GENDER, DISABILITY INCLUSION AND WASH ANALYSIS IN OMORO, NWOYA AND AMURU DISTRICTS; UGANDA

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Acronyms

AY	Adolescents and Young People
CDO	Community Development Officer
FGD	Focus Group Discussion
GBV	Gender Based Violence
HH	House Hold
KII	Key Informant Interviews
SCI	Save the Children International
PHC	Precision Hub Consults
POWER4AY	Pathways to Wellbeing, Empowerment, and Resilience For Adolescents and Youth
PWDs	Persons with Disability
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

The Gender and disability inclusion analysis, including a Water Sanitation and Hygiene (WASH) assessment under the Pathways to Wellbeing, Empowerment, and Resilience For Adolescents and Youth (POWER 4AY) project funded by Bulgari through SC-Italy, describes the tasks and deliverables required for this project activity. POWER 4 AY project is a 5-year intervention from July 1st ,2021 to June 30th, 2026 and targets 6000 beneficiaries (4500 Adolescents and Youth and 1500 adults who will support adolescent and youth activities) in Omoro, Nwoya and Amuru districts.

To this end, the study adopted a cross sectional mixed methods approach purposed to interview beneficiaries in Lalogi and Odek in Omoro, Pabbo and Atiak in Amuru and Kachgoma and Anaka in Nwoya. A mixed methods data collection approach of quantitative and qualitative data collection that utilized structured questionnaires, key informant guides, focus group discussions and literature review. A total of 633 individuals (89 PWDs, 299 AYs, 245 caregivers) were interviewed. The data was analyzed using SPSS 20.0 to produce both frequencies and correlations between different study parameters. A thematic analysis was equally applied for the key informant interviews and focus group discussion notes.

Findings;

Joint access to property (access to land, access to physical assets, access to finance and credit facilities) by father and mother accounted for only 16% and joint control (control overland, control over finances from physical assets, control over finances and credit facilities) reported at 12%. Five in every ten (50%) of the Adolescent and Young People (AY) households reported that their fathers had control over land. The findings portray that fathers have control over land that is not directly accessible to them. 45% of the fathers have control over the finances generated from the physical assets within the access mandate of the household, 42% of the fathers have access to financial and credit facilities and 42% control over the finances and credit facilities.

Inadequate technical experts on gender, dearth in utilization evaluation/ gender assessments and weak coordination and monitoring mechanisms affective the realization of gender inclusivity in programming.

The largest fraction of the PWDs interviewed are dependents coming from households where their parents are the household heads (46.1% headed by fathers and 25.8% headed by the mothers). According to the PWDs interviewed their mothers have the highest (42.7%) involvement in the production of the main food crops and PWDs are involvement in food production accounts for (15.7%) of the labor force at the respective households, 12.4% of the PWDs are involved in harvest handling. The PWDs reported no involvement marketing of produce, daily child care roles and attends training/ meeting.

About 39% of the AY believe that women are sometimes to blame for violence against themselves. 41% believe that women should tolerate violence in order to keep their families together, 67% believe women have right to freedom from gender based violence, 36% believe

that someday women and men in their communities will be valued as much as equal to each other and 54% believe that their communities can prevent violence against women.

The majority (89%) of the AY reported have accessed information on production and livelihoods. The largest fraction accessed this information through radio (49.6%), followed by word of mouth 34.2%). 35% of the respondents accessed this information once in a while, 23.7% accessed this information on a daily basis, 22.2% accessed the information on a weekly basis.

About 69% female with disabilities interviewed in the districts of Omoro, Nwoya and Amuru have no access to sanitary pads during menstruation, 56% of the female with disabilities have access to water and soap during menstruation. While 63% of the female with disabilities have no access to a clean, safe and private place to change during periods with soap and water. Only 56% of the female with disabilities reported access to a place for proper disposal of used sanitary pads, 56% of the female with disabilities feel socially unsupported during menstruation and 74% of female with disabilities have no knowledge on the making of reusable sanitary pads.

In WASH, disability inclusion is water, sanitation and hygiene that is available, affordable, dignified, and accessible to all persons with disabilities.

The majority of the AY household's source of water is hand pumps/boreholes (69%) and 24% access water from unprotected wells. 38% of the AY households (HHs) move less than 0.25KMs to access water, 25% move between 0.25-0.5KMs.

A significant amount of investment has been incorporated into school inclusive WASH and nothing exists for the out of school support. This glaring gap identified by assessment frustrates the gains for practice of WASH behaviors when for out of school young persons and also for school going young persons' when the school term is closed. This then informs inconsistent WASH behaviors as such affecting performance of WASH indicators at different time points of assessment that potentially affects decision making for implementation and policy.

Challenges;

Fragmentation of efforts to prevent and respond to gender needs of young people; Quit a significant contribution into programming has been put out to ensure programmes at National and district levels are gender inclusive. However, the efforts displayed by all the critical are fragmented across the different development partners as such affecting measurement of results and as such attribution to the results of the different players in these districts.

The weak coordination and monitoring mechanisms for gender responsive programmes; while a lot has been invested in the gender inclusion by government and development partners the systems for monitoring and quality assurance still glares on. This is can be attributable to the limited skillset in these spaces as such lifting the burden on the few technical experts in the sector. By and large this has affected the implementation fidelity of these programmes.

Dearth in utilization of evaluations and evidence base to guide gender inclusion in programmes; While a number of studies have since emerged to inform gender programming national level data to inform policy is reliant on estimates as such affecting scalability of small survey data. This has left studies within institutions within shelves of independent organizations for internal programming decision making.

Insufficient budget to support AY with and without disability wellbeing initiatives by government; Based on the projects standardized measure of wellbeing the government is not financially capacitated to support this drive as such requiring that POWER4AY has to lead the financing of

the drive to be able to celebrate the project gains. The enabling products like hardware for WASH are not prioritized by the project design while the government doesn't have the funds to boost up hardware WASH to meet the needs of PWDs. This by long shot will affect the performance of WASH software investment that requires the hardware as enablers.

Inefficient and limited engagement of AY with and without disability platforms on wellbeing measure; while platforms for youth engagements like youth centres exist there is no standardized and what their mandate on supporting and leading the POWER4AY AY agenda is concerned. The PWD platforms are incapacitated in terms of resources to lead any advocacy needs for PWDs.

Data insufficiency for evidence based AY with and without disability wellbeing programming; There is limited data at district level on the number of PWDs and their specific disability types to inform intentional initiatives to inform the wellbeing measures. The limitations in data can frustrate the inclusion drive if not addressed with the support of the government leadership to drive the inclusion agenda to wellbeing agenda.

Social acceptability gap of AY with and without disability and high dependence on caregivers: In the assessment districts PWDs are not visualized as productive human beings as such the empowerment of PWDs and young persons' still has glaring gaps that the project could take up as an opportunity. The decision making mandate still requires the involvement of caregivers that has potential of delaying project implementation timelines except with integration of implementation deliverables.

Conclusion

The POWER4AY project drive to realize the desired AY wellbeing needs to address the gender and disability barriers that do exist within the large spectrum for AY wellbeing. This can be by adopting multi stakeholder and multisector approach to capitalize on planning, monitoring, support supervision and financing. A central component of this is the engagement of the beneficiaries with tailored low cost approaches such group engagements that positions the project for sustainability post project implementation. The involvement of the beneficiaries will create platforms for project monitoring and support supervision from a beneficiary lens hence promoting participatory monitoring and evaluation as such enhancing the knowledge management function of the project. Since wellbeing is a long term result that any programme can position for its important for the project to lay foundational advocacy strategies that positions from community level national level advocacy for needs of the AY. This will improve the financing of the AY wellbeing needs and integration of critical AY wellbeing indicators for measure to national level surveys.

Recommendation

Gender:

- SCI should provide SBCC aimed at positively rebuilding norms, values and attitudes. Messages on gender roles for men and women, gender based violence to position for gender equality in the implementation areas. 84% of the AY consider cooking as a woman's only responsibility. 44% consider cleaning the home as women's only mandate and 42% believe can be done by either. 84% of the AY believe growing food for household's consumption is for either the man or woman and 79% consider fetching water a woman's role.
- Caregivers to engage in household level monitoring and support supervision of AYs activities: The parents and caregivers who have been identified as critical decision makers

at household level should be involved in the monitoring and support supervision of all AYs who will be involved in the project as primary beneficiaries.

- SCI to engage in SBCC message delivery for young people through mentorship and coaching; Through the community structures exemplary caregivers can be identified as mentors and coaches that the AYs can emulate in their communities to encourage that wellbeing is possible in their communities and not necessarily a farfetched agenda. These caregivers can be involved in training programmes, radio talk shows, quality assurance mantle at the technical working groups that will be driving the wellbeing agenda for the project. Cargivers, SCI and Policy makers should encourage the AYs to take up jobs not traditionally a specific sex and thus can be stretched during early childhood; however, they may find their efforts run counter to children's attitudes once they are exposed to peers and the media. In addition, parents can be mindful of the kinds of peers with whom their children affiliate. They may be able to foster greater gender-role flexibility through encouragement of organized mixed-gender activities in which girls and boys learn to work together as equals. Finally, parents can make a concerted effort to discuss and challenge gender stereotypes with their children.
- POWER4AY skilling component should break down gendered divisions of labour that dictate what is appropriate for women, men, girls and boys to do during consultative engagements prior to placing the AYs under the vocational training programme. This will help promote retention, scalability of the initiatives to ably empower the young people and thus contribute the improved wellbeing of the AYs.
- Advocacy engagement aimed at transforming institutions and institutional practices that perpetuate gender-based power structures, discrimination and barriers including everything from hiring practices, educational curricula to decision-making processes at national and community levels. This is premised on the fact that the qualitative assessment showed that communities perceived some professions to be appropriate to the males such as boda boda business only however interaction with the AYs in FGDs shows that the girls may be interested in boda boda business. The stigma associated with seeing a girl operate a boda deters them for exploring out a profession of interest. The project should be international to address the barriers through community level advocacy that promotes freedom on choice of a profession for the AYs.
- Popularizing the gender laws and policies through engagement with Ministry of Gender Labour and Social Development (MoGLSD), the district and other development partners. There is a myth that gender transformative programme is the development partners' agenda rather that the understanding that it's a government priority that development partners only align and contribute to.
- Increasing awareness and education about the costs of gender inequality and the hidden ways that it adversely affects everyone in society.

Disability

- The project should provide mentorship for AY with disabilities. Mentors and role models can break down preconceived notions for what is possible, challenge stereotypes and change community perceptions. There are many adults and youth with disabilities who can serve as mentors and role models. They are leading change as social entrepreneurs, citizen diplomats and community activists. Non-disabled adults can also be powerful mentors for youth with disabilities especially those that act as inspirations to the AYs with disabilities.
- National level advocacy for the use the internet, social media, software adaptations and other technological innovations to create opportunities for youth with disabilities to break down barriers and increase their sense of belonging and interaction with their peers.

- The assessment encourages the recruitment of the AYs with disabilities as volunteers. Youth with disabilities should have opportunities to contribute their skills and gain valuable work experience.
- POWER4AY should collaborate with families of youth with disabilities to conduct successful outreach strategies, and to educate them about the importance of youth with disabilities' participation.
- Ask for input from youth with disabilities in the planning of both inclusive and disability-focused programs.
- Establish and functionalize disability inclusive safe spaces for young people with the necessary SRH services
- Local level community advocacy for the rights of peoples with disability
- The project could focus on the ultimate removal of barriers physical, environmental, attitudinal and institutional. Physical barriers can be addressed through adaptations to infrastructure, such as ramps or assistive devices for toileting in all public places.
- Lead the community level advocacy for AYs and PWDs; The caregivers having interacted with challenges to realizing wellbeing in their respective communities are a great lead team to lead the advocacy for wellbeing
- SBCC for PWDs acceptance and value in society

WASH

- Need to prioritize WASH needs for out of school young people
- Youth and Women Empowerment through fostering group engagements as a strategy for core implementation.
- Training of young persons on the making of reusable sanitary pads
- Inclusive WASH is an essential part of effective healthcare, education systems and at large wellbeing. Accessible sanitation facilities in schools and communities not only improve life chances for young people and PWDs as a special group. Toilets that can be used by everyone play a critical role in keeping disease at bay for entire communities:
- Sustainability, in terms of functionality as well as financing, must be considered from the start of designs for disability inclusive WASH. This be considered at all levels of stakeholders, policy makers and development partners.
- In the beginning of integrating disability friendly WASH in the community there is need to prioritise quality over quantity and make a start, even if available budgets and materials are limited. A ramp without tactile paving is still a significant improvement on a step. It may not be immediately possible to accommodate as many different types of disability as desired, but with a little forward planning more accessibility features can be added at a later stage for people with different needs.
- The involvement of PWDs (users) to match planned modifications to their needs. Universal design' is an excellent starting point, as it intends to benefit everyone rather than some narrow segment of the population. However, not every 'special need' falls within the conventional understanding of disability, making user feedback at the design stage and post construction critical.
- Fostering access to adequate and equitable sanitation and hygiene in public institutions
- Improving the sanitation and hygiene situation at household level

1.0 INTRODUCTION

The Gender and disability inclusion analysis, including a Water Sanitation and Hygiene (WASH) assessment under the Pathways to Wellbeing, Empowerment, and Resilience For Adolescents and Youth (POWER 4AY) project funded by Bulgari through SC-Italy, describes the tasks and deliverables required for this project activity. POWER 4 AY project is a 5-year intervention from July 1st ,2021 to June 30th, 2026 and targets 6000 beneficiaries (4500 Adolescents and Youth and 1500 adults who will support adolescent and youth activities) in Omoro, Nwoya and Amuru districts. The project targets six sub-counties as follows: Lalogi and Odek in Omoro, Pabbo and Atiak in Amuru and Kachgoma and Anaka in Nwoya

This study is being conducted to identify the gender, disability inclusion and WASH gaps, map out the challenges and provide recommendations to inform efforts to bridge these gaps during the implementation of the project, in line with the national processes, commitments and priorities. It will be aligned to Uganda's existing laws, policies, guidelines and publications that reflect well-established best practices for analyzing gender and social inclusion, including WASH assessments.

