



*Gender Transformation
& Empowerment*



POPULAR VERSION OF THE REPORT

**ON RAPID CARE ANALYSIS (RCA) & HOUSEHOLD CARE SURVEY (HCS)
IN LAMWO DISTRICT, ACHOLI SUB-REGION, NORTHERN UGANDA**

2015

POPULAR VERSION OF THE REPORT

**ON RAPID CARE ANALYSIS (RCA) & HOUSEHOLD CARE SURVEY (HCS) IN
LAMWO DISTRICT, ACHOLI SUB-REGION, NORTHERN UGANDA**

Acknowledgement

Uganda Women's Network (UWONET) would like to thank the Consultant Dr. Mary Ssonko who took lead in the development of the abridged report. This report was informed by a comprehensive study; The Rapid Care Analysis (RCA) and Household Care Survey (HCS), 2014 which established pre-project conditions in the Acholi context and generated strategies for project interventions that recognize, reduce and redistribute existing unpaid care work within the household, the immediate community (civil society), the market (private sector) and the state authority (central and local governments).

Special appreciation goes to the OXFAM Uganda Country Office, OXFORD, and UWONET staff who edited and made valuable input into this report

This Publication was developed with support from OXFORD and the OXFAM Uganda Country office as a key output under the WE-CARE Project.

Table of Contents

Acknowledgement	ii
Abbreviations	iv
1.0 BACKGROUND	1
2.0 OBJECTIVES	3
3.0 METHODOLOGY	3
4.0 FINDINGS	4
4.1 Household Characteristics	4
4.2 FINDINGS IN RELATION TO CARE WORK	8
4.3 NORMS AND PERCEPTIONS ABOUT CARE WORK	10
4.4 GENDER ROLES AND CARE WORK	10
4.5 THE GENDER IMPLICATIONS OF CARE WORK	11
4.6 PROBLEMATIC CARE WORK	12
4.7 EXTERNAL SUPPORT FOR PROVIDING CARE	12
5.0 OPTIONS AND SOLUTIONS FOR REDUCING AND REDISTRIBUTING CARE WORK	14
6.0 STUDY RECOMMENDATIONS	17
7.0 CONCLUSION	19

ABBREVIATIONS

ACORD	Agency for Cooperation in Research and Development
CSO	Civil Society Organisation
FGD	Focus Group Discussion
HCS	Household Care Survey
IDP	Internally Displaced People
LC	Local Council
NDP	National Development Plan
NGO	Non Governmental Organisation
RCA	Rapid Care Analysis
SAGE	Social Assistance Grants for Empowerment
UGX	Uganda Shillings
UNHS	Uganda National Household Survey
UWONET	Uganda Women's Network
WE-Care	Women's Economic Empowerment and Care
WORUDET	Women and Rural Development Network
VSLA	Village Savings and Loans Association

1.0 BACKGROUND

This is a brief report presenting results from a comprehensive gender based baseline study conducted on Rapid Care Analysis (RCA) and Household Care Survey (HCS) in Lamwo District in Acholi Sub–Region in Northern Uganda in August 2014. Lamwo is one of the seven districts in the Acholi sub–region. About five in ten people in Lamwo District are illiterate (Uganda National Household Survey (UNHS) 2009/2010). Again in this District, about seven out of every ten people are poor. In this region, just like in many other parts of the world, gender inequality is still high.

Gender inequality in Acholi communities is manifested in the following areas: marital relationships characterised by unequal status between spouses in favour of males, gender identity, access to education, freedom of movement, land and property ownership, generation and control of family income, sex role differentiation in work allocation, decision making on family and community issues, oppression and exploitation of females, domestic and sexual violence. All these have implications for care work distribution, the bulk of which is done by females who usually work more than 14 hours every day. What makes matters worse is that in a patriarchal cultural setting in Acholi, there are very few males who support women in care work activities.

