Bidi Bidi settlement and other refugee settlement locations in Uganda.

6. **Install latrines with locks at the Women and Girls Centers and Protection Desks.** As latrines are in unfenced areas, there is a need to ensure they are sex-segregated or otherwise set up so that women and girls can safely and privately use them without interference from men and boys. The lack of toileting facilities at the distribution points was pointed out in the safety audits particularly as a threat to the dignity of the aid recipients.
7. **Display sensitization on SEA, GBV, and COVID-19 at all Women and Girls Center with visuals that are accessible for low-literacy groups** and ensure there are ways to successfully hang these materials at sites built with tarpaulin or other materials reported to be challenging. These materials are vital to raise awareness, regardless of whether or not a distribution is happening.
8. **Clearly define distribution spaces with a rope or other physical barrier to reduce confusion at the distribution sites.** Since Women and Girls Centers execute other programming and are also gathering points for refugees, it is critical to create designated distribution space so that staff and volunteers can focus on the distribution and monitoring tasks and ensure aid recipients maintain social distancing measures necessary for COVID-19 prevention, which proved challenging according to the safety audits.

9. **The distribution team received positive feedback from aid recipients on the privacy afforded by packing materials in a container, such as a bucket.** This should be applied to future distributions where sensitive materials, such as sanitary materials, are handed out to women and girls, to preserve dignity and safety in the distribution process. Women and girls anecdotally reported to Empowered Aid staff in the past that they may be harassed or shamed when walking home with sensitive materials that are not packaged for privacy.
  
10. **While Women and Girls Centers should not be regular distribution sites, future distributions should adopt the qualities that were favorable while holding the distributions at the Women and Girls Centers.** These include a space that felt safe and comfortable for women and girls, accessible reporting and complaint mechanisms with IRC social workers and WPE volunteers who also could provide referrals and services, and safe access to latrines intended to be used only by women and girls.

## Solar Lamp and Dignity Kit Distribution, Empowered Aid Pilot 4

### Point of Distribution Questionnaire Summary of Findings

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### Overview

As part of Empowered Aid, the International Rescue Committee (IRC) Uganda, World Vision, and the Global Women's Institute (GWI) are working to adapt tools for monitoring distributions to more proactively identify risks for sexual exploitation and abuse (SEA) and take action to mitigate them. These tools build on the findings from Empowered Aid's first phase, which identified ways in which the distribution process can put women and girls at risk of SEA, and how to mitigate those risks.<sup>1</sup>

From April 26<sup>th</sup> – 1<sup>st</sup> May 2021, IRC, World Vision and GWI distributed 880 solar lamps and 455 dignity kits to a targeted group of women, girls, men and boys living in Bidi Bidi refugee settlement. The solar lamps support beneficiaries by providing increased lighting in their households as well as a sense of safety and security. Dignity kits support the health, safety and dignity of women and girls by providing vital health and hygiene supplies. The kits were privately packed in a bucket and included soap, panties, sanitary pads, kanga fabric, and Vaseline. While the solar lamps were procured by the Empowered Aid Uganda team prior to the COVID-19 pandemic, the 455 dignity kits were procured in 2021 with the intention of implementing a pilot to continue testing the recommendations arising from Empowered Aid's first phase and to adapt distribution monitoring tools to better measure SEA risk and safety in aid distribution. [Note:

<sup>1</sup> For more information about Empowered Aid, visit <https://globalwomensinstitute.gwu.edu/empowered-aid>. Findings from the first phase in Uganda can be found in the report online here: <https://globalwomensinstitute.gwu.edu/empowered-aid-resources>.

*a pilot was already done with an initial distribution of 880 dignity kits at the onset of COVID-19 outbreak in Uganda. To find out more about the findings of that pilot and other research in Uganda, please visit the [GWI website](#)].*

Despite the continuing COVID-19 pandemic, IRC, World Vision and GWI decided to distribute the solar lamps and dignity kits that had been procured, as they would provide a great benefit to community members and allow the program team to learn more about the challenges that women and girls were facing during COVID-19. For the solar lamp distribution, the IRC Women's Protection & Empowerment (WPE) and Protection & Rule of Law (PRoL) teams identified women, girls, boys and men (12-70 years old) from their databases who met the vulnerability criteria. Persons meeting the vulnerability criteria included widows, survivors, girls at risk (single teenage mothers, unaccompanied minors), elderly men, school going boys in candidate classes, men with severe disabilities, and male survivors.