1.1 GENDER

According to UNICEF (2018); The Sustainable Development Goals (SDGs) seek to change the course of the 21st century, addressing key challenges such as poverty, inequality and violence against women and girls. Women's and girls' empowerment is a pre-condition for this. Therefore, achieving gender equality and women's and girls' empowerment is a stand-alone goal - Goal 5 - of the SDGs. It is also part of all the other goals, with many targets specifically recognizing women's and girls' equality and empowerment as both the objective and part of the solution.

1.1.1 Gender Inclusion and the Policy Environment

The development of a National Gender Policy (NGP) in 1997, and its revision in 2007, confirms the Government of the Republic of Uganda's unequivocal commitment to take actions that will bring about more equal gender relations. The policy will ensure that all Government policies and programmes, in all areas and at all levels, are consistent with the long-term goal of eliminating gender inequalities. The Uganda Gender Policy is an integral part of the national development policies. It is a framework for redressing gender imbalances as well as a guide to all development practitioners. The aim of this policy is to guide all levels of planning, resource allocation and implementation of development programmes with a gender perspective. The emphasis on gender is based on the recognition that "gender" is a development concept useful in identifying and understanding the social roles and relations of women and men of all ages, and how these impact on development. The policy gives a clear mandate to the Ministry of Gender, Labour and Social Development and other Line Ministries to mainstream gender in all sectors. It sets priority areas of action at the National, Sectoral, District and Community levels. The ultimate objective of this policy, therefore, is to evolve a society that is both informed and conscious of gender and development issues and concerns. Indeed sustainable development calls for maximum and equal participation of both men and women in economic, political and social cultural development.

The Constitution of the Republic of Uganda provides overall legal frame work for the Uganda Gender Policy (UGP). It recognizes equality between women and men. Specifically, it provides for gender balance and fair representation of marginalized groups; recognizes the role of women in society; accords equal citizenship rights, freedom from discrimination, affirmative action in favour of women; and articulates specific rights of women including outlawing customs, traditions and practices that undermine the welfare, dignity and interests of women. The Poverty Eradication Action Plan (PEAP), the overarching national planning framework, guides public actions to eradicate poverty. The Uganda Gender Policy is an integral part of the national development

process. This, therefore, provides a firm foundation for the PEAP implementation to be based on gender responsive strategies. Sector Wide Approaches to planning (SWAPs) and the Medium Term Expenditure Framework (MTEF) as mechanisms for PEAP implementation, have the potential to enhance gender focused programming, gender and equity budgeting so that national and local government interventions, expenditures and services benefit both women and men. The UGP contributes to achieving the national vision and aspirations as espoused in Uganda's Vision 2025.

The Policy is in conformity with regional and global obligations on gender equality and women's empowerment that Uganda is party to. At the regional level they include: The East African Community (EAC) Treaty (2000), The Common Market for Eastern and Southern Africa (COMESA) Gender Policy (May 2002), The Protocol on the Rights of Women in Africa (July 2003), the Inter Government Authority on Development (IGAD) ,Gender Policy and Strategy (July 2004), The New Partnerships for African Development (NEPAD) through its programmes which is expected to enhance women's human rights through the application of Social Development indicators and The AU Heads of State Solemn Declaration on Gender Equality (July 2004). The global level instruments include: The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) and its Optional Protocol (adopted October 1999 entered into force December 2000), The Beijing Declaration and Platform for Action (1995), The Commonwealth Plan of Action on Gender and Development; Advancing the Commonwealth Agenda into the New millennium (2005-2010), The International Conference on Popu- lation and Development (1994), The United Nations Declaration on Violence Against Women (DEVAW, 1993), The Millennium Declaration (2000), and the Convention on the Rights of the Child (CRC, 1990).

1.2 DISABILITY, GENDER AND LIVELIHOOD

The national youth livelihood Programme (YLP) aims to empower youth to harness their socio-economic potential and increase self-employment opportunities and income levels. Specifically, the programme seeks to provide youth with marketable vocational skills and tool kits for self-employment and job creation: provided financial support to enable youth establish income Generating Activities (IGA); provide the youth with entrepreneurship and life skills as an integral part of their livelihoods; and provide youth with relevant knowledge and information for attitudinal change. Of particular interest is the programme’s focus on unemployed and poor youth, aged 18-30 years, including drop-outs from school and training institutions, youth who have not had the opportunity to attend formal education, single-parent youth, youth with disabilities, youth living with HIV/AIDS.

Within the civil society arena, the National Youth Manifesto (2021-2026), a youth-led political frame work is vested in exploiting diversity as a tool for national harmony, highlighting the “necessary policy and programmatic shifts to mainstream the active participation in, and contribution of youth to national development.” The manifesto sets forth various recommendations such as youth participation in decision making as well as the facilitation of accessible services for all youth in their diversities (including disability and gender) and across the country, more broadly. Others include: ring-fencing at least 30% of local contracts for youth-owned companies; increasing investment in Agri-business incubation centers to enable youth across the country access modern agri-business equipment and technical advisory services; popularising of existing agribusiness innovation hubs such as the Uganda Industrial Research Institute to enable

more youth acquire hands-on entrepreneur training; the promotion of youth-led agro-based cooperatives to enhance youth's chances of access to credit and technical advisory services; support of youth employment under the creative arts; provision of free skilling training opportunities available through business, Technical, Vocational Education and Training Institutions; fostering Sexual and Reproductive Health and Rights (SRHR), menstrual hygiene management and also climate change.

1.3 GENDER AND DISABILITY BARRIERS.

Gender and disability exclusion are enduring issues for adolescents' and girls' pursuit of their desired wellbeing. Girls with disabilities are, in addition, subjected to double discrimination caused by gender discrimination and disability bias (Froschl, Rubin, and Sprung, 1999). Physical, mental, intellectual, or sensory impairment, when combined with other factors, such as gender discrimination, makes it difficult to fully and equally participate in society (UN, 2006).

While gender and disability exclusion take many different forms, according to Article 2 of the Convention on the Rights of Persons with Disabilities (2006), people with disabilities experience distinction, exclusion, or restriction on the basis of disability that has the purpose or effect of impeding or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, and cultural spheres. Compared to others, they have a higher likelihood of being unemployed or receiving significantly lower pay when they are employed (Froschl, Rubin, and Sprung, 1999). This is detrimental to their resilience and self-efficacy to meaningfully participate in social groups such as water-user and maintenance committees in their communities.

Gender stereotyping, the patriarchal system, limited female mobility outside the house, discriminatory beliefs and stigmata against minorities such as persons with disabilities, women's lack of decision-making power, and gender-based violence contribute majorly to the social exclusion of adolescents, girls, and people (Kulanyi, et al., 2021). Most women and girls around the world find it difficult for them to engage in and be considered in social development projects (Pokharel & Samidha, 2008). According to the study conducted by the Uganda Bureau of Statistics and the Ministry of Gender, Labour and Social Development, women and girls are restricted to performing home-related work, including doing household chores (2009). These demands leave women with minimal, if any, time to participate in other activities, such as involvement and leadership in water groups (John et al., 2019).

Uganda has made significant progress toward ensuring social and gender equality in the exercise of fundamental rights. Section XIV (ii) of the Republic of Uganda's 1995 Constitution requires the state to uphold the fundamental rights of all Ugandans to social justice and economic development. In particular, the state must make sure that all Ugandans have access to rights, opportunities, and clean and safe water. However, poor sanitation and hygiene, as well as unequal access to safe drinking water, still make thousands of adolescents and young people in Uganda sick and at risk of death (UNICEF Uganda, 2022). The long distances adolescents and girls must trek to transport water come at the expense of other economic endeavors and education. The Water and Sanitation Gender Strategy (2018-2022) in Uganda noted that 1 in every 3 women and girls risks shame, disease, harassment, and attack due to lack of a safe sanitation place.

Adolescent mobility issues, particularly for girls and those with impairments, are an unavoidable impediment to achieving adolescents' wellbeing. Their requirement for a companion raises the

expense of transportation (Kabia et al. 2018) amidst limited work opportunities and economic challenges.

Adolescents and young people in Uganda are ranked as the most vulnerable and powerless groups in decision-making (Akandinda et al., 2016). The challenges for adolescents' participation in community development programs include development programs not targeting them, irregular involvement of adolescents, lack of information about development programs, as well as adolescents and young people holding negative attitudes about the development programs, design and implementation challenges (ibid.,). According to the National Adolescent and Health Policy for Uganda, adolescents are people aged between 10–19 years and 10–24 years, respectively.

Attitudinal indoctrination among people with disabilities prevents them from realizing their potential and denies them their dignity (Rohwerder, 2015). The inability of non-disabled individuals to see past the impairment, discrimination, fear, bullying, and low expectations of people with disabilities are just a few examples of how negative attitudes produce a debilitating environment across all domains.

1.4 WASH AND GENDER

The Water and Sanitation Program (2010) indicates that Women and girls are the primary users, providers, and managers of water in their homes, as well as the keeper of domestic hygiene. When a water infrastructure breaks down, women are compelled to travel large distances over extended periods of time to satisfy their families' water demands1. They do this at expense of other economic activities and education in case of the children. The Uganda's Water and Sanitation Gender Strategy 2018 – 2022 indicates that 1 in every 3 women risks shame, disease, harassment and attack due to lack of a safe sanitation place. The strategy further reveals that, on average, women and girls spend up to 6 hours every day fetching water, potentially exposing them to violence and health risks. The strategy further indicates that in Uganda, women and girls spend around 4,435 million hours each year hunting for a safe sanitation location. In line with the above strategy, the study recognizes that the success and effectiveness of gender and social inclusion in WASH programs depends on the involvement of women and men, boys and girls in selecting the location and technology of such facilities, and taking responsibility for management, operation and maintenance. The participation and involvement of women, girls and persons with disabilities in all decision making platforms will therefore not be underestimated.

2.0 PROJECT BACKGROUND

[1] Water and Sanitation Program, 2011: *Water and Sanitation Program: Working Paper*. Water and Sanitation Program, Nairobi World Bank.

The Adolescent and Youth Empowerment Project is a five-year project that aims to targeted beneficiaries with a focus on Gender, WASH and Disability inclusion in the above-mentioned districts and sub countries. Guided by the five principles of SC Adolescent wellbeing frame work for Action, the project will ensure provision of holistic and inclusive wellbeing services to support and empower the AY to realize their full potential and fulfil their rights to survival, education, protection and participation in development programme

The Project works with different categories as highlighted below:

- Very Young Adolescent girls and boys with and without disabilities (12-14);
- Adolescent & youth (M&F) with and without disabilities (15-24);
- Parents /caregivers;
- Community leaders' members and Local Government Officials;
- Private Sector, Government Institutions and Organization of Persons with Disabilities (OPDs) and
- Health Service Providers.

The project aims to ensure that 4500 Adolescents and Youth aged 12-24 years (2250 male and 2250 females) with and without disabilities achieve improved wellbeing by increasing their ability to make positive life choices related to SRHR. The project will focus on ensuring that the young people are able to access, age appropriate and disability-accessible SRHR information and linkage to access to gender responsive services including contraception of choice, through a focus on changing negative attitudes and behaviors on gender and social norms including gender-based violence

The project approach to VYA who face particular unique challenges with girls and Adolescents with disabilities being most affected and risks of no return to education. Challenges include the sexual and gender-based violence and abuse, child labour and inability of households to meet the economic needs to educate children.

The project addresses this through an integrated approach of Transferable Life Skills, ASRH and Child Participation targeting 960 VYA.

The project through a holistic pathways approach (using modules of Myself, My Family, My Community, My Pathways, and My Business) will create multiple pathways to opportunity through inclusive services that focus on gender transformation and inclusion of 4,500 AY with and without disabilities. The action will aim at disaggregated approach with VYA and older AY approached differently by the trained Literacy and Numeracy Instructors (LNIs) on age-appropriate training materials. The action will specifically explore opportunities in the WASH market to ensure promotion and mainstreaming with keen focus on COVID-19 containment measures and menstrual hygiene management. Of the 4,500 AY targeted by the project, 75% will benefit from technical and business skills competency development.

Participation of AY as a right's holder is critical. It aligns with the CO priority of child-led advocacy and investing in the ability of children and young people to demand for change in line with self-identified priorities through participation at all levels. This will address

aspects of accessibility and reasonable accommodation for effective participation and all inclusion of youth with disabilities in all aspects of the project and beyond.

2.1 Project Goal:

Overall objective of the project: To improve wellbeing of 4500(2250 male and 2250 F) adolescents and youth aged (12-24) most impacted by inequality and discrimination in Amuru, Nwoya and Omoro by the year 2026.

Outcome 1. Improve Adolescents and youth choices related to their sexual and reproductive healthy rights (SRHR) including family planning

Output 1.1: Parents, caregivers and community are made aware of their roles in the responsibility to AY on SRHR.

Output 1.2: AY are trained on life skills and SRH, hygiene, HIV in line with SRHR CA.

Output 2. Very young Adolescents purse a positive education trajectory.

Output 2.1: Out-of-school Very Young Adolescent (VYA) Boys and Girls are trained on life skills and SRH

Output2.2: Out of school very Young Adolescent (VYA) Boys and Girls receive education cash grants

Output 2:3 Parents and Caregivers of VYA benefit from Income Generating Activities (IGA) in support of their children

Outcome 3. Adolescents and Youth successfully transition to descent work and resilient (green) Livelihoods.