Care work in Acholi includes domestic chores such as cooking, fetching water, fetching firewood fuel, digging, harvesting, grinding, cleaning and washing clothes and dishes, smearing houses with cow dung, looking after children, husbands and adult relatives, care for the ill and the disabled and community and market related activities like selling produce and buying household needs. Much of this care work is not paid for and has many implications for women's health, well-being, mobility, time for training and employment and it perpetuates their unequal status in society mentioned above. It also limits women's level of participation in development activities in the domestic and public domains.

The Burden of care work remains invisible to many Ugandans both in the rural and urban areas. For many, it is perceived as “women's work”, or “Petty work” and thus not recognized as a subtle driver of national development. Care work therefore should be recognised, reduced and redistributed at the household, community, market and national levels. Care work should not be just a ‘women's issue’ but should be considered and carried out by other

household members, as well as by market actors, civil society organisations and governmental policy.

In Acholi region, this situation described above was aggravated by twenty years of civil war (1987 –2007) that resulted in socio-economic vulnerability, disintegration of traditional forms of community level support and lack of institutions to safeguard human rights. As such, women, children and other vulnerable groups were particularly rendered susceptible to various forms of sexual and gender based violence (SGBV). Whereas the war ended the effects are still felt in the region hence the need for intervention.

Currently, the common determinants of SGBV in Northern Uganda are patriarchal interests/ideology, alcoholism, pornography, unequal division of labour, land disputes and HIV and AIDS. This study was conducted in August 2014 under WE–Care Project, supported by Oxfam and carried out by Uganda Women’s Network (UWONET), comprised of 16 national women’s organisations is an advocacy and lobbying network of national women’s NGO’s and individuals, operating in Uganda.

UWONET was born out of the East African Women’s Conference held in Kampala in 1993 in preparation for the UN World Conference on Women in Beijing, China in 1995. UWONET Amplifies the women’s voice with a view of influencing policy formulation processes and law reform aimed at entrenching gender equality and challenging the social-cultural practices that undermine gender equality and the dignity of women.

UWONET also provides a platform for women to voice their interests and concerns; to coordinate women’s collective and individual efforts for long-term and sustainable development processes; and, empowers women to become the force and drivers of their own development agenda, and Women and Rural Women Development Network (WORUDET) an indigenous non-governmental organization working in Pader, Agago, Lamwo and Kitgum districts.

It was formed by a group of activists in 2003 to help women in northern Uganda recover from two decades of conflict through economic empowerment and human rights promotion. Today, it works to create a community that is inclusive for women, men and children by addressing social injustices such as gender-based violence, negative cultural norms and practices, discriminatory practices and by promoting socio-economic opportunities. Since its inception,

WORUDET has been at the forefront of advocating for women rights focussing on VAW at grassroots levels and promoting gender equality in conflict and post conflict context.

This report therefore presents a summary of the Rapid Care Analysis and House Hold Care Survey Report (2014) findings and recommendations on care work in the Acholi context basing on Lamwo District in Northern Uganda.

2.0 OBJECTIVES

The main objective of this study was to undertake Rapid Care Analysis (RCA) and Household Care Survey (HCS). The Rapid Care Analysis was a focus group discussion workshop with community members that aimed to understand patterns of care work and to develop context-specific strategies that will subsequently be implemented to reduce and redistribute care work.

The Care Household Survey provided a baseline of current patterns of providing care in households. It aimed to learn about what happens in households, in communities where a range of 'care change strategies' are being implemented and to build understanding about pathways of positive change for more equitable care provision in households and communities to establish pre-project conditions in the Acholi context and to generate strategies for project interventions that recognize, reduce and redistribute existing unpaid care work within the household, the immediate community, the market and the central and local governments.

The specific objectives were as follows:

1. To analyze the current status of care work between men and women with the view of generating practical strategies for recognizing, reducing and redistributing care work.
2. To assess the available services, infrastructure and options that can help reduce and redistribute care work.
3. To suggest recommendations for the improvement of the WE Care Programme design.