For the dignity kit distribution, the WPE and PRoL teams identified women and girls of reproductive age (12-45 years) from their databases who met vulnerability criteria including female- and child-headed households, women and girls living with disabilities, persons with special needs (PSNs), extremely vulnerable individuals (EVIs), active GBV cases, and GBV survivors. After the Empowered Aid Project Officer and Empowered Aid Manager generated the list of aid recipients, WPE and PRoL Community Volunteers conducted door-to-door mobilization, visiting the women and girls at their homes to inform them of the location, time, and date of the distribution and sharing key messages on SEA and COVID-19 preventative measures.

To protect the health and safety of those involved in the distribution and monitoring exercises, the IRC, World Vision and GWI team revised the Point of Distribution Questionnaire (PODQ) and turned it into a survey that could be conducted within a shorter period of time (average of 30 minutes per interview). The survey was then administered at the point of distribution to 25% of aid recipients. This shortened survey allowed women and girls to provide feedback on whether the distribution met their needs, and to comment on COVID-related issues that they may not otherwise be able to share due to new limitations of services and mobility surrounding COVID-19 restrictions.

This distribution applied two of the phases one recommendations: increasing the number of female security staff at the distribution points and organizing aid recipients in small groups to come at pre-assigned times to minimize crowding and confusion at distribution points. During mobilization, PSEA and COVID-19 messages were communicated and the beneficiaries had been encouraged to come to collect their items while wearing masks. The beneficiaries were divided up into groups of 20, with each group pre-assigned a time to arrive at the distribution site to collect their items. This distribution method also happened to be supportive of social-distancing protocols related to the COVID-19 pandemic. The solar lamp distribution took place in Zones 2 and 3 at the World Vision food distribution points (FDPs) and the security staff ensured that there was order. Groups that arrived were attended to and asked to sit under a tent where they were spaced 2 meters apart as they waited for their turn to be verified. The dignity kit distribution took place in Zone 4 at the IRC women and girls centers where a physical distancing of 2 meters was encouraged amongst the beneficiaries. WPE staff were present to ensure that the standard operating procedures (SOPs) were followed and to provide masks to any beneficiaries who did not have one. The staff also communicated to beneficiaries that they were available to guide and support anyone who wanted to talk to a social worker.

Table 1: Number of aid recipients and percent included in sample

Distribution Location	# of recipients at distribution	# of people sampled for PDM	Percent people sampled for PDM out of total
Zone 2	440	119	27%
Zone 3	440	124	28%
Zone 4	455	89	20%
<b>Total # or Avg. %</b>	1335	332	25%

## Methodology

The PODQ was administered by a team of trained enumerators who were supported by a team of translators. The enumerators and translators underwent a four-day training on gender-based violence (GBV) concepts and SEA, research ethics and referrals, as well as the PODQ tool. They also practiced how to administer the tool using the Kobo platform. This was to ensure that data collection was done in an ethical way, enumerators and translators understood the questions well, and respondents that needed more information on where to seek for support were availed with it.

The PODQ tool focused on four key areas: communication of distribution information, fear in the distribution process, SEA risk, and accessing complaint mechanisms and services. Same sex interviews were conducted i.e., female enumerators interviewed female beneficiaries while male enumerators interviewed male beneficiaries. Same sex enumerators and translators were also paired. Every enumerator had a target of conducting seven interviews per day, for a target sample of 378 interviews. However, due to slight changes in location of distribution and flexibility of the team to ensure more beneficiaries (especially men) were able to collect their items, a final total 332 interviews were conducted. Boys and girls were not included in the sample because consent from a parent or guardian could not always be obtained on site. All those selected for the questionnaire agreed to complete it. No other groups were surveyed except for the aid recipients.

## Summary of Findings

### Information and communication on aid distributions

#### Methods of receiving information

Participants were asked to share how they typically find out about when aid distribution is happening. A vast majority (74%) cited megaphones and microphones (often used by Boda Boda motorcycles) as the primary means through which they receive this information. This was followed by IRC women and girls' centers and word of mouth, which were mentioned by 42% and 41% of participants, respectively. Only a handful (0.3%) of beneficiaries received information about distribution via mobile phone messaging.