Outcome 3.1: Adolescent and youth received gender transformative and inclusive training relevant competencies such as literacy and numeracy

Output 3.2: AYs trained in technical, financial and entrepreneurship skills, using a gender transformative and inclusive approach, in line with needs

Output 3.3: Adolescent and Youths are linked to with financial resources and services (formal and informal) including financial services (public and private), marketing services, production services

Outcome 4: increased participation of AY in public, community and family decision making processes in relation to issues that affect their wellbeing.

Output 4.1: AY-led organizations /networks /OPDs /actors are activated / strengthened

Output 4.2: AY networks are linked to local government for advocacy works on AY rights

Assessment Specific Objectives:

To understand barriers to gender and disability inclusion in programmes aimed at improving adolescent and youth wellbeing

To identify the gender, disability and WASH gaps affecting AY wellbeing in targeted districts

To determine key factors to consider in Gender, disability and WASH inclusive Adolescent and Youth Welling programming

To understand the role of parents, care givers influence in gender, disability and WASH inclusive programming

Research Questions

1.What are the key gender and disability barriers affecting participation of adolescent and girls in achieving the desired wellbeing? Who/what are the mechanisms triggering these barriers?

2. What are the gender and disability challenges adolescent and youth face in realizing their desired wellbeing? Who/what are the mechanisms triggering these barriers?

3. What are the gender and disability challenges adolescent and youth face in realizing their desired wellbeing? Who/what are the mechanisms triggering these barriers?

4. What/where and how are the WASH services and facilities available for adolescent and youth in the target community?

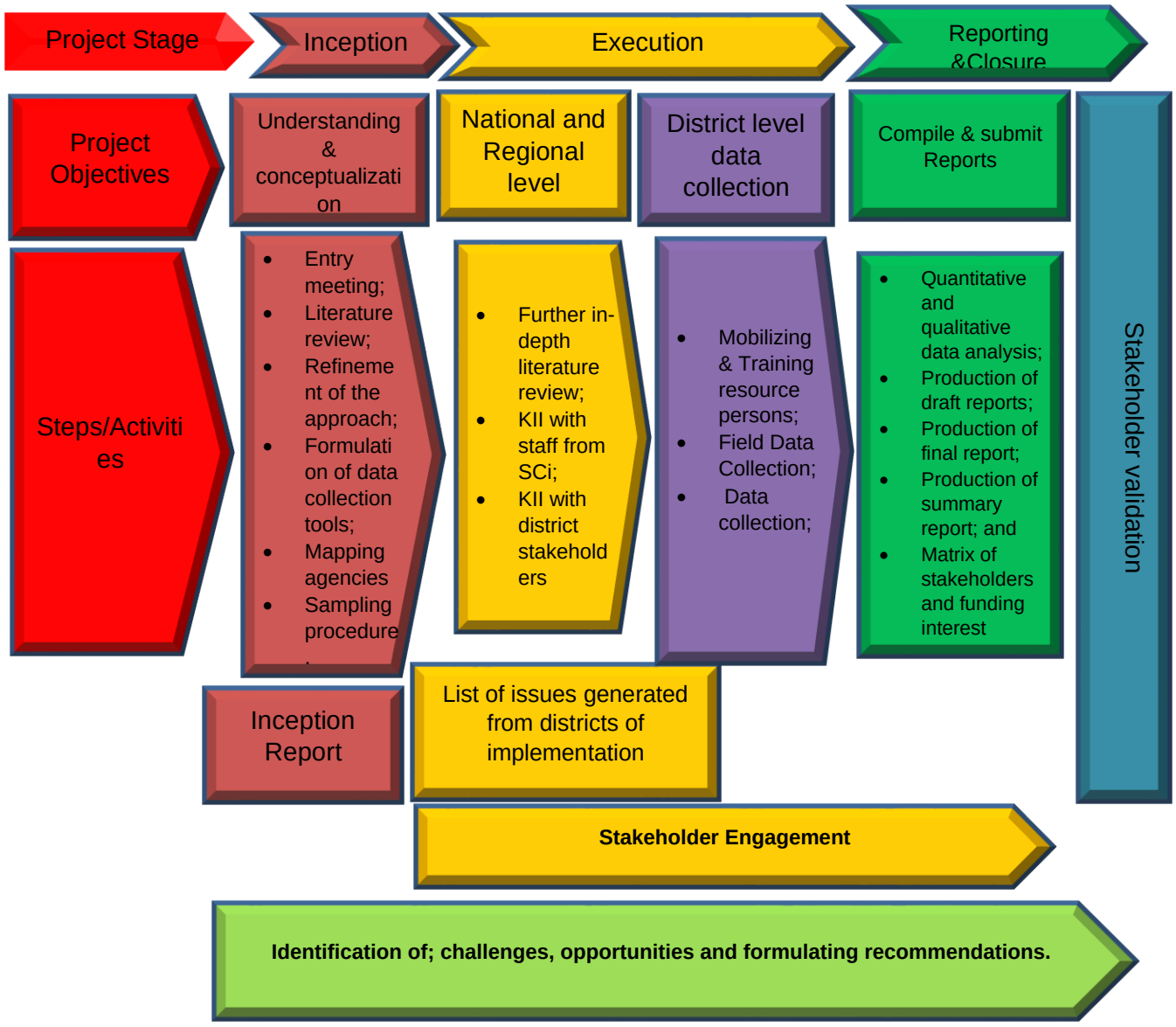
5. What are the barriers (social, physical, emotional etc) affecting adolescent and youth from accessing the identified WASH services and facilities)

6. What are the key recommendation to address the identified WASH barriers and challenges adolescent and youth are facing in the target community? Who are the key stakeholders to be involved?

3.0 METHODOLOGY

The Consultancy Process

The consultancy took on an iterative approach to deliver a succinct, comprehensive Gender disability inclusion and WASH analysis. The procedure involved desk review, consultation, interviews and documenting as depicted in figure one and further describe



Study Design

This adopted a cross-sectional study design, utilizing a mixed-method approach, combining both qualitative and quantitative methods to have a more comprehensive coverage and in-depth analysis through triangulation of sources and results.

The quantitative data collection methods were mainly applied to assess on research questions. On the other hand, qualitative methods were used to assess mainly potential challenges/barriers, major opportunities that exist within the analysis framework. Use of secondary data and review of reports shall be used across all the assessment questions as long as the data and or reports exist.

Geographical scope: The Gender Disability Inclusion and WASH Analysis consultancy was conducted in the six sub counties of Lalogi, Odek, Pabbo, Atiak, Kochgoma, and Anaka in the three districts of Omoro, Nwoya and Amuru in Northern Uganda

Target population: The primary target population are; the adolescents, youth, parents/caregivers who will be targeted by programming within the six sub counties

Sample size determination

Since the project lifetime targets 4,500 target s beneficiaries. The consultants used Yamane (1967:886) formulae to derive the sample sizes for the assessment when the population is known; the following formula will be used as follows:

$$n = \frac{N}{(1 + Ne^2)}$$

Where;

n = required Sample Size.

N = study population.

e = Margin of Errors (0.05) with 95% confidence level.

Summary table: Sample size for Quantitative Survey

Category	Sample
PWDs15-24 (Adolescent Young People)	89
Adolescent Young People (12-24)	299
Caregivers	245
Total	**633**

Data collection methods

The section below describes approaches that were used to collect data for the exercise;

Quantitative methods

A structured questionnaire was designed and agreed with the client targeting beneficiary groups that are direct beneficiaries to the project. The tool was administered using a quantitative data collection approach targeting different members of the beneficiary groups. The structured questionnaires digitized in KOBO collect or Tangerine was used to collect data. Research Assistants were trained by the Consultants, with support from the project team on how to use the technology for data collection and eventually how to upload the data collected to a central server

on a daily basis. Data will then be retrieved from the server, further reviews on a daily basis on the quality and completeness by the statistician to provide feedback to the field team through the study administrator. Upon completion of data collection, the records were exported to a version recognizable by the application to be used for analysis thus; SPSS version 20 and or STATA for analysis as per data analysis plan.

Qualitative methods

Qualitative data collection methods included (i) Document and record reviews, (ii) Key Informant Interviews (KIIs), and (iii) Focus Group Discussions (FGDs). In all the interviews, data collection will be iterative allowing for new questions to follow-up on emerging issues.

(i) Document and record reviews: An extensive review of key documents was done. Documents to be reviewed included; project progress reports, project design documents, district reports, sector reports, annual sector reports, reports from development partners, research reports and documentation in relation to the thematic components of the assessment.
(ii) Key-Informant Interviews (KIIs): KIIs were held at district and community levels: At district level, KIIs were held with; District local government including the District Water Officer, Assistant DHO - Environmental Health, Principle Health Inspector; Political wing including LCV, Councillors, , District Gender Officer, PWD Focal person. At community level (Subcounty). In each of the sub counties, KIIs were held with; Subcounty Level-Sub County chief, LCIII, CDO, Health Assistants, Local council chair persons and committees, implementing partners; Opinion leaders, elders, Village health team members, the community at large, Subcounty PWD Focal person. A key informant interview guide shall be employed to administer the KII interviews.

Assessment matrix	Category
District Level	District Water Officer Assistant DHO Environmental Health Principle Health Inspector Political wing including LCV District Gender Officer PWD Focal persons
Sub county Level	LCIII CDO Health Assistants Subcounty PWD Focal person.

(iii) Focus Group Discussions (FGDs): In each of the districts; FGDs were conducted at community level. The groups involved; youth groups, PWD groups, women in the reproductive age, Female VHTs etc, spouses of the women that have benefited from the project.

District	Category	PWD	Sex	How many (One per sub county)
Omoro	Caregivers	N/A	1Male and 1 Female	2
Omoro	PWDs	1 group Mobility and Mixed Group	Mixed Groups	2
Omoro	Adolescent Young men and women	N/A	1Male and 1 Female	2
Omoro	Adolescent 12-14years	N/A	1Male and 1 Female	2

Nwoya	Caregivers	N/A	1Male and 1 Female	2
Nwoya	Adolescent Young men and women	N/A	1Male and 1 Female	2
Nwoya	PWDs	1 group Mobility and Mixed Group	Mixed Groups	2
Nwoya	Adolescent 12-14years	N/A	1Male and 1 Female	2
Amuru	Caregivers	N/A	1Male and 1 Female	2
Amuru	Adolescent Young men and women	N/A	1Male and 1 Female	2
Amuru	PWDs	1 group Mobility and Mixed Group	Mixed Groups	2
Amuru	Adolescent 12-14years	N/A	1Male and 1 Female	2

Sampling strategy for qualitative

The sampling strategies of the data sources for the qualitative information was purposive. These were determined based on their ability to provide experiential and rich information about teenage pregnancy.

Sampling strategy for the quantitative methods
The sub counties in the district where the exercise took place were selected in line with which sub county accounts for high rates direct beneficiaries.

Stage 1. Selection of parishes: the assessment was done in all the six sub counties of Lalogi, Odek, Pabbo, Atiak, Kochgoma, and Anaka. The assessment was done across the 22 parishes of implementation.

Stage 2. Selection of villages: A list of 44 villages was compiled using records from the 22 parishes. We then randomly sample two-thirds of the villages across the 22 parish. We then randomly select 29 villages from the list of the 44 project parishes using the random number generator in Excel.

Stage 3. Selection of participants: A systematic sampling technique was used to select participants to the survey. A sampling frame was determined with assistance from the program team. A list of all targeted beneficiaries was formulated with the help of the project team. Further, a sampling interval was determined and a sampling start too. Systematic sampling technique shall then be utilized in selecting a participant to the survey among communities. In absence of the sampling frame, the consultants propose to use a household survey approach where, a house hold with a teenager (either boy or girl) shall be recruited into the exercise. Emphasis shall be placed in proportionate gender representation and consideration of other demographic status such as married or un married, has children or does not have shall be taken into consideration where the consultants shall ensure that all categories are recruited into the exercise. In line with the Persons with Disabilities Act; 2020, affirmative action shall be adhered to ensure PWD are included and are afforded all the necessary support to participate meaningfully.

Quality assurance

A structured questionnaire uploaded on Tablets using ODK Collect App was used to collect data. The data collection tools were pretested and revised based on findings and advice from the client.

Training of data collectors and pre-testing of tools

A one-day training of 10 research assistants was conducted centrally from Gulu Palema Crown Hotel. The 10 research assistants were identified from a pool of research assistants that have done work with SCi in the areas of Omoro, Amuru and Nwoya due to an advantage of language and geographical maneuver. The purpose of training was to acquaint the teams with the required knowledge and skill for collection of data with the required quality. This theoretical training included interactive sessions on the objectives of the study, methodology, basic concepts of data collection methods, terminology and ethical principles. Briefing on the data collection tools (on each question) focused of the theoretical training. This enables data collector (s) to comprehend the type of data to be collected and understand each question to avoid different interpretations and ensure uniformity in forwarding questions to respondents. The practical part included classroom mock exercise in administering the tools and field exercise at field level based on the local languages spoken in the district. These enabled data collectors to exercise using the data collection tools and simulate situations they are likely to encounter in the field.

Photo credit: PHC Knowledge Management Unit; Data collectors training at Palema Crown Hotel Gulu

As part of the practical field exercise during training of data collectors, the data collection tools was pre-tested at field level.

In each selected household, face to face interviews with the Adolescent and Young People (AY), PWDs and Caregivers of AYs conducted by trained data collectors using electronic data collection tools based on Open Data Toolkit (ODK). ODK is a suite of tools that allows data collection using Android mobile devices and data submission to an online server, even without an internet connection or mobile carrier services at the time of data collection. The data collection instruments were automated in an electronic form using the ODK collect form designer. The designed ODK forms were installed on an Android based tablet which enabled offline data collection and submission of data to the central aggregate server. Data was continuously be cleaned and later retrieved for analysis.