3.0 METHODOLOGY

This was a baseline survey that adopted a combination of qualitative and quantitative approaches. Participatory approaches in particular the RCA

were used to collect the qualitative data and the household care survey questionnaire was used to collect quantitative data. The RCA used a four step approach, namely, inception, field visits, analysis and reporting phases. The RCA participants were 80 and were purposively sampled. Data was collected in four interactive sessions of 20 participants each by facilitators who were fluent in Acholi language and familiar with the socio-cultural, economic and political context in Lamwo District. The following tools were used: relationship diagram, time allocation chart, weekly main activity chart, simultaneous activity chart, pre-conflict, during conflict and after conflict charts, seasonal calendar, problematic care rating matrix, care reduction option table and care reduction and redistribution matrix. The HCS questionnaire was administered to a total of 426 matched households (HHs) whereby the project area HHs were 208 and the control area HHs were 218. The households were drawn from 30 villages, selected from 12 parishes, selected from 6 sub-counties in Lamwo District. The three project sub-counties were Lokung, Palabek Ogili, and Padibe East while the three control sub-counties were Palabek Kal, Palabek Gem, and Padibe West. A multistage sampling procedure was used in the selection of the HHs population. The respondents who comprised of husbands and wives were sampled and selected randomly using the government community register kept at village level by the local village chairperson or leader. Each sub-county was randomly chosen and three parishes were also randomly selected from each sub county.

4.0 FINDINGS

The section below presents the summary of the study findings under the subsections of household characteristics, care work recognition, contribution of women to care work, reducing and redistributing care work and gender implications of care work.

4.1 Household Characteristics

Religious Affiliation

Religion is very important in understanding gender issues of a given community because it perpetuates patriarchal gender ideology on one hand and on the other hand, it provides a strong forum for women for community mobilization, empowerment and development. Over 60% of the respondents both husbands and wives in the control and project areas were of the Catholic faith. The rest were Protestants, Pentecostals or belonged to born again churches,

Moslems, and very few were non-believers. Over 23% of the husbands in both the project and control areas had reported attending church at least four times in the month prior to the survey while 40.7% of the wives in the control area and 29.6% in the project area reported attending church at least once in the previous month prior to the survey. Religion is patriarchal in nature thus promotes gender inequality, a factor that needs to be addressed. However, religion also provides a strong platform for women for mobilization, empowerment and development.

Urban Exposure

A total of 38.53% of wives in the control area and 44.23% in the project area had lived in an urban area. On the other hand, 50.92% of the husbands in the control area and 51.44% in the project area had lived in an urban area before. The average duration of stay was approximately six and half years for both the men and women. It is evident that the level of urban exposure for the husbands was higher than that of their wives. This was due the higher mobility opportunities for men compared to women. Urban exposure is important in getting ideas for development, addressing cultural issues and opening up rural communities.

Access to Land

Majority of the households in the control area 90.83% and in the project area 79.33% had access to agricultural land as shown in table 3 below. On average, access to family land stood at 5.7 acres in the control area and 5.51 acres in the project area. The ownership systems were as illustrated in table 3.

Table 3: Land Access by Type

Type of land	Average land (acres) owned		
	Project	Control	Overall
Communal	6.28	3.79	4.93
Family	5.51	7.07	6.34
Private	4.20	5.38	4.66
Rented	3.68	2.10	3.14

Source: HCS, 2014

It should be noted that land ownership is a key factor in gender relations, use of labour, economic empowerment and development because agriculture is

the main economic activity in Acholi region. Much unpaid care work including digging, weeding, collecting food revolves around the use of land.