#### Most effective methods for communicating the information

Forty six percent of the participants (154 out of 332) shared that the use of megaphones and microphones, was the most effective method of communicating information. This was followed by mobile van

announcement systems which were mentioned by 53 of the 332 respondents (16%) and IRC Women and Girls centers (9%). The majority of the respondents that preferred megaphones and microphones specifically mentioned the Boda Boda talk talks since they use megaphones to deliver messages to the communities (see Figure 1).

Boda Bodas are a way of passing on information (using motorcycles) within communities ranging from awareness raising on topical issues within the community like SEA and COVID-19 to information about distributions. In order to reach as many people as possible both near and far, megaphones are used and people are able to get information regarding ongoing or upcoming events using this platform.

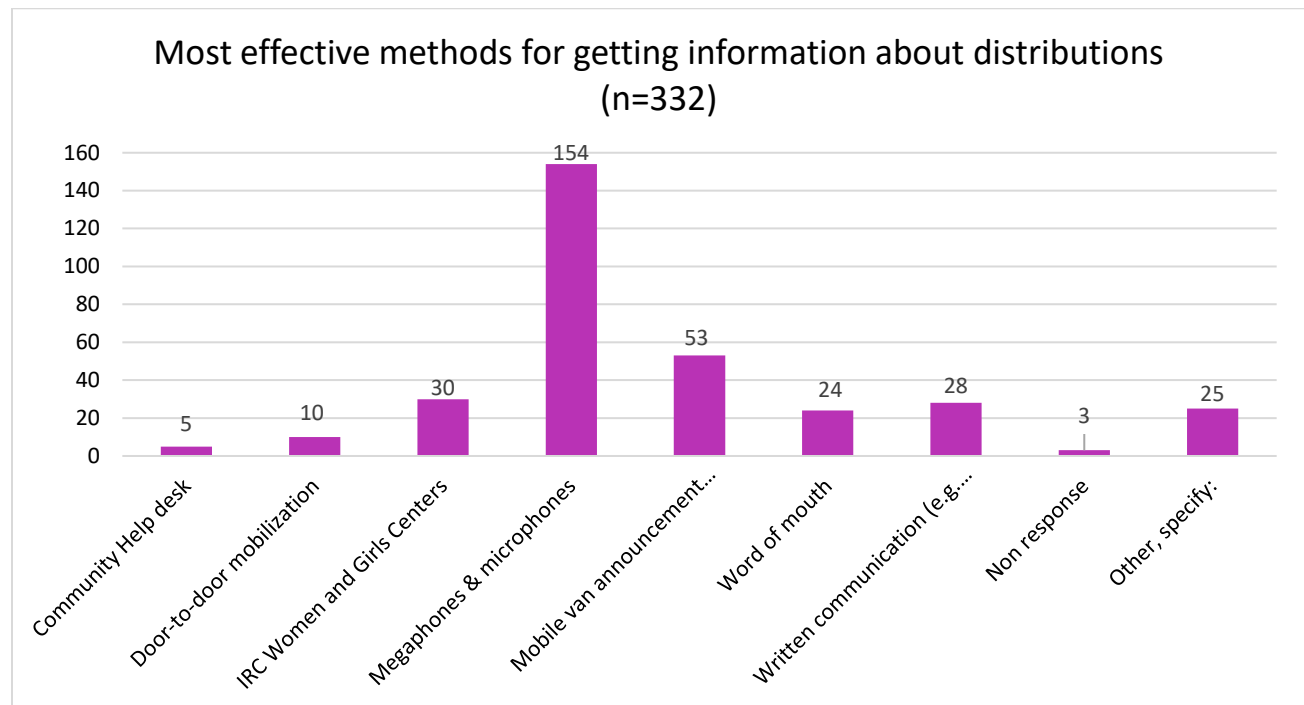


Figure 1: Methods most effective, or useful in getting information about distributions.

### Sources of information

Eighty five percent of the respondents mentioned that they get information about aid distribution from their community leaders. This was followed by NGO staff at 58%, NGO volunteers at 32% and friends or family at 13%.

Beyond sharing the sources of getting information, participants also shared which source they considered to be most effective or useful, in terms of sharing information on distributions so that women, girls, boys and men can hear about it. Community leaders were mentioned as the most effective source of receiving information (58%), followed by NGO staff (29%) and NGO volunteers (5%).