Photo credit: PHC Knowledge Management Unit; Caregiver of AY Household Interview

Data Management and Analysis

Qualitative data: All focus group discussions and key informant interviews were captured using voice recorders. All research assistants collecting qualitative data were oriented on how to use the voice recorders during and after the interviews. Data from FGDs and KIs that is in textual form and extensive notes were transcribed, edited and typed out. Focus Group Discussions and key informant guides were translated and transcribed by the locally contracted research associates. After transcription and translations, transcripts of focus group discussions were analyzed thematically using Nvivostat for computer-aided qualitative analysis. A thematic analysis approach was followed during the data analysis process. Prior to analysis, a conceptual

framework was developed based on domains of inquiry. Subsequently codes were generated as they emerge from the data, and grouped thematically within and across districts.

Quantitative data:

Quantitative data: The analysis plan of the quantitative data was guided by the theory of change for the project. The development hypothesis enabled us to determine cause-effect relationships. Following a range of data management and quality control measures to ensure all data are clean, the downloaded dataset were to SPSS for analysis. Data analysis was performed at the following two levels:

a) Univariate analysis: This generated frequencies, percentages, means (with standard deviation) and medians (with interquartile range) of knowledge, perceptions/attitudes and practices related to teenage pregnancy**.**

b) Bivariate analysis: This was performed to determine the levels of association between independent and dependent variables in the context of this study.

Triangulation
Data from the different survey tools were triangulated when presenting the results. The section on results was arranged according to the assessment objectives for clarity. Tables, charts and graphs were used for quantitative data presentation while narratives and verbatim quotations were used to integrate qualitative data.

Quality assurance

The quality of the assessment was maintained by introducing strategic monitoring measures at all stages including planning, data collection, and data management (data cleaning and analysis), interpretation and write-up. For this purpose, the following quality assurance measures put in place.

Assessment team: Experienced supervisors and data collectors who are well versed with local languages were be employed for data collection. Training was given for the field team to enable them to understand the objectives of the evaluation and the type of data to be collected. Due emphasis given to ensure every assessment team member clearly understood each question to avoid misunderstandings on questions and minimize errors during data collection.

Monitoring the data collection process: The consultants team closely follow and monitor data collectors on a daily basis, submitted assessments were reviewed and checked by the supervisory team.

Knowledge Management/ Creative Brief

The firm's knowledge management team profiled a 15 minutes' video clips on AY wellbeing. The video clips that has been integrated with a documented voice from key informants, FGDs and infographic speaking into the changes attributable to the implementation of the project.

Ethical consideration:

The assessment adhered to a number of ethical requirements for any study of this nature;

- Participants were treated with equal respect. They were selected in such a way that minimizes risk, protects (but does not exclude) vulnerable populations, maximizes social value and collaborative partnerships, and does not jeopardize the scientific validity of the research.

- Individual informed consent was a fundamental ethical requirement in this study. Prospective study participants must be able to weigh the risks and benefits of participation. For participants of the age of 12-17years parental permission and respondent assent was be sort to ensure they participate in the assessment
- To what extent shall research data and samples be shared. Participants and stakeholders were fully informed about the collection, storage, future use, bio-banking and export of human biological material
- Right to KNOW what the study is about: Data collectors explained what topics were to be covered, what benefits to expect, what risks are involved and what would be done with the information to each participant.
- Right to freely CHOOSE whether to participate or not: Participation in the study was only on a voluntary basis and participants have the right to stop interviews/discussions at any time or to say they do not want to answer any question.
- Right to PRIVACY: No names or other personal identifying information were recorded in the questionnaires and data collectors were not to discuss respondents' answers with others.
- Right to have NO HARM done to them: The study did not cause any emotional, physical, or economic harm to those who choose to participate.
- Consultant were required to adhere to the Child and adult safeguarding Policy and ethical guidelines/requirements for child participation. The consultant (s) received an induction on and sign the Save the Children's Child Protection Policy/code of conduct.
- Ethical and safeguarding considerations were taken into account during all stages of data collection and analysis, avoiding causing further harm to survivors of sexual violence/women and children. Particular attention must be paid to the potential to cause harm during interactions with children who are survivors of violence and their families as well as during the storing, handling, sharing and analysis of data.
- The consultant (s) made it clear to all participating stakeholders especially women and minors of all ages that they are under no obligation to participate in the study. All participants were assured that there would be no negative consequences if they choose not to participate. The consultant obtained informed consent or assent from all participants, including women, children and their care-giver when child was to be interviewed.
- In line with the National Policy on Disability and in recognition of the physical barriers PWD experience and their vulnerability to exclusion to social services, special considerations was undertaken in partnership with the Disability Committees to ensure that they are afforded the necessary support to participate in this study.

STUDY FINDINGS

SOCIO-DEMOGRAPHIC CHARACTERISTICS

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS AND YOUNG PEOPLE

Household Head	**Frequency (#)**	**Percent (n=299)**
mother-in-law	1	0%
Aunt	1	0%
father-in-law	3	1%
Grand Mother	6	2%
Respondent	9	3%
Grandfather	9	3%
Uncle	10	3%
Others	12	4%
Husband	35	12%
Mother	61	20%
Father	152	51%
Age of Respondent		
15-17	65	22%
18-24	234	78%
Sex of Respondent		
Female	150	50%
Male	149	50%
Marital Status		
Others	2	1%
Separated/ Divorced	38	13%
Married/ Cohabiting	53	18%
Single/ never married	206	69%
Highest Education		
Never_attended_school	3	1%
Secondary	43	14%
Only primary	253	85%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Of the 299 Adolescents and young people interviewed only 3% were household heads. seven in every ten (71%) of the respondents came from households headed by their parents (51% headed by the fathers and 20% by the mothers). The implies that the majority of young people come from households with an authority figure as such for project engagement in the different project deliverables would require consultation of the the household heads for them to be responsive. Worth noting for the project is also utilize the caregivers/households as potential enablers/inhibitors for project implementation initiatives as such the need for their involvement. The majority of the respondents (78%) were aged 18-24years represented by 50% female

respondents and 50% male respondents. The majority (69%) of the respondents (AY) were single/never married. Eight in every ten (85%) of the respondents had only attained primary education as the highest level of education. The education level of the AYs has a bearing on content delivery modality of trainings at any level to be in the local language for ease in comprehension. This then has a bearing on the facilitators comprehension of the local language (leb acoli) for project delivery.

Table 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF CAREGIVERS OF ADOLESCENTS AND YOUNG PEOPLE

Variable	Frequency (#)	Percentage (%)
District		
Omoro	108	46%
Amuru	53	22%
Nwoya	75	32%
Sex of respondent		
Female	163	69%
Male	73	31%
Age		
18-30	42	18%
31-43	95	40%
44-56	77	33%
57-69	15	6%
70-82	7	3%
Marital Status		
Married/ Cohabiting	152	64%
Separated/ Divorced	29	12%
Single/ never married	14	6%
Widowed	41	17%
Education Level		
Never attended school	45	19%
Only primary	145	61%
Secondary	30	13%
Tertiary	16	7%
Who is considered the head of this household?		
Husband	86	36.40%
Respondent	54	22.90%
Father	44	18.60%
Mother	43	18.20%
Grandfather	6	2.50%
Mother-in-Law	1	0.40%
Son	1	0.40%

Brother	1	0.40%
With Disability	50	21%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Sixty-nine percent of the caregivers of the AY interviewed are female, 64% of the caregivers are currently married or in a form of union, 61% have attained only primary education as the highest level of education. 22.9% of the caregivers were the household heads. The majority of the caregivers of the young people lie within the age group 31-56years (73%). It is of paramount importance for the project to engage the caregivers on the project initiatives on the premise that these age group were not privy to such initiatives while at the project AY target age group as such if these caregivers have not appreciated the initiatives they run a risk of frustrating the project initiatives.

Table 3: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PWDS

Household Head	**Frequency**	**Percent**
Respondent	3	3.4%
Grandfather	4	4.5%
Grand Mother	2	2.2%
Husband	3	3.4%
Wife	1	1.1%
Father	41	46.1%
Mother	23	25.8%
Father in Law	1	1.1%
Uncle	8	9.0%
Aunt	3	3.4%
Sex of the respondent		
Female	44	49.4%
Male	45	50.6%
Marital Status of the respondents(PWDs)		
Single/ never married	67	75.3%
Married/ Cohabiting	8	9.0%
Separated/ Divorced	5	5.6%
Others	9	10.1%
Highest level of education attained		
Only primary	83	93.3%
Secondary	6	6.7%

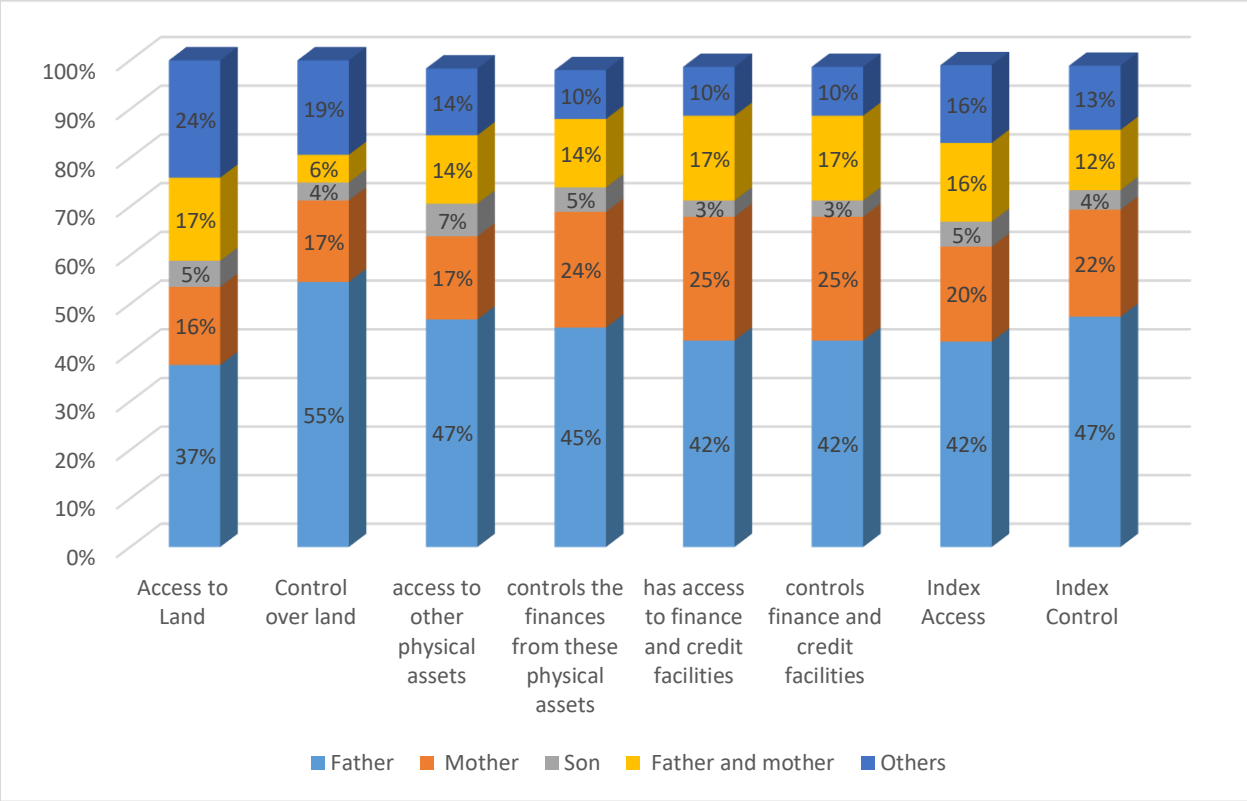
Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

The largest fraction of the PWDs interviewed are dependents coming from households where their parents are the household heads (46.1% headed by fathers and 25.8% headed by the mothers). This implies that for POWER4Y to fully engage the PWDs with programming initiatives geared towards improved wellbeing its prudent to involve the parents as critical stakeholders. This is premised on the fact that social and cultural acceptance of PWDs in the assessment locations

is still wanting. The qualitative inquiry in the assessment location showed that parents still struggle to see PWDs as important as valuable for development to happen. The assessment also showed that their trades that could not be trusted with PWDs a mindset change that the project should focus on before engaging the with PWDs. Approximately 50.6% of the PWDs interviewed were male. 75.3% of the PWDs interviewed were single/never been in any form of marriage relationship. The majority of the PWDs were of primary education level.