Asset Ownership and Housing

Poverty has many implications for gender, women's rights and development. The results of the survey showed that the households are poor with the leading assets owned in the project area being mattresses 74.5%, followed by poultry 71%, while sheep, goats and pigs stood at 64.1%. The least owned is houses for rent at 6.1% and cars at 1.3%. Majority, 68.52% of the respondents in the control and 47.06% in the project areas have bricks and mud as the main materials for the walls and grass as the roofing material 93.1% control area and 78.9% in the project area). Over 70% of the houses in the project and control areas have either mud or cow-dung floors. This reflects a high level of poverty and implies more care work as it is women who smear houses with mud and cow dung.

Markets and Household Income

The results showed that the markets were far from the homes. The nearest market place stood at 63.45 minutes in the project area and 75.08 minutes in the control area. Income is another indicator of poverty or the lack of it in any community. The income of the household income was generally very low and seasonal. The main sources of income were farming and livestock rearing and provision of skilled and unskilled labour. The average earned income during the last 3 months from unskilled-related activities, prior to the survey stood at UGX89,021.57 (approx. \$27; skilled-related activities was UGX82,668.42 (approx. \$25); and from petty trading UGX99,935.11 (approx. \$30). This also reflects a high level of poverty in the region and dependency on agriculture. This is summarized in table 4 below:

Table 4: Household Income

Category	Average Household Income		
	Project (UGX)	Control (UGX)	Overall (UGX)
Agriculture (e.g. crop, livestock, animal products)	493,128.50	310,044.10	415,274.80

Category	Average Household Income		
	Project (UGX)	Control (UGX)	Overall (UGX)
Unskilled wage labour/ casual labour	136,960.00	42,926.92	89,021.57
Skilled labour (e.g. artisan, handicrafts)	99,392.86	35,840.00	82,668.42
Petty trading (e.g. sale of firewood, charcoal, greens, brewing)	141,641.90	45,789.47	99,935.11
Remittances/ gifts/ assistance	50,209.38	27,375.00	42,597.92

Source: HCS, 2014

Decision Making on Spending Household Income

Table 5 below shows that both husbands and wives were both involved in decision making on spending their household income. This is a positive indicator for gender and women's empowerment at household level taking into account the fact that in both the project and control area, women had more decision making power over spending income.

Table 5: Decision Making on Spending Household Income

Decision Maker	Proportion of Income Spent		
	Project (%)	Control (%)	Overall (%)
Wife decided to use without asking anyone for permission	36.4	38.76	37.6
Jointly decided to use the income	40.4	41.07	40.7
Husband decided to use without asking anyone for person	23.2	20.17	21.7

Source: HCS, 2014

Time and Labour Saving Equipment, Products and Services

The findings from the survey showed that ownership of time and labour saving equipment is still rudimentary and that if improved, it would go a long way in relieving wives and girls of the excessive care work burden and open up more opportunities for their welfare and development. The most owned asset in the water sector is transport for fetching water, 59.13%; in the energy sector the axe that is commonly used in splitting wood–fuel/ logs at the household stood at 75%; and in the clean clothes category at least 51.92% had a suitcase in the household. Bicycles (save transport time), mosquito nets (protect the health of the children) are significant items owned by both wives and husbands in both the project and control areas.

4.2 FINDINGS IN RELATION TO CARE WORK

4.2.1 Care Work Recognition

The findings showed that the participants recognized the various forms of unpaid care work and the fact that much of it is done by women, not men. The care work done includes cooking or preparation of meals, fetching water, fetching firewood for fuel energy, cleaning the homes and clothes, caring for children, caring for husbands and dependent adults, caring for the sick, caring for other community members, and going to markets to sell agricultural and other products and to buy household needs. Much of this work lies in the domestic domain which is the main area for females in Acholi patriarchal culture. This is a result of gender and sex role differentiation which limits women's participation in the public domain. The forms of work which were not seen as care work included livestock rearing, subsistence farming, commercial farming, house construction and maintenance of assets.

4.2.2 The Contribution of Women to Care Work

The results of the survey presented in table 1 below showed that wives spend more time than their husbands in care work in both the project and control areas.