### Who most often hears the information

Forty eight percent of the respondents mentioned women as most likely to hear information regarding distribution. Men were cited by 36% of the respondents. Of those that mentioned men as most likely to hear the information, many said it was because men are always hanging around the trading centers where

information is likely to be communicated, or they are in positions of power and are thus likely receive that information first.

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*“Most leaders are men and they stay with them in the centers first before reaching to women at homes.”  
– Man living in Uganda as a refugee*

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Women were said to be the ones that receive information more often because of the role they play in the household. Some respondents mentioned the fact that some women are the household heads or that women are more concerned with the wellbeing and survival of the family (even when they have a partner), and so are keen on seeking out for information regarding distribution.

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*“Because women and girls face a lot of challenges that is why they pay attention to hear any information.”  
– Woman living in Uganda as a refugee*

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Many participants mentioned that women are able to access much-needed information from the IRC women and girl’s centers. There were also other sources cited where women might access information like the grinding mills, water points and while they are conducting their businesses by the roadside.

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*“Women get information when they come to the grinding miles, fetching water since this points are located by the road side.” – Man living in Uganda as a refugee*

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### Fear reported throughout the distribution process

Eighty-two percent of the respondents reported fear during the distribution process since the COVID-19 restrictions began. Respondents were asked at what point in the aid distribution process they felt a lack of safety. Seventy-two percent mentioned at the distribution, 40% mentioned when traveling from the distribution or transporting goods home, and 37% said during registration/verification exercises (see Figure 2). Some of the reasons for fear given include loss of food at the exit gate or feeling of lack of safety when waiting in line due to a physical disability.



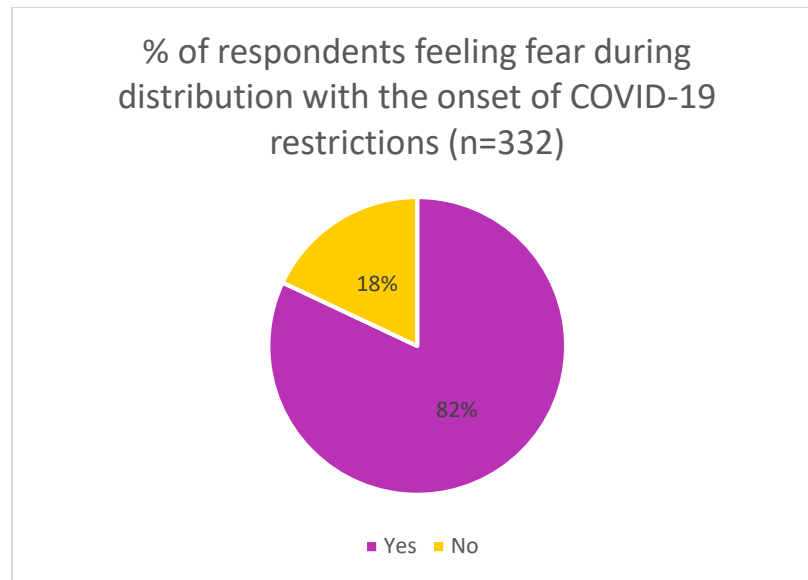


Figure 2: Feeling about the lack of safety during the aid distribution process.

#### Fear related to gender-based violence (GBV) and other violence

Gender based violence takes on many forms including physical, emotional/psychological, economic and sexual. Participants in the survey were asked if they felt fear in relation to gender-based violence (e.g. sexual assault, intimate partner violence) and 24% of respondents said that they felt fear while accessing aid.

Women, girls, boys and men are also at risk of experiencing other forms of violence while they are accessing aid. These other types of violence include physical or verbal fighting and theft. Sixty-seven percent of the respondents in the survey mentioned that they had other violence-related fears while trying to access aid.

#### SEA risk in the distribution process

Twenty six percent of respondents mentioned that they felt a lack of safety in relation to sexual exploitation and abuse while accessing aid. When asked if they had heard or seen anyone who had been taken advantage of sexually by a NGO staff, partner or community volunteer, 27% of respondents said that they had.