ACCESS AND CONTROL OVER RESOURCES, ASSETS AND SERVICES

Figure 1: ACCESS AND CONTROL OVER RESOURCES, ASSETS AND SERVICES BY ADOLESCENTS AND YOUNG PEOPLE

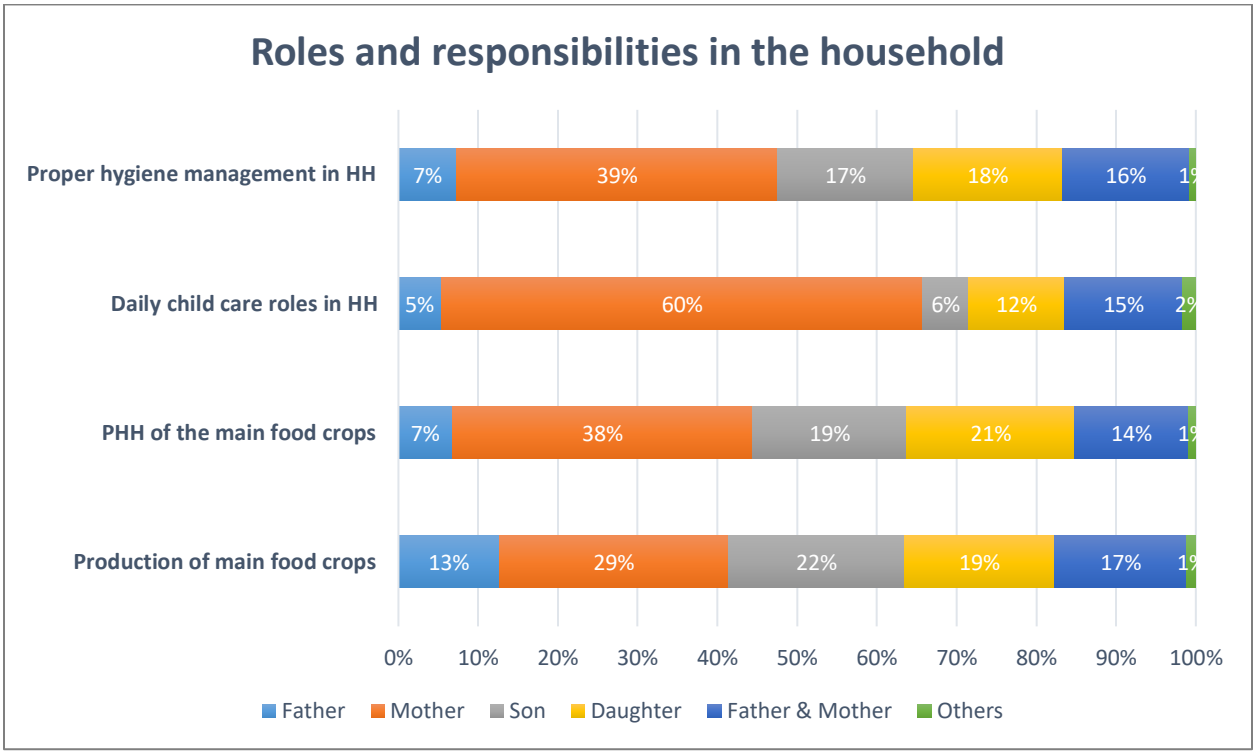


Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Overall, approximately 42% of the fathers of the adolescents and young people have access to property and 47% have control to something within the dominion of the household. Twenty percent of the mothers have access to property and twenty-two percent of the mothers have control to some of the property owned by their respective households. Joint access to property (access to land, access to physical assets, access to finance and credit facilities) by father and mother accounted for only 16% and joint control (control overland, control over finances from physical assets, control over finances and credit facilities) reported at 12%. Five in every ten (55%) of the Adolescent and Young People (AY) households reported that their fathers had control over land. The findings portray that fathers have control over land that is not directly accessible to them. 45% of the fathers have control over the finances generated from the physical assets within the access mandate of the household, 42% of the fathers have access to financial and credit facilities and 42% control over the finances and credit facilities.

On the premise of access and control of assets by the parents of the young people is a prerequisite for engagement of the parents as influencers to guide decision making by the young people in their employment decision making mandate. The involvement of parents as enablers through dialogue with young people to be able to shape their future will be important an avenue to be utilized by the project.

FIGURE 2: ROLES AND RESPONSIBILITIES IN THE HOUSEHOLD AS PERCEIVED BY CAREGIVERS

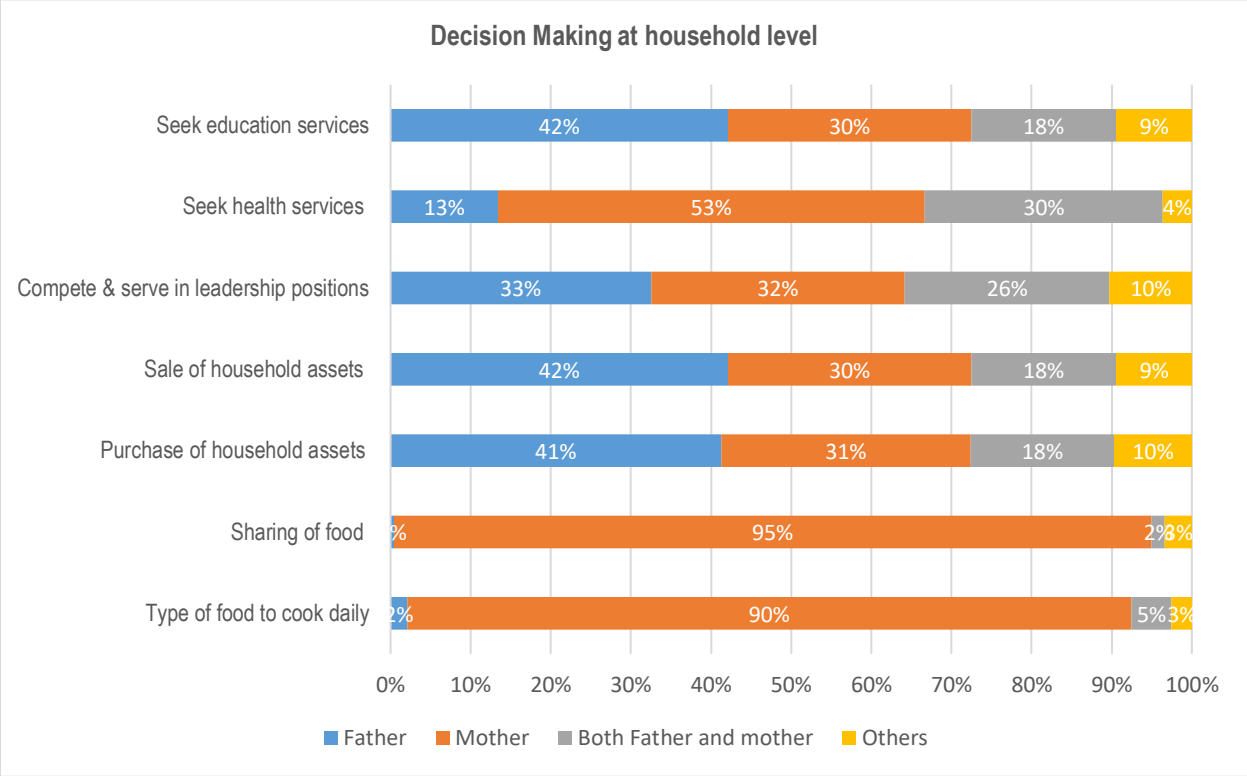


Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

From the figure above, the caregivers reported that mothers dominate roles and responsibilities at household level. They play a key in providing daily child care roles at household levels (60%). Managing production of main crops (29%) and post-harvest handling (38%) were reported to done by mothers.

Children (sons & daughters) equally play a bigger role than fathers across all the roles and responsibilities except the responsibilities of attending trainings/meetings where respondents reported father are supportive. We only see respondents reporting both mothers and fathers sharing roles at household level, the results were consistent across the roles and responsibilities. Other categories of decision makers included grandparents, in-laws and nephews.

Figure 3: DECISION MAKING AT HOUSEHOLD LEVEL AS PERCEVIED BY CAREGIVERS



Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Some mothers fail to make decisions on performance of hospital surgeries to have a baby simply because the man is not around. You end up losing a baby because the woman does not have a voice to make conclusive decision. We need to help these women to get empowered. The women need a voice with mutual respect. KII DHO Nwoya District

In contrast to roles and responsibilities at the household level where the male (fathers) played a back role in generating income at household levels like through crop production, we see the caregivers interviewed reporting that fathers dominated in decisions making when it came to purchasing and selling productive assets at 41% and 42% respectively. However, the females (mothers) make greater decisions when it comes to the type of food to prepare daily (90%) at household levels and sharing of the food is greatly dominated by mothers reported by respondents at 95 percent. Some good level of decision for mothers in terms of seeking for health services (53%). When it comes to competing and serving in leadership, fathers (33%) and mothers (32%) similarly make decisions to participate in leadership and public spaces. We also see the joint decision makings (26%) by mothers and fathers.

Table 4: PERCEIVED ROLES AND RESPONSIBILITIES FOR DECISION MAKING ACCORDING TO PWDS

Who is usually involved in the production of main food crops	**Frequency**	**percent**
Respondent	14	15.7%
Father	19	21.3%
Mother	38	42.7%
Son	18	20.2%
Daughter	18	20.2%
father and mother	25	28.1%
who is responsible for harvest handling		
Respondent	11	12.4%
Father	11	12.4%
Mother	54	60.7%
Son	20	22.5%
Daughter	23	25.8%
father and mother	18	20.2%
others specify	18	20.2%
Who is involved in the marketing of produce		
Respondent	0	0.0%
Father	18	20.2%
Mother	44	49.4%
Son	7	7.9%
Daughter	7	7.9%
father and mother	11	12.4%
others specify	17	19.1%
Who is usually involved in daily child care roles		
Respondent	0	0.0%
Father	8	9.0%
Mother	61	68.5%
Son	7	7.9%
Daugther	12	13.5%
father and mother	13	14.6%
others specify	14	15.7%
Who usually ensures proper hygiene management in your home		
Respondent	0	0.0%
Father	19	21.3%
Mother	44	49.4%
Son	30	33.7%
Daughter	26	29.2%
father and mother	14	15.7%
others specify	14	15.7%

Who in your household usually attends training/ meeting		
Respondent	0	0.0%
Father	33	37.1%
Mother	41	46.1%
Son	10	11.2%
Daughter	5	5.6%
father and mother	4	4.5%
others specify	11	12.4%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

According to the PWDs interviewed their mothers have the highest (42.7%) involvement in the production of the main food crops and PWDs are involvement in food production accounts for (15.7%) of the labor force at the respective households, 12.4% of the PWDs are involved in harvest handling. The PWDs reported no involvement marketing of produce, daily child care roles and attends training/ meeting.

For successful project implementation and engagement with the PWDs the POWER4AY team have to be deliberate to engage caretakers on the project deliverables and desired results especially if they are to engage the AY in any activities. This can take the form of detailed sensitization about the project using different platforms such as radio, community sensitization and dialogue meetings among other approaches the project as positioned to reach out to the caregivers.

Table 5: PERCEPTION ON DECISION MAKING BY PWDS

What type of food to cook daily	**Frequency**	**Percent**
Father	3	3.4%
Mother	75	84.3%
son	0	0.0%
Daughter	0	0.0%
Mother and father	1	1.1%
0thers	8	9.0%
How food is shared		
Father	1	1.1%
Mother	78	87.6%
son	0	0.0%
Daughter	0	0.0%
Mother and father	0	0.0%
0thers	13	14.6%
Purchase of household assets		
Father	39	43.8%
Mother	26	29.2%
son	0	0.0%
Daughter	0	0.0%
Mother and father	12	13.5%

0thers	17	19.1%
sale of household assets		
Father	38	42.7%
Mother	27	30.3%
son	0	0.0%
Daughter	0	0.0%
Mother and father	14	15.7%
0thers	18	20.2%
Opportunity to compete and participate in leadership		
Father	31	34.8%
Mother	24	27.0%
son	0	0.0%
Daughter	0	0.0%
Mother and father	16	18.0%
0thers	19	21.3%
Where to seek medical care		
Father	22	24.7%
Mother	42	47.2%
son	0	0.0%
Daughter	0	0.0%
Mother and father	14	15.7%
0thers	13	14.6%
Where to seek education services		
Father	22	24.7%
Mother	42	47.2%
son	0	0.0%
Daughter	0	0.0%
Mother and father	18	20.2%
0thers	14	15.7%
Index Value for decision Making		
Father	22	25%
Mother	45	50%
son	0	0%
Daughter	0	0%
Mother and father	11	12%
0thers	15	16%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

According to the PWDs interviewed mothers play the biggest role (84.3%) in deciding the type of food to be cooked, and 87.6% on how food will be shared. Fathers decide significantly (43.8%) on the purchase of household assets, and 42.7% on the sale of assets. Fathers decide 34.7% of the time on decisions to participate in leadership. On the overall mothers are make the highest decision based on the measured assessed (50%) and fathers (25%).

Given that mothers of PWDs in the project implementation area are identified as the greatest decision making across all the parameters of measure (50%) its worthwhile to engage mothers' opinions and win their support for engagement of the PWDs. This will help the project measure its gains upon engagements for improving livelihoods of the young people by involving the mothers in the choices to be decided with the PWDs for livelihood options.

ACCESS TO INFORMATION ON PRODUCTION AND LIVELIHOODS

This section helps to understand if women's and men's, girls' and boys' access to resources needed to carry out their work, their control over the resources to use as they wish and their access to the benefits derived from their work, and to the control they have over the benefit and their contribution to the desired wellbeing.