Table 6: Hours Spent by Wives and Husbands on Care Work

	Total work hours ¹		Total non-work hours ²		Productive work (hours) ³		Community work ⁴ (hours)		Care work ⁵	
	Project	Control	Project	Control	Project	Control	Project	Control	Project	Control
Wives	11.736	12.624	12.288	11.4	6.072	6.696	0.24	0.096	5.424	5.832
Husbands	9.288	9.816	14.763	14.232	7.512	8.064	0.216	0.792	1.56	0.96

Source: HCS, 2014

It is important to observe that the wives recorded 6.21hours (project) and 11.09 hours (control) areas performing supervision of children (<18 years) as simultaneous activities. In addition, wives spent more hours in supervision of dependent adults (i.e. 0.58 hours in project areas and 1.968 hours in control area) than their husbands (i.e. 0.528 hours in project areas and 0.864 hours in control area). The problem care work according to wives is care for the ill/ disabled and fuel collection (18.27%) in project areas. In the control area, however, fuel collection came first with 22.48% followed by care of the ill/ disabled at 11.01%. Care for children stood at 10.58% in project area and 16.97% in control areas.

- 1 This is a summation of the codes 02, 04, 05, 06, 07, 08, 09, 10, 11,12, 13, 14, 15, 16, 17, 18, 19, 20,21, 25 as per the RCA survey question Section 2 (Time Allocation Table)
- 2 As per the Survey Questionnaire, the non-work hours are coded as 00, 01, 02, 03, 23, 24, and 22.
- 3 The Codes are 04, 05, 06, 07, 08, 09, and 10
- 4 The Codes are 21, and 25.
- 5 The Codes are 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20.

4.2.3 Women and Mature Girls do much of the Care Work

The findings also showed that much of the care work is done by married women, mostly those in prime age between 30 and 40 years old and mature girls about to be married off. Husbands and boys do little care work. Care work is not valued much and is related to the household and is seen as work for females in the Acholi patriarchal cultural perspective. This reflects the gender related oppressive and exploitative aspects of the traditional patriarchal Acholi culture.

4.3 NORMS AND PERCEPTIONS ABOUT CARE WORK

Both husbands and wives felt that the husbands are the leading contributors to household well-being as bread earners and protectors of their families to varying degrees. According to the husbands, the leading contributor to the well-being of the household was reported to be the husband 70.17% in the control and 76.24% in the project areas. The wives' response is similar to that of the husbands. According to the wives, the leading contributor to the well-being of the household was reported to be the husband 57.34% in the control and 50% in the project areas. The wives come next as the second leading contributors largely through unpaid care work. According to the husbands, the second leading contributor to the well-being of the household was reported to be the wives at 28.11% in the control and 23.27% in the project areas. Like the husbands, according to the wives, the second leading contributor to the well-being of the household was reported to be the wives at 39.45% in the control and 45.67% in the project areas. The results here showed that both husbands and wives have a weak perception of the value of the care work done by women and girls in homes and society.

4.4 GENDER ROLES AND CARE WORK

Both husbands and wives agreed that there is work differentiation on the basis of gender. The husbands believed that leading tasks that wives were perceived to be naturally better at than husbands were fetching water (32.51%), meal preparation (25.12%), weeding (14.29%), and child care (10.84%) in the control area; and fetching water (26.79%), child care (17.86%), meal preparation (16.67%) and weeding (14.88%) in the project areas. The wives believed that the leading tasks in which husbands are perceived to be naturally better at than wives were construction, repairing, carpentry (34.69%), followed up by opening the ground for farming that stood at 31.12% in the control area; and opening the ground for farming at 32.74% and protecting the home at

26.19% in project areas. The participants believed that all this work requires gender related special skills. According to the husbands in the project area, meal preparation (55.73%), followed by child care (53.68%) and care for the ill and disabled 51.56% require skills; while the wives rated care of ill/ disabled (69.23%), followed by care for children (69%), and meal preparation (67.33%) as care work requiring special skills. This may prompt the project to consider carrying out basic training activities in these specific tasks.