Among the participants who reported having seen or heard of someone being sexually exploited, 69% said that the exploitation was related to accessing fuel and firewood. Fifty-six percent said that it was related to food and 15% said that it was related to health aid. Sixty-eight percent of the participants mentioned community members as common perpetrators of SEA in exchange for aid. This might be linked to the fact that many women and girls travel into host communities to access fuel and firewood and are thus vulnerable to exploitation and abuse. Other reported perpetrators of SEA include UN/NGO volunteers (reported by 39% of respondents), security guards (reported by 23% of respondents), UN/NGO staff and Boda boda (moto-taxi) drivers (reported by 21% of respondents).

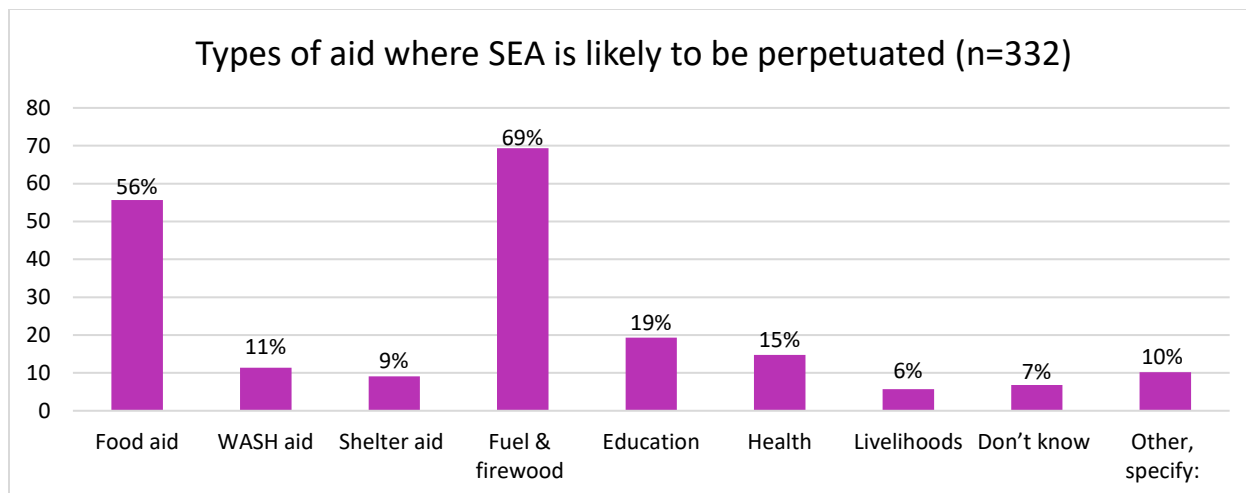


Figure 3: Types of aid where women and girls have been seen or heard to be sexually exploited in order to access it.

As seen in figure 4, there are several known perpetrators of SEA. In order to create a safe environment for women and girls when they are accessing aid, it is important to engage everyone involved in the distribution process. Since community members were the most commonly reported perpetrators, they are the likely the best starting point of engagement as other aid actors also engage their staff and aid workers to prevent SEA.