Table 6: Access to information on production and livelihoods by the AY

	Count	Percent
Received information regarding production and other livelihood activities (e.g. about weather and climate, marketing, and extension services)?	**266**	**89.0%**
Source of Information		
Telephone	5	1.9%
Radio	132	49.6%
Word of mouth	91	34.2%
Others	38	14.3%
How regularly this source channel		
Daily	63	23.7%
Weekly	59	22.2%
Monthly	14	5.3%
Once -in-a –while	93	35.0%
Others	37	13.9%
Grand Total	266	100.0%
When was the last time you received information on production and other livelihood activities		
Today	36	13.0%
Last week	86	31.2%
Last Month	54	19.6%
I do not remember	100	36.2%
Grand Total	276	100.0%
By what means did you receive this information		
Telephone	5	1.9%
Radio	126	46.7%
Word of mouth	107	39.6%
Others	32	11.9%
Grand Total	270	100.0%

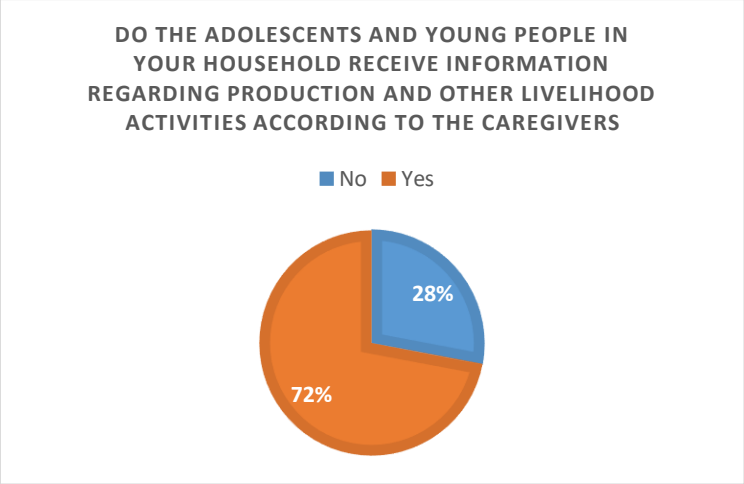
Was the information that you received adequate?	**162**	**60.0%**
Do you have access to a telephone?	**286**	**95.7%**
What kind of access do you have?		
I own a mobile set	173	60.5%
A member of my household owns one	84	29.4%
I borrow from neighbor	10	3.5%
Other (specify)	19	6.6%
Grand Total	286	100.0%
How long ago (in years) did you get your first phone?		
5+ years	39	18.9%
4 years	13	6.3%
3 years	25	12.1%
2 years	32	15.5%
1 year	36	17.5%
<1year	61	29.6%
Grand Total	206	100.0%
Is your phone capable of browsing the internet	**52**	**25.2%**
In what specific ways has your phone helped in your activities		
Access to health information	77	35.0%
Reporting cases of GBV	4	1.8%
Access to education/ training opportunities	58	26.4%
Others (specify)	146	66.4%
Grand Total	220	100.0%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

The majority (89%) of the AY reported have accessed information on production and livelihoods. The largest fraction accessed this information through radio (49.6%), followed by word of mouth 34.2%). 35% of the respondents accessed this information once in a while, 23.7% accessed this information on a daily basis, 22.2% accessed the information on a weekly basis. The respondents were asked when the last accessed information on production and livelihoods and 36% did not remember when the last accessed this information, 31% last accessed information last week, 19.6% last accessed this information last month and 13% accessed this information today. six in every ten (60%) of the respondents reported that the information accessed on production and livelihood is adequate. The majority (95.7%) of the AY have access to telephones of which 60.4% of these own their phones, 29.4% access these phones from a member of the household. Only 25.2% of the phones are internet enabled which provides an opportunity for the project to promote ICT4D as an enabler for project implementation since it's an unexploited widow for the young people in the implementation area. This makes radio and use of mouth reliable platforms of information sharing by the project team atleast once a month for efficiency of the approach. 35% of the AY access health information through their phones, 26.4% access education/ training opportunities through phones.

The findings indicate close to 29% of adolescents and young people do not received information regarding production and other livelihood activities. This was consistently reported among males (82%) and females (66%). At district level, Omoro District (38%) reported high number of adolescents and young people without access and Nwoya District having the least at 15 percent. A follow up qualitative question was asked to the respondents what specific barriers constrain their accessing this vital information and majority of the response indicated lack of access to communication devices like radios, phones, and Television being the main barrier for young people. A good number of responses centred around the programmes on radio and other channels not being relevant for young people – this is because the radio programmes are not responding to the young peoples' needs and preferences. Other responses indicated generally, both the young people and adults don't access to adequate information on productivity and livelihood activities. So as much the concerns is on young people, the adults may not be doing well too. The other barrier widely mentioned was language barrier as the information comes in English most of the times and this is not widely understood by the young children where a number of respondents indicated disruption in studies by Covid19 affected their learnings, others dropped out of school and would prefer receiving information in location language

Besides, there were indication that young people do not want to participate in initiatives at community levels like trainings and other community events were information are given. Limited knowledge on the available information and sources is also a major barrier to information access



According to the FGD with the young people; We have enough leisure time during dry season and they would want to find something productive to do during our leisure time.

The best time of engagement for POWER4AY engagement is proposed as 11AM-4PM across all the project beneficiaries.

ACCESS TO WASH SERVICES AND PRODUCTS

Table 7: Access to WASH Services and Products by AYs

What is your main source of drinking water in this community?	Count	Percent
Hand pumps/boreholes	207	69%
Unprotected well	71	24%
Piped connection to house (or neighbour's house)	4	1%
Protected spring	15	5%
unprotected spring	2	1%
How long does it take to go to fetch water and return?		
Less than 0.25Km	113	38%
0.25-0.5KM	74	25%
0.5-1KM	15	5%
1-1.5KM	27	9%
>1.5KM	15	5%
Don't Know	63	21%
Please show me the containers you use for collecting water? (Observe type of container and tick).		
Narrow mouthed container	294	98%
Bucket	4	1%
Both narrow mouthed and wide mouthed container	8	3%
How long do you wait at the water source before filling your jerry can?		
Within 15 minutes	164	55%
More than 15 minutes	135	45%
Grand Total	299	100%
Do you feel safe going to fetch water on your own?		
no	69	23%
yes	230	77%
Who are the stakeholders to be involved in address the barriers and challenges adolescent and youth are facing while accessing water in this community?		
Water community members	76	27%
The community	114	41%
Local Government	153	54%
NGOs/CBOs	87	31%
PWDs	1	0%
Faith Leaders	3	1%
Cultural leaders	18	6%
Health and Sanitation Officers	30	11%
Others(Specify)	47	17%
Does household have sufficient water storage capacity?		
Yes, provides 20l/person per day	210	70%
No, provides less than 20l/person/day	89	30%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

The majority of the AY household's source of water is hand pumps/boreholes (69%) and 24% access water from unprotected wells. 38% of the AY households (HHs) move less than 0.25KMs to access water, 25% move between 0.25-0.5KMs. Nine in every ten (98%) of the AY HHs use the narrow mouthed containers to collect water. 55% of the AYs take less than 15mins to fill up their water containers from the water sources. 77% of the AYs feel safe accessing water from the different sources. The local government is considered the most influential stakeholder in addressing any barriers to water access (54%), followed by community (41%), the water community (27%). Seven in every ten of the AY HHs reported to have sufficient water storage facilities.

Among NGOs/CBOs implementing WASH in the catchment area that SCI could leverage with for future partnerships are World Vision Uganda, JESSE, AMREF and Caritas Gulu in Nothern Uganda, IRC. Among the other groups of stakeholders that can be involved to be able to address issues relational to WASH included representatives PWDs, youth leaders, leaders in the market and community leaders.

TABLE 8: ACCESS TO WASH SERVICES AND PRODUCTS ACCORDING TO THE CAREGIVERS

Main source of drinking water in this Community	**Frequency (#)**	**Percentage (%)**
Hand pumps/boreholes	154	65%
Protected spring	16	7%
Water seller/kiosks	2	1%
Public tap	2	1%
Other (please list)	2	1%
Surface water (lake, pond, dam, river, swamp)	1	0%
Don't know	1	0%
Water source access by wheelchair user or persons with disability		
No	144	61%
Yes	91	39%
How long it takes to go fetch water and return		
0.25-0.5KM	83	35%
0.5-1KM	54	23%
Less than 0.25Km	47	20%
1-1.5KM	24	10%
Don't Know	16	7%
>1.5KM	12	5%
How long you wait at the water source before filling your jerrycan		
Within 15 minutes	39	83%
More than 15 minutes	8	17%
Feel safe going to fetch water on your own		
Yes	180	76%

No	56	24%
Stakeholders that need to be involved in addressing the barriers and challenges adolescent and youth are facing while accessing water		
Local Government	63	28%
NGOs/CBOs	57	25%
Water community members	38	17%
The community	33	15%
Others (Specify)	22	10%
Cultural leaders	8	4%
Health and Sanitation Officers	4	2%
Household have sufficient water storage capacity		
Yes, provides 20l/person per day	144	61%
No, provides less than 20l/person/day	91	39%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

65% of the caregivers interviewed use Hand pumps/boreholes as their main source of water. 61% of the water sources are not accessible by wheelchair. About 35% of the caregiver cover approximately 0.25-0.5KM to fetch water, and 83% use >15minutes in waiting time before filling the water container. 76% of the caregivers feel safe going to fetch water. The local government, NGOs/CBOs and water user committee members have the highest involvement in dealing with barriers to access to water.

On the overall interaction with the three groups of respondents its evident that water is sufficient within the project implementation location based on the fact that majority of the households can ably afford to use atleast a 20litres of water a day. There is no need for the project capitalize on hardware activities but rather strengthen the software components of WASH as per the design documents.

We do not have specific WASH services for young people that are out of school. The young people do face several SRH challenges however these are somewhat manageable when they are in school since there several programs targeting the school

TABLE 9: ACCESS TO WASH SERVICES AND PRODUCTS BY PWDS

What is your main source of drinking water in this community?	Frequency	Percent
Public tap	1	1%
Hand pumps/boreholes	53	60%
Unprotected well	18	20%
Piped connection to house (or neighbour's house)	5	6%
Protected spring	10	11%
Unprotected spring	2	2%
Grand Total	89	100%

How long does it take to go to fetch water and return?		
Less than 0.25Km	11	12%
0.25-0.5KM	40	45%
0.5-1KM	19	21%
1-1.5KM	6	7%
>1.5KM	5	6%
Don't Know	8	9%
Grand Total	89	100%
Please show me the containers you use for collecting water?		
Narrow mouthed container (e.g. jerry can)	86	97%
Narrow mouthed container (e.g. jerry can) 2.Wide mouthed container (eg.pot, bucket, drum)	1	1%
Both narrow mouthed and wide mouthed container.	2	2%
Grand Total	89	100%
How long do you wait at the water source before filling your jerry can?		
Within 15 minutes	43	48%
More than 15 minutes	46	52%
Grand Total	89	100%
Do you feel safe going to fetch water on your own?		
No	25	28%
Yes	64	72%
Grand Total	89	100%
Who are the stakeholders to be involved in address the barriers and challenges adolescent and youth are facing while accessing water in this community?		
Water community members	16	19%
The community	16	19%
Local Government	20	24%
NGOs/CBOs	17	20%
Cultural leaders	2	2%
Health and Sanitation Officers	1	1%
Others(Specify)	11	13%
Grand Total	83	100%
Does household have sufficient water storage capacity?		
Yes, provides 20l/person per day	54	62%
No, provides less than 20l/person/day	33	38%
Grand Total	87	100%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

60% of the PWDs interviewed reported Hand pumps/boreholes as the main source of water in their communities. About 45% of the PWDs access water within 0.25-0.5KM. 97% of the PWDs use narrow mouthed containers to fetch water. 52% take more than 15Minutes to fetch water. 62% of the PWDs reported having sufficient water storage capacity at their households.

A comparative analysis between AYs, Caregivers and PWDs shows that access to water by PWDs has some differentials based on the turnaround time they take at the water points which is longer compared to the other AYs and caregivers, and the understanding of the distance covered seems longer. However, it's important for the project appreciate that the differential in distance does not mean that the waterpoints are far from the PWDs as compared to the other groups of respondents but rather it's the limitation prevalent to the PWDs state that makes time turn around almost twice as much as the one of the other counterpoints. It's almost important to have communities appreciate that the PWDs also rights to access to these services in their communities without sidelining them to fetch water last after everyone else at the water point has filled their own. This came out pronounced in the qualitative inquiry with the PWDs an area of attention for local level advocacy for PWDs access to WASH services especially water points.

Importance of Inclusive WASH

Disability inclusive WASH at school will help children with disabilities attend and stay in school. Children with disabilities, girls especially, are often not able to attend school because they do not have
access to a toilet, which makes it impossible to make it through a full school day – especially for girls who are menstruating. It's important for the project to incorporate changing rooms in WASH rooms currently used by the young people. This was identified as a primary gap from the assessment.

Disability inclusive WASH at home supports a child's acceptance in society. When a child is not able to care for his or her hygiene, the child is unlikely to be welcomed by peers or to participate in
school. This can be a further marginalization factor for a child with disabilities. The project can intentional incorporate activities such as community level advocacy through PWDs involved in radio programmes, dialogue meetings for WASH in communities,

Access to sanitation has important cultural and social implications for women, especially those with disabilities. Not having access to safe and adequate WASH facilities usually means women must navigate unsafe terrain, often alone and at night, to find a private place outdoors to take care of their sanitation needs, which puts them at risk.

It is especially critical for WASH infrastructure at health care facilities to be accessible to people with disabilities, as this is a critical point of care for people with both temporary and permanent disabilities. Schools are also good demonstration points for what disability inclusive WASH infrastructure can be. The assessment found that limitations on WASH facilities at health centres

SANITATION AND HYGIENE

Table 10: SANITATION AND HYGIENE SERVICES FOR AY

SANITATION	Count	Percent
Does your household have a latrine? / Pit Latrine	298	99.6%
How many stances does the household latrine have?		
1	180	60%
2	113	38%
3	2	1%

4	3	1%
Do you share this latrine facility with other households or community member?	78	26%
Distance of latrine from dwelling.		
50m_and_above	99	234%
less_than_50m	199	67%
Does it provide safety, privacy and lockable from inside?	186	62%
Is the household latrine clean?	261	88%
Is there a functional hand washing station at the latrine?	142	48%
Is there soap and water at the hand washing station?	110	37%
3 of the most important times when someone should wash their hands		
Before eating	286	96%
Before cooking/meal preparation	124	41%
After defecation	290	97%
Before breastfeeding	28	9%
Before feeding children	50	17%
After handling a child's stool/changing a nappy/cleaning a child's bottom	66	22%
Other	106	35%
Don't know or no response given	5	2%
Please show me the facility where you and your family members bathe?		
Do not have a designated bath shelter	25	8%
Have designated shower/bath shelter	274	92%
Where does your household dispose off domestic waste (organic)?		
Communal pit	7	2%
Designated open area	11	4%
Household pit	265	89%
other	7	2%
Undesignated open area	9	3%
Do public institutions such as like schools and markets have latrines in your area?	**285**	**95%**
Are these latrines sex segregated for males and females?	**285**	**95%**
Is there a room for persons with disability (with hand rails, ramp, and wide door enough to fit a wheel chair)?	114	38%
Are they clean, safe and provide privacy?	154	52%
Is there a separate room for girls and women in their periods (with soap, water, and bin)?	64	21%

Who are the key stakeholders to be involved in ensuring access sanitation and hygiene services in your community?		
Water community members	17	6%
The community	49	17%
Local Government	69	23%
NGOs/CBOs	69	23%
PWDs	0	0%
Faith Leaders	0	0%
Cultural leaders	3	1%
Health and Sanitation Officers	61	21%
Others(Specify)	28	9%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Ninety-nine percent (99.6%) of the AY HHs have pit latrines, with the majority as one stance latrines (60%) and 38% two stance latrines. Twenty- six percent of the HHs share the latrines with their neighbors. 57% reported the latrines to be less than 50metres from the respondents dwelling. 625 of the latrines used by these households provide for safety/lockable from inside. 88% of the HHs had clean latrines by the time of the assessment. About 48% of the AY HHs had functional handwashing facilities, 37% had soap had the handwashing points. The project needs to tailor dialogue and sensitization meetings or any other message delivery platforms to promote use of water and soap at handwashing points especially based on the fact that water is easily available however almost all households visited did not have water in the tippy taps, no soap at the hand washing points. An area of special attention was quiet a number of schools had latrines in very busy areas making them quit unsafe for the learners to easily access and feel safe. Our observation of some of the school latrines did not have shutters as such denying privacy for the users.