The Key Fact: Women Provide Most of the Health Care Work

Health care is a key factor in the welfare of the community. Over 50% of both husbands and wives in both the project and control areas felt that they were entitled to health care from the state and that children and the ill and disabled were also entitled to health care from the household. Despite the amount of care work and the limited time, the results showed that the wives cared for older dependent adults, children less than six years of age and the sick and injured members of their households. The results from the survey also showed that majority of the wives had time to do their unpaid domestic health care work. They had spared time to cook, wash and iron clothes and other forms of work involving care and hygiene for their households.

4.5 THE GENDER IMPLICATIONS OF CARE WORK

Unequal unpaid care work keeps women poor and violates their rights. Doing much of the care work implies that is the demanding care work ties women down in the domestic domain and limits their public engagement and participation in political affairs. The unfair conditions are perpetuated by patriarchal cultural restrictions, marginalisation or silencing of women in decision-making, and ignorance due to limited exposure and education. The situation inhibits women's socio-economic empowerment. The care work done is seen as petty work with no commercial value attached. Care work is also too much work that fully occupies the women and leaves them with no time to engage in economic and other activities that can help promotion of women's personal development. On the contrary, the husbands who are seen as heads of the households own the factors of production, dominate decision-making and have a lot of free time to invest and pursue personal interests and developments.

4.6 PROBLEMATIC CARE WORK

Some forms of care work activities were found to be associated with problems that affect the lives of women. These included carrying heavy loads such as in fetching water and fire wood from long distances, cooking using fire wood in poorly ventilated kitchens, looking after sick people, digging all day long and harvesting crops, and taking care of babies. These activities were found to be a time burden for women; women's freedom, mobility, health and well being, and often presented a risk to their security.

4.7 EXTERNAL SUPPORT FOR PROVIDING CARE

Women receive various forms of support to enable them manage care work more effectively. The support is in different forms including training

Training: Tables 6 and 7 below show that with variations, the husbands and wives both indicated that their households received some training in fuel saving techniques, health and hygiene. There was also training in income generation activities for poverty alleviation. Training support was also reported in the areas of gender roles and responsibilities and access to and provision of safe water. However, the husbands appear not to have embraced gender responsiveness in the household day-to-day care-work, despite acknowledging external training support in care work due to biased cultural attitudes or limited training as shown by the high percentages of 'no' response to the receipt of training.

Table 6: External Training for Provision of Care in the Household (Husbands)

Category	Yes		No	
	Project (%)	Control (%)	Project (%)	Control (%)
Access and provision of water	54.33	42.20	45.67	57.80
Fuel saving techniques	26.44	20.18	73.56	79.82
Income generating activities	42.31	33.03	57.68	66.97
Health and hygiene	26.44	20.18	73.16	79.82
Gender roles and responsibilities	50.49	34.60	49.51	65.40

Source: HCS, 2014

Table 7: External Training for Provision of Care in the Household (Wives)

Category	Yes		No	
	Project (%)	Control (%)	Project (%)	Control (%)
Access and provision of water	41.83	36.24	58.17	63.76
Fuel saving techniques	29.33	23.85	70.67	76.15
Income generating activities	37.50	35.78	62.50	64.22
Health and hygiene	50.00	48.17	50.00	51.83
Gender roles and responsibilities	36.06	33.49	63.94	66.51

Source: HCS, 2014

Provision of public water and electricity supply: The responses of the husbands and wives showed that there is access to public water within easy reach for most households. Majority (84.40%) of the wives in the control and (89.42%) in the project areas reported accessing publicly provided water. Tables below show that of those that accessed safe water, only 48.37% households in project and 54.07% households in control areas accessed safe water from within 0.1 to 0.5 miles in the last three months. This is very good because fetching water is a demanding unpaid care work activity at household level. However, almost all households did not have access to public electricity supply due to the limited national grid penetration in rural areas. This poses the challenge of using machines that would help reduce on the burden of care work. Majority (96.79%) of the respondents in the control and (90.89%) in the project areas reported not having access to public provided electricity. Out of the few households (26) that had access to public electricity supply, 42.11% in the project and 57.14% in the control area experienced load-shedding which affects care work that could be reduced by the use of electricity.