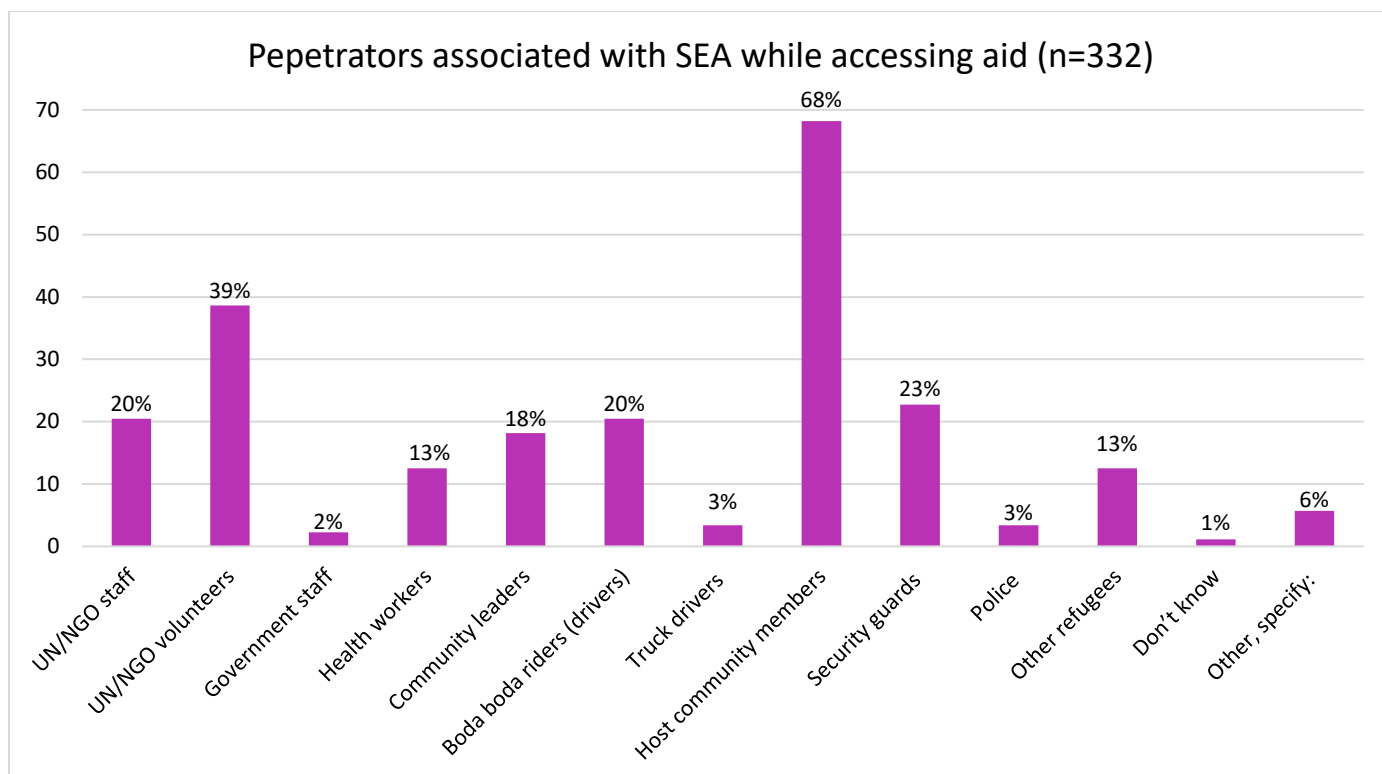


Figure 4: Perpetrators associated with SEA risk in aid distribution.

In response to the global COVID-19 pandemic, many governments have put in place measures to prevent its spread. Some of these measures include lockdowns (where little or no movement is allowed) and

closure of institutions like schools, places of worship and other spaces that bring people together. While necessary to curb the spread of COVID-19, these measures come with other consequences, including violence related to the pandemic. Participants were asked to share other types of violence or abuse that women and girls in their communities were facing linked to the COVID-19 pandemic and response. Ninety percent of respondents mentioned early or adolescent pregnancies, 71% mentioned early or forced marriage, 48% mentioned economic abuse, and 35% mentioned emotional/psychological abuse.

### Reporting complaints, obtaining support, and accessing services

Seventy four percent of respondents mentioned that they would go to the IRC Women and girl's centers if they had a report related to aid and wanted to provide feedback or get support after being abused or exploited. Fifty-six percent of respondents said they would go to the IRC protection desk, 48% to community leaders, 31% to the community help desk, 27% to the health facilities.