The approved designs for WASH facilities that support mobility for PWDs are very expensive for the districts to afford as such PWDs are not able to access inclusive WASH services in their communities. It's one thing to have an approved standard and another to have these implemented as a result of the limitation in resources-

The HHs considered the most critical times of handwashing as after defecation (97%), before eating (96%) and before cooking (41%). Nine in every ten (92%) of the HHs had a designated bath shelter, 89% had household waste pits. 95% of the institutions such schools, markets in the AYs neighborhood have latrines that sex segregated. Only 38% reported these as disability inclusive. 52% considered these public latrines as clean, safe and private. The project should also be deliberate to engage with beneficiaries on the benefits of handwashing at the critical times since the statistics were wanting for variables like before cooking, before breastfeeding and after changing diapers.

The most influential stakeholders for the engagement for the sanitation needs of these communities are local government (23%), NGOs/CBOs (23%), Health and sanitation officers (21%) and the community (17%).

Table 11: SANITATION AND HYGIENE SERVICES FOR PWDS

Does your household have a latrine?	Frequency	Percent
No	6	7%
Yes	82	93%
Grand Total	88	100%
How many stances does the household latrine have?		
1	62	72%
2	22	26%
3	1	1%
Grand Total	86	100%
Do you share this latrine facility with other households or community member?		
No	62	70%
Yes	26	30%
Grand Total	88	100%
Distance of latrine from dwelling.		
50M and above	28	32%
Less than 50m	60	68%
Grand Total	88	100%
Is there a functional hand washing station at the latrine?		
No	72	81%
Yes	17	19%
Grand Total	89	100%
Is there soap and water at the hand washing station?		
No	76	85%
Yes	13	15%
Grand Total	89	100%
Please show me the facility where you and your family members bathe?		
Do not have a designated bath shelter	9	10%
Have designated shower/bath shelter	79	90%
Grand Total	88	100%
Where does your household dispose off domestic waste (organic)?		
Communal pit	2	2%
Designated open area	5	6%
Household pit	70	79%
Other	9	10%
Undesignated open area	3	3%
Grand Total	89	100%

Do public institutions like schools and markets have latrines?		
No	7	8%
Yes	82	92%
Grand Total	89	100%
Are these latrines sex segregated for males and females?		
No	12	13%
Yes	77	87%
Grand Total	89	100%
Is there a room for persons with disability (with hand rails, ramp, wide door enough to fit a wheel chair		
No	55	62%
Yes	34	38%
Grand Total	89	100%
Are they clean, safe and provide privacy?		
No	47	53%
Yes	42	47%
Grand Total	89	100%
Is there a room for girls and women in their periods (with soap, water, bin)?		
No	71	80%
Yes	18	20%
Grand Total	89	100%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

93% of the PWD households have a latrine, 72% of which have one stance latrines. 70% of the PWDs households share their latrines with neighbors. 68% reported moving less than 50m to access the latrine. 81% of the PWDs reported having no functional hand washing station at the latrine, 85% have no soap at handwashing stations. 90% reported having designated places for having a bath. 79% dispose domestic waste in Household pit 92% of public institutions like schools and markets have latrines have latrines. 87% reported that the latrines are sex segregated for males and females. 62% reported that there are no rooms for persons with disability (with hand rails, ramp, wide door enough to fit a wheel chair. 80% reported no rooms for girls and women in their periods.

MENSTRUAL HYGIENE

Table 12: MENSTRUAL HYGIENE FOR AYs

Menstrual Hygiene	**Count**	**Percent**
Do you have access to sanitary pads during periods?	87	60%
Do you have access to soap and water during menstrual period?	135	93%
Do you have access to a clean, safe and private place to change during periods with soap and water?	122	84%
Is there a place for disposal of used sanitary pads?	141	97%
Where do you dispose your sanitary pads after use?		

Incinerator	42	29%
Bin	2	1%
Bucket	2	1%
Others (Specify)……..	137	94%
Do you feel socially supported during your menstrual periods?	99	68%
Do have knowledge on how to make and use of reusable sanitary pads?	22	15%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Six in every ten (60%) of the adolescent young girls interviewed had access to sanitary pads, 93% reported having access to soap and water during menstruation while 84% reported having a clean, safe and private place to change during periods with soap and water. 97% reported availability of a disposal place for sanitary pads. Only 29% reported using incinerators for disposal of pads while the majority (94%) did dispose of used pads in other places. Sixty-eight percent of the young girls felt socially supported during their menstrual periods and only 15% had knowledge on how to make and use reusable sanitary pads.

Table 13: MENSTRUAL HYGIENE PRACTICE FOR PWDS

Do you have access to sanitary pads during periods	Frequency	Percent
No	33	69%
Yes	15	31%
Grand Total	48	100%
Do you have access to soap and water during menstrual period?		
No	21	44%
Yes	27	56%
Grand Total	48	100%
Do you have access to a clean, safe and private place to change during periods with soap and water		
No	30	63%
Yes	18	38%
Grand Total	48	100%
Is there a place for disposal of used sanitary pads?		
No	21	44%
Yes	27	56%
Grand Total	48	100%
Do you feel socially supported during your menstrual periods?		
No	27	56%
Yes	21	44%
Grand Total	48	100%
Do have knowledge on how to make and use of reusable sanitary pads?		

No	35	74%
Yes	12	26%
Grand Total	47	100%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

About 69% female PWDs interview in the districts of Omoro, Nwoya and Amuru have no access to sanitary pads during menstruation, 56% of PWDs have access to water and soap during menstruation. 63% of the female PWDs have no access to a clean, safe and private place to change during periods with soap and water. Only 56% of the PWDs reported access to a place for proper disposal of used sanitary pads, 56% of the PWDs feel socially unsupported during menstruation and 74% of female PWDs have no knowledge on the making of reusable sanitary pads.

Women considered most vulnerable based on their maternal child health needs:

When you come to the issues of maternal child health, you will find that the women are the most vulnerable, take another lead in regards to access or in regards to vulnerability as a result of complications associated to maternal child health issues. So, to digest this further, we need to also look at the level of empowerment because there are some people who are disabled, but they're empowered and they fought their way and always find that they're able to survive and they're able to push, they're able to probably, you know, get access.

They don't they look beyond their disability. But on the other hand, they are vulnerable in terms of access in terms of certain areas of concern, but If you look into their empowered, you will find that they may not be so much vulnerable, like the other village person who is not empowered, who has no resources, who is maybe crippled with maybe incapacitated in terms of service delivery, I mean, in terms of access to service delivery. So it affects in total, in totality, there will be so our put that the disabled, the women and children are the most vulnerable in our societies.

It is categorically clear that the issue of cultural norms makes women to have very limited access or authority over things. **KII Nwoya District**

EMPLOYMENT/EMPLOYABILITY AND SKILLS

Table 14: EMPLOYMENT AND EMPLOYABILITY AND SKILLS FOR AYs

What household assets do you own?	Count	Percent
Fridge	0	0%
Others	3	1%
Television	4	1%
Motor Cycle	11	4%
Bicycle	95	32%
Radio	105	35%
Land	134	45%

Utensils	166	56%
Farm equipment	167	56%
Chairs and tables	168	56%
Phone	187	63%
Crops	192	64%
Livestock	192	64%
Are you or a member of your household employed and earning an income?	**117**	**39%**
How many people are currently earning money from your household?		
0	123	43%
1	86	30%
2	51	18%
3	17	6%
4	4	1%
5	3	1%
6	1	0%
7	2	1%
11	2	1%
How many are without a job but are willing to earn money?		
0	19	7%
1	54	18%
2	80	27%
3	60	21%
4	38	13%
5	19	7%
6	9	3%
7	5	2%
10	2	1%
11	1	0%
12	4	1%
15	1	0%

DO you have the right skills to do the work you are planning to do?	108	36%
Are you planning to be self-employed, run a business or be in wage employment?	258	87%
Are there businesses or other industry that offer this kind of work in the area?	106	45%
How do you plan to get this startup capital?		
Get a loan	27	23%
Get assistance from family members	73	63%
Sell off family assets	13	11%
Others	3	3%
Do you possess any of the following skills		
Vocational	84	52%
business entrepreneurship	87	54%
What sort of employments are they engaged in?		
formal employment	3	1%
casual worker	217	84%
Self employed	70	27%
What level of involvement did the youth or persons with disability need to become self employed		
Given sufficient information	101	35%
Given the startup capital	118	41%
Given a conducive environment	86	23%

Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

The most owned household assessment by the AY HHs are livestock (64%), crops (64%), phones (64%), chairs and tables (56%), utensils (56%), land (45%). Only 39% of the respondent's/ household members are employed. The largest fraction of the AYs (43%) come from households without anyone currently earning an income, 30% come from households depending earnings of one person, 18% depend on households with two people earning an income.

Only 36% of the AYs reported having the right skill for the work they desire to do. The majority (87%) of the AY plan on getting employed/starting a business. 45% reported the existence of the kind of work they would like to be involved in as existent within their areas of their residence. The majority (63%) of the respondents that intend to start a business plan of acquiring assistance from their family members, while 23% plan on getting loans for this purpose. 52% of the AYs do have vocational skills and 54% do have business entrepreneurial skills. 84% of the AYs are in casual work, 41% of the respondent believe engagement of the Persons with Disability will require giving them startup capital, 35% indicated that PWDs will require sufficient information about the enterprises and 23% indicated the need for a conducive environment.

Unemployed youth, older persons, PWDs, unemployed girls identified as the most Vulnerable group in the community:

I would say, the youth who are unemployed are the most vulnerable and especially the young girls. Then the elderly also presents as a vulnerable group in our community and the country at large. Another vulnerable group are the people with a disability, physical disability. They're also vulnerable. And for instance, the in terms of physical disability, the challenges that they face. We constructed like we have health centers. But some of these health centers don't have I would say ramp to allow these people with this ability to end. In my opinion, the old people are financially incapacitated, since they don't have the vigor, the ability to do economic activities that would help them generate funds to support themselves. The old people are often a neglected group, children are out of their place, some of the children are in towns fending for themselves while the old persons remain in the village in the rural setting and yet they don't have the capacity to dig to do economic activities that would help them generate income. And then for the youth, some of them are depleted, but they remain unemployed this makes them vulnerable. The girls are affected by their gender roles, since they cannot take up some jobs like operating boda bodas. **Key Informant Interview Dennis Okello ADHO Environment Amuru District.**

Challenges faced by these vulnerable people face alongside access to economic and livelihood opportunities and access to productive assets in your community?

And even in some schools. They don't they don't provide those ramps to allow pupils with a disability to enter and live in offices. Yeah, you cannot go with a wheelchair. So they have those challenges. And access to I would say safe water. It's also a challenge to them. If somebody's physically handicapped cannot pump water from a bar or learned water from Ebola is safe for them to use this so they would end up going to maybe well which is unprotected, the spring which is unprotected and probably they will be taking what I would which would put them there at further risk then for the elderly, our axis in terms of the challenge is access to safe water is also a challenge. Our water safe water coverage is I think it's 62% meaning that these are other 40 39% cannot easily access water. By this I mean access to safe water should be within availability of safe water should be within one kilometer. So, an older person moving like three four kilometers to carry water will not do it frequently will not because the water point is very far the person is old cannot carry a big check and collect adequate water and probably as safe it probably my poor because he can only carry maybe chair can have water that you can have water may not help to support him for drinking and washing and cleaning things. Maybe poverty also, this young pupil are supposed to get big gain skills in training so that their vulnerable vulnerability is reduced. Because if you have skills and capacity to do you have acquired a skill maybe for tailoring you can become a tailor. But because they are poor, they cannot have access to that and that incur the mean it incurs cost. So it means the access to acquire skills is also a challenge among the young people. **KII Amuru District**

Limitations for the youth to access productive assets in the community:

Well, they are. But culturally, if you're still with your father, and you are still below, you have not yet married, so you don't have the you don't have power over your land until you are married. That's when your father will say this is this piece of land is yours. So, you can probably I mean you have power over it they have access to land, but still in some other areas. Some could have even sold their land and I would say there are few even landless or if they have land the land cannot produce adequate agricultural products that they can sell and maintain the economy. **KII Omoro District.**