Health services and child day care services: The participants have access to functioning health services in the area where the sick are taken for treatment. The majority (71.1%) of the respondents in the control and (64.9%) in the project areas reported at least a household member having fallen sick in the last three months prior to the survey. Of those who had fallen sick, majority (89.68%) in the control area and (86.67%) in the project area reported having

accessed public health facilities. However, the provision of child day care services is still poor. The majority 70.64% of the respondents in the control and 61.06% in the project areas reported that they do not have access to a child day care centre. It was also reported that in context of husbands' limited engagement in care work, wives still shoulder the responsibility of looking after their infants in the absence of child day care services.

Involvement in community groups: The results from the survey showed that many of the wives belong to community groups. These include financial or savings groups, community digging groups and church or religious groups. These groups offer the opportunity for getting new ideas, sharing and simplifying work, capacity building and development of the culture of planning and saving. Group members also get organisation and leadership skills. The household members can use their savings to purchase labour and time saving appliances and technology that can help reduce the care work load. The challenge is that the women are poor and may not have the required knowledge and skills for development and empowerment. This underscores the need to support the community group formation initiatives in the District to help address the challenges of care work.

5.0 OPTIONS AND SOLUTIONS FOR REDUCING AND REDISTRIBUTING CARE WORK

The respondents suggested that in order to reduce and redistribute care work, the following should be done:

1. There should be equal sharing of care work responsibilities by men and women.
2. There is need for sensitization to change of men's attitudes towards care work.
3. There is need to embrace technology, e.g. use of energy efficient stoves (Lorena) for cooking to reduce the burden of cooking; and installation of grain milling machines to reduce the use of grinding stones and encourage husbands to participate by taking cereals for milling.
4. Boreholes and other sources of safe water should be constructed close to the communities to reduce the burden of fetching water from long distances.

5. Encouragement of women's involvement in groups such as the village savings and loans associations (VSLAs), especially the wives. This can promote savings and economic empowerment and enable women to purchase labour and time saving equipment.
6. Women's involvement in church activities such as choir groups should be encouraged for emotional support, guidance and counseling by fellow housewives. Involvement in such group activities also relieves women from the domestic domain and exposes them to new ideas, skills and human and other resources vital for their empowerment.

Specific Solutions to Care Work

The specific solutions to care work based on the discussion with the respondents are summarized in the table 2 below.

Table 8: Specific Solutions to Care Work

No.	Care Work	Concerns	Reduction Strategies
1.	Fetching water from long distances.	• Travelling long distances • Risk of being raped • Risk of being bitten by snakes • Labour intensity of the work	Provision of safe water sources, promotion of rain water harvesting and sensitization of the people.
2.	Preparing and cooking food.	• Fire accidents • Labour intensity and time consumption • Indoor pollution due to smoke • Wife beating in case of delays	Community empowerment through functional adult literacy. Promoting savings, purchase and use of better and fuel efficient stoves.
2.	Preparing and cooking food.		Community sensitization about wife beating/ domestic violence.

No.	Care Work	Concerns	Reduction Strategies
3.	Cleaning, washing and looking after other family members.	• Challenging for pregnant mothers – bending and pain • Labour intensity in extended and large families • Risks from use of harmful detergents • Much water consumption	Better water technology products and washing devices. Construction of raised platforms for washing for pregnant women. Provision of cost effective detergents, gloves and brushes.
4.	Going to market to sell produce and buy family requirements.	• Wives walk long distances to sell foodstuff and other products and to buy foodstuff and family support items – soap, sugar, salt, etc.	Promoting awareness to improve wives' participation in markets. Provision of opportunities for women to generate income. Provision of affordable products for reducing the care work burden.