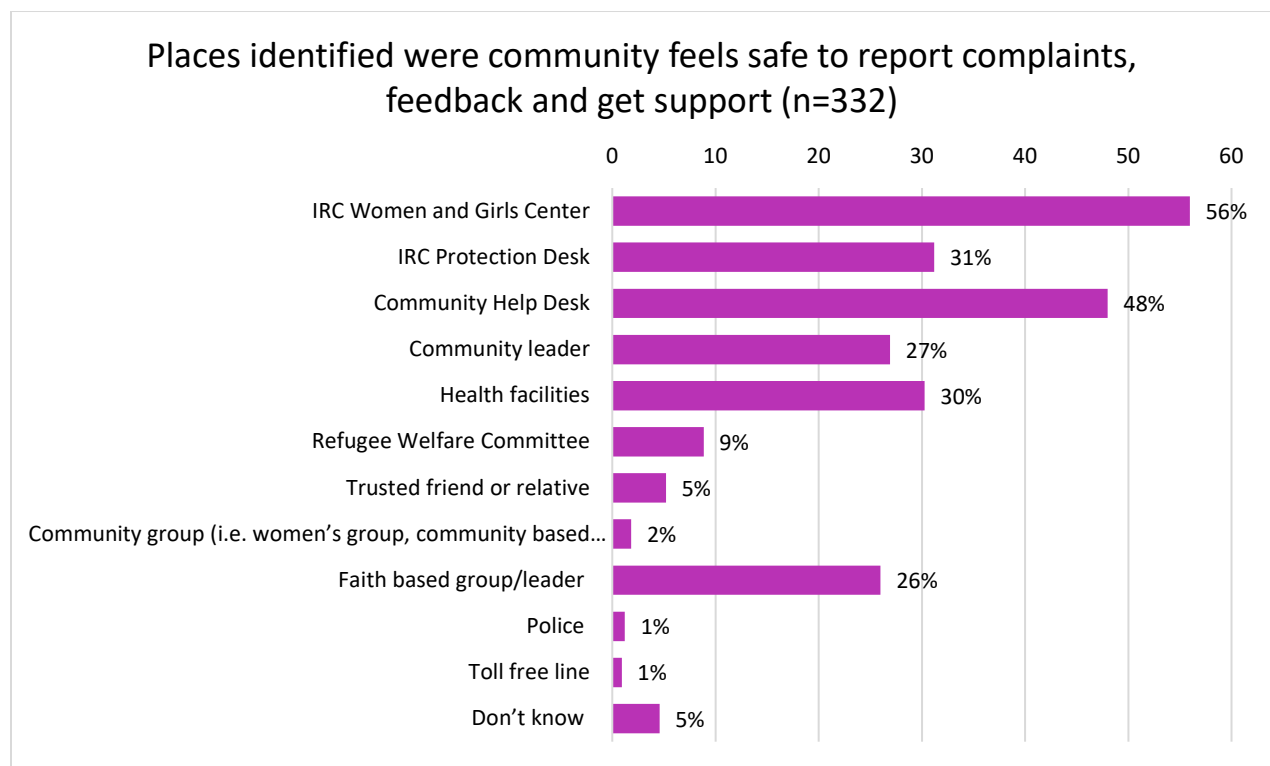


Figure 5: Places identified were community members feel safe to report complaints, feedback and get support.

Respondents were also asked to share where they thought women and girls felt most safe or comfortable reporting complaints, giving feedback, and accessing services. Seventy-three percent mentioned IRC women and girl's centers, 35% said the IRC protection desk, while community leaders and community help desks followed with 15% and 14% respectively.

## Recommendations

1. **Implement recommendations women, girls, and other aid recipients shared to make distribution points safer.** Based on Empowered Aid's findings from Phase I and other pilots, World Vision, IRC, and other NGOs should implement recommendations women and girls have made to increase their feelings of safety at distributions, including sex-segregated lines, increased female staff and volunteers working at the distribution, and transport support.
2. **Targeted and increased engagement with host communities:** Much of the PSEA engagement offered by aid organizations occurs within refugee communities, yet refugee women and girls go into host communities to collect fuel and firewood. It is therefore important for aid actors to be deliberate around engaging host communities in creating a safer environment for women and girls as they fetch fuel and firewood. Activities could vary from community dialogues, PSEA trainings, getting commitment from community leaders in the host communities to prevent SEA, etc.
3. **Continue to build capacities of IRC Women and Girls Centers and Protection desks:** Since Women and Girls Centers and protection desks were cited as the top two places where women and girls go to seek for support and report complaints, it is important that staff in these centers are continuously supported to build and expand their capacities and skills in providing support to women and girls. This can be accomplished through trainings for staff. IRC also needs to ensure that there is adequate staff at the centers as well as protection desks to support more people when needed.
4. **Use of best communication medium to reach everyone to raise awareness on PSEA:** Megaphones and microphones were found to be most effective in passing information to people. The use of boda boda talk talks specifically can be leveraged to reach women and men equally and sensitize community members about prevailing issues like SEA and early pregnancies within communities.
5. **Broaden ways of working with communities and have coordinated efforts with other aid actors to prevent teenage pregnancy and early marriage:** With the closure of institutions like schools and minimized community engagement due to COVID-19 restrictions, aid actors need to work together to find safe ways of engaging community members. This can be done by using the existing spaces where community members still access essential services like food distributions and water points. Through its Early Marriage project, IRC can ensure increased presence of low literacy materials at Women and Girls centers and protection desks. IRC can also collaborate with World Vision to deliver key messages on SEA, early marriage, and teen pregnancy prevention as part of mobilization and pre-address announcements.