6.0 STUDY RECOMMENDATIONS

The following are the study recommendations:

Community sensitisation and dialogues alongside national level advocacy and policy influencing: Dialogue and sensitization of the males, especially the husbands and traditional leaders who are the custodians of the entrenched patriarchal cultural values and norms. This underscores the need to address and change the gender attitudes and perceptions in the Acholi community. The Central Government and local governments (districts and sub-counties) in collaboration with the CSOs would need to be influenced to embrace recognition, reduction and re-distribution of care work through workshops and attendance at community events staged by the project and thereby lead to their influencing policies and laws on increasing accessibility to improved and pro-poor technology, infrastructure and service delivery systems in the key areas of safe water access, renewable rural energy systems, appropriate rural technology like milling machines as well as closer proximity to market places. This would gradually redistribute care work and thereby positively change societal perception and practice rather than direct confrontation with societal perception and attitude which is deeply embedded into the Acholi culture, just like any other culture.

Key measures at programmatic level include:

Promotion of Family Health Program: The project will need to consider rural health promotion using strategies that focus on gender blind actions at the community level, such as in safe motherhood. Key action points will entail interactions and dialogues with women leaders, religious and Acholi cultural leaders and the Village Health Teams, on how to interest male involvement in midwifery and child-care. Sensitization would be carried out at the community level by WORUDET team in conjunction with state actors, particularly the local government's departments of community development and community based services.

The Micro Credit Program: Efforts will need to be placed on formation of savings groups where they don't exist and in places where they exist, institute sensitisation measures to encourage use of savings to purchase labour and time saving technologies at the households. Injection of seed funds or revolving fund, capacity building in credit and savings management.

Renewable and clean fuels Program: Majority women bear the brunt of fetching wood–fuel which has become scarce and far away from homesteads. To reduce time poverty drivers at the household, the program for adoption of clean fuels such as cookstoves, that consume less woodfuel and less on indoor pollution will need to be integrated into the initiative. This measure will need training of the youth in masons to build cookstoves at the household for a fee after sensitisation and link with government’s own natural resource management.

The Restocking Program: The project is located in a post–conflict sub–region after decades of war where women took to several leadership roles during the internal displacement. With the return of the relative peace in the sub–region, efforts on rebuilding household assets especially distribution of goats and sheep including poultry for the rural women would enable elevation of the resource poor Acholi woman through increased disposal income on sale of the additional livestock and clearly guided by the focus on investment in labour and time saving technology at the household.

The Agricultural Program: Project goal would be to promote increased agricultural production. The activities associated with the goal would include securing necessary inputs such as high yielding seeds, securing advisory or extension/technical services for the women groups and acquiring exotic animals for improved production.

7.0 CONCLUSION

There are negative beliefs, cultural practices and norms entrenched patriarchal cultural traditions that result in too much care work burden for wives and girls. This underscores the need for continued gender sensitization, community dialogue and sensitization on sharing care work to promote awareness. The central and local governments have a mandate or role to play to ensure improved welfare and quality of life of all citizens regardless of gender. There should be effective gender sensitive service delivery and enforcement of regulations and enactment of laws and by-laws to stimulate gender equality, equity and development.

With Support from:



OXFAM

Contact

Executive Director

Uganda Women's Network (UWONET),
Plot 710, Block 216, Mirembe Close,
Buuye Kigowa, Ntinda–Kampala, Uganda

Phone: +256 414 286 539,

Email: info@uwonet.or.ug

Website: www.uwonet.or.ug

Blog: <http://uwonetnews.blogspot.com>

Facebook: <https://www.facebook.com/uwonet>

Twitter: [@uwonet](https://twitter.com/uwonet)