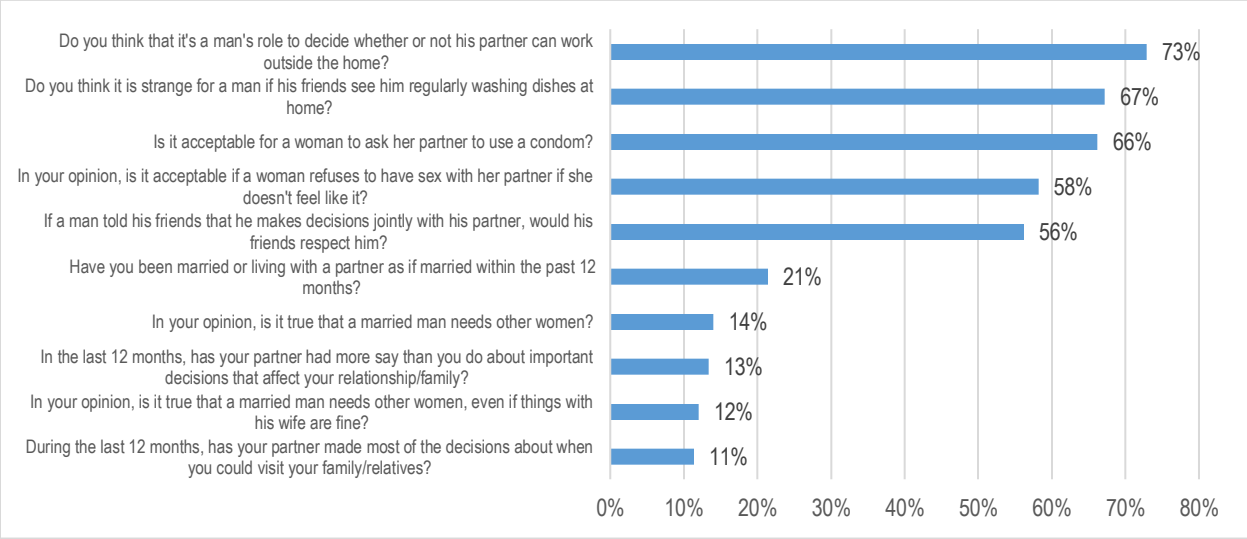
PWDs are special group of the vulnerable in this community

As I've already mentioned earlier, our focus is actually to one ensure that we have children, women and persons with disability mainstreamed into different projects and programs of the district including with those of the development partners. So the most vulnerable persons in the community. Based on of course, on the historical aspects here, it is a district which is coming out of a conflict, we look at the women. We look at the children we look at the Persons with Disabilities (PWDs) as the most vulnerable in our community.

If you look at the economic opportunities, employment opportunities, social contracts, that exist, this particular group of people are disadvantaged. That's the disadvantaged because of one culture; they have not in the past benefited from the basic education and social economic background that they have been exposed to. And so, they are not in any way engaged into full time gainful employment. Yes, even our young people, the age 12 to 35, and the young people the youth they also missed out on many of these opportunities, because of the conflict, because of land conflict. Because of the education infrastructure, which is not fully established, you can find that we have primary schools in, in all the sub counties and even the purchase, but you don't find the secondary education, infrastructure, you don't find the tertiary education infrastructure in terms of technical skills. So, there's that high level drop out the high incidences of gender based violence, the issues that have infrastructures actually excludes the persons with disabilities for example, we don't have schools for special needs we have the fact that culturally we looked at people with disability as people who are having inabilities and yet they say ***"Disability is not inability".*** So, naturally they find themselves excluded from the development processes. **KII CDO**

GENDER BASED VIOLENCE

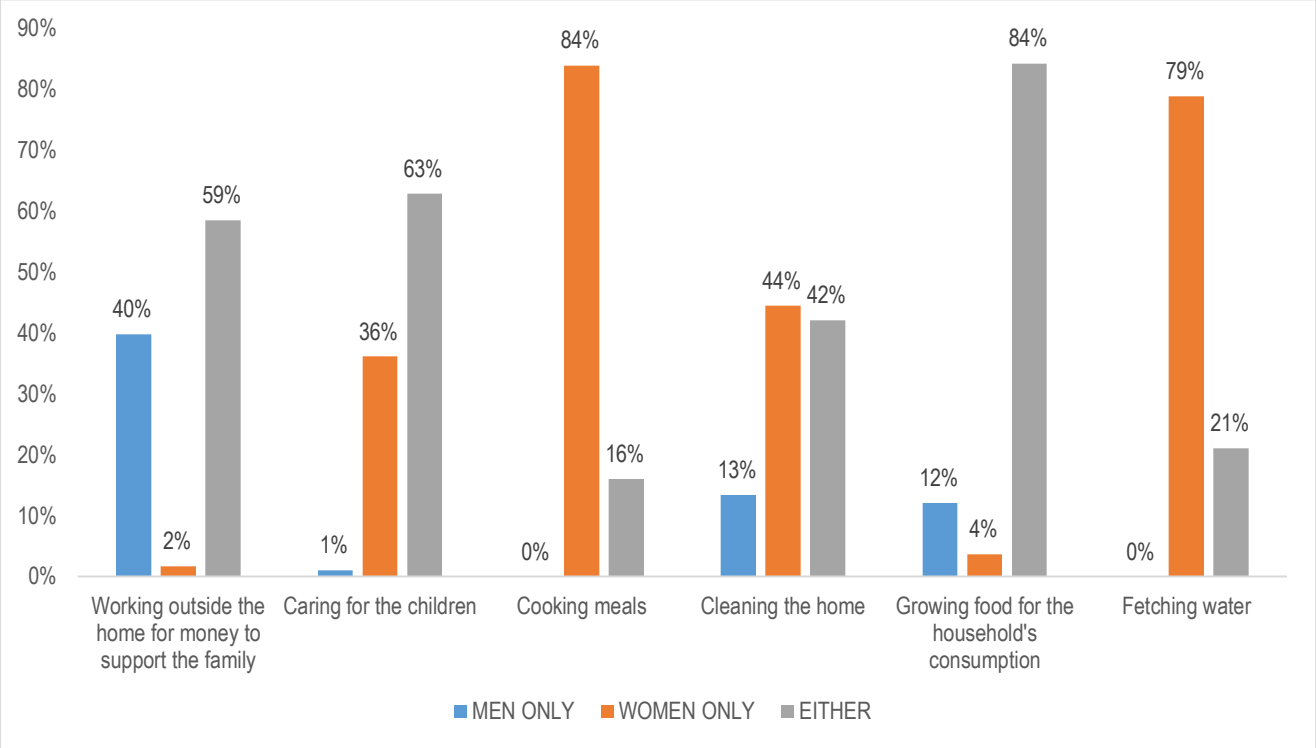
Figure 4: GENDER RELATED STATEMENTS



Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Seven in every ten (73%) of the respondents believe it's the man's role to decide whether his partners should work outside the home or not. 67% of the AY believe it is strange for a man if his friends regularly see him washing dishes at home, 66% of the AY believe it's acceptable for a woman to ask her partner to use a condom. 58% of the AY believe it is acceptable for a woman to refuse to have sex with her partner if she does not feel like. 56% of the AY believe a man can be respected by his friends if he told them he makes joint decisions with his partner. Only 21% of the AY have been married/ in some sort of union within the last 12months. 14% of the AY believe that a married man needs other women except his wife. 13% of the respondents reported that their partners have had more say on important decisions that affect their relationship with the last 12months. 12% believe that married men need other women even if things are fine with his wife.

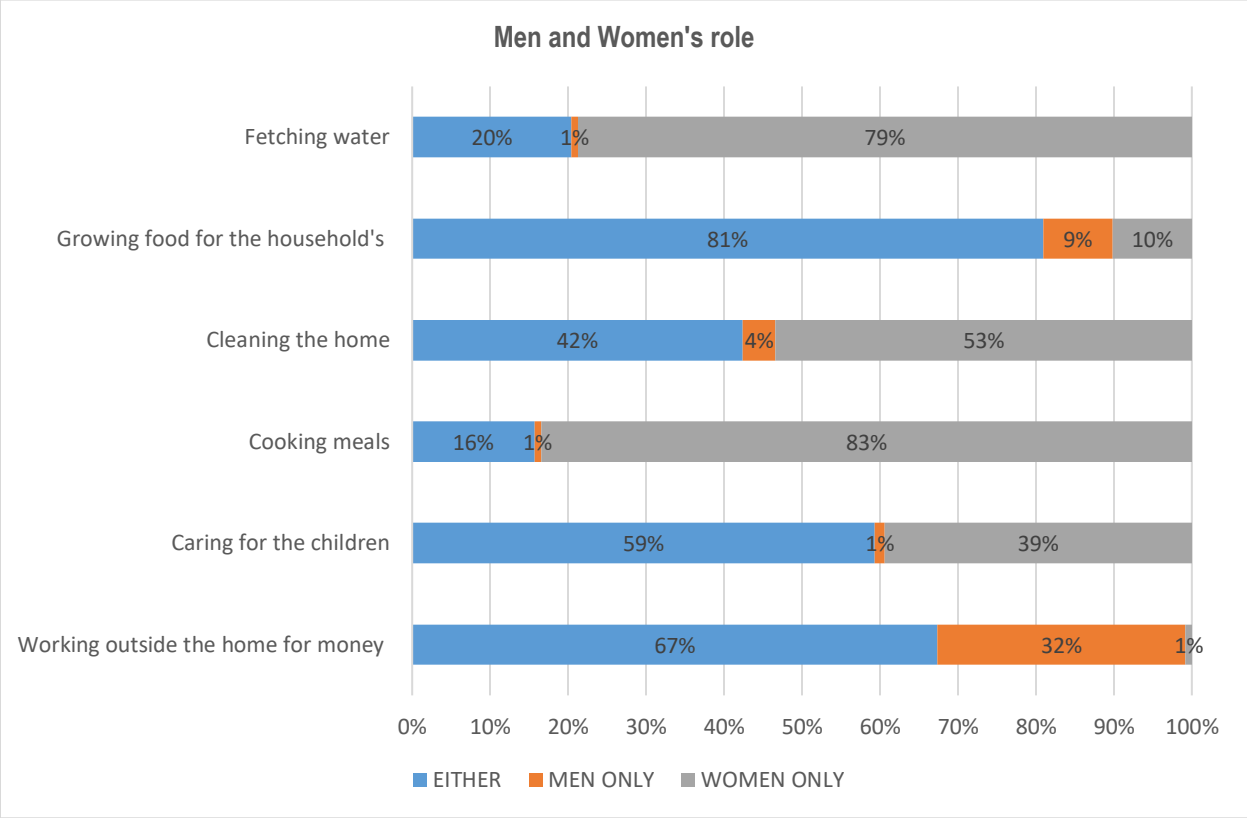
Figure 5: GBV RELATED STATEMENTS ON HOUSEHOLD ACTIVITIES



Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

Fifty-nine percent of the respondents reported that its okay for either then man or woman to work outside the home to support the family needs, while 40% reported that only the men should be allowed to work outside the home for money to support the family. Sixty-three percent of the AY indicated that the role of caring for the children should be a responsibility of either the men or women while 36% consider this as a woman's role. 84% of the AY consider cooking as a woman's only responsibility. 44% consider cleaning the home as women's only mandate and 42% believe can be done by either. 84% of the AY believe growing food for household's consumption is for either the man or woman and 79% consider fetching water a woman's role.

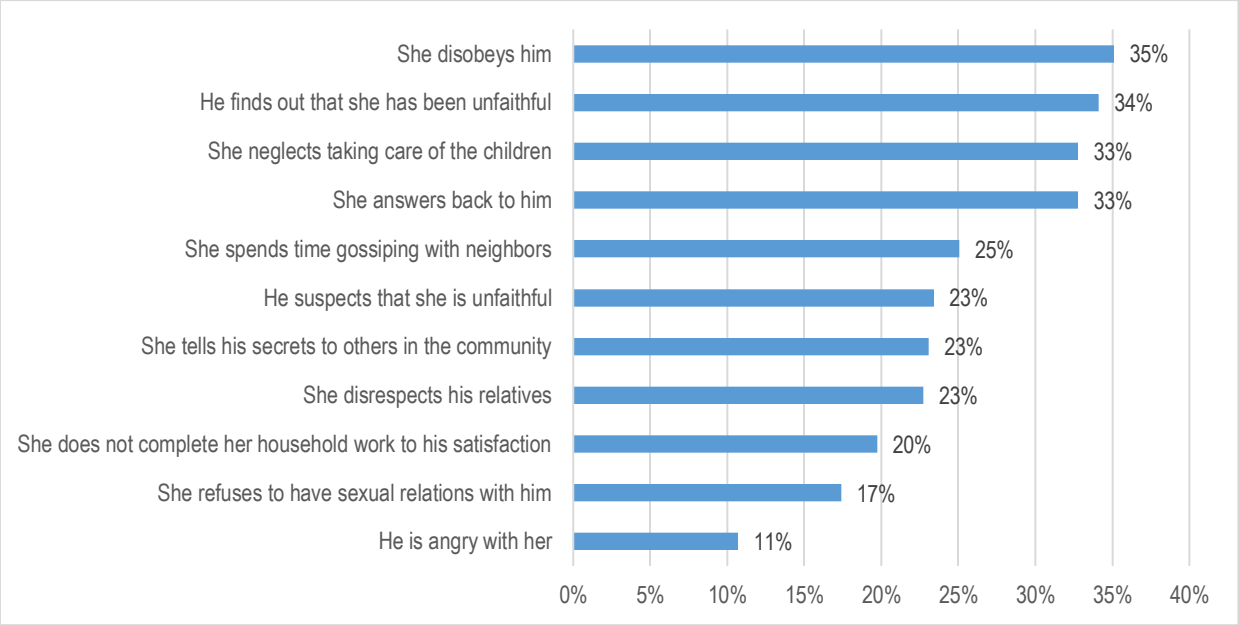
Figure 6: PERCEIVED ROLE OF WOMEN AND MEN ACCORDING TO THE CAREGIVERS



Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

The majority of the caregivers considered fetching water as a majorly woman's role (79%), 81% considered growing food for the household as a role for either the man or woman, 42% considered cleaning the home as a responsibility of both men and women, 83% considered cooking meals as a woman's role, 59% reported child care as role for both men and women and 67% suggested working outside the home for money as something both men and women should be able to do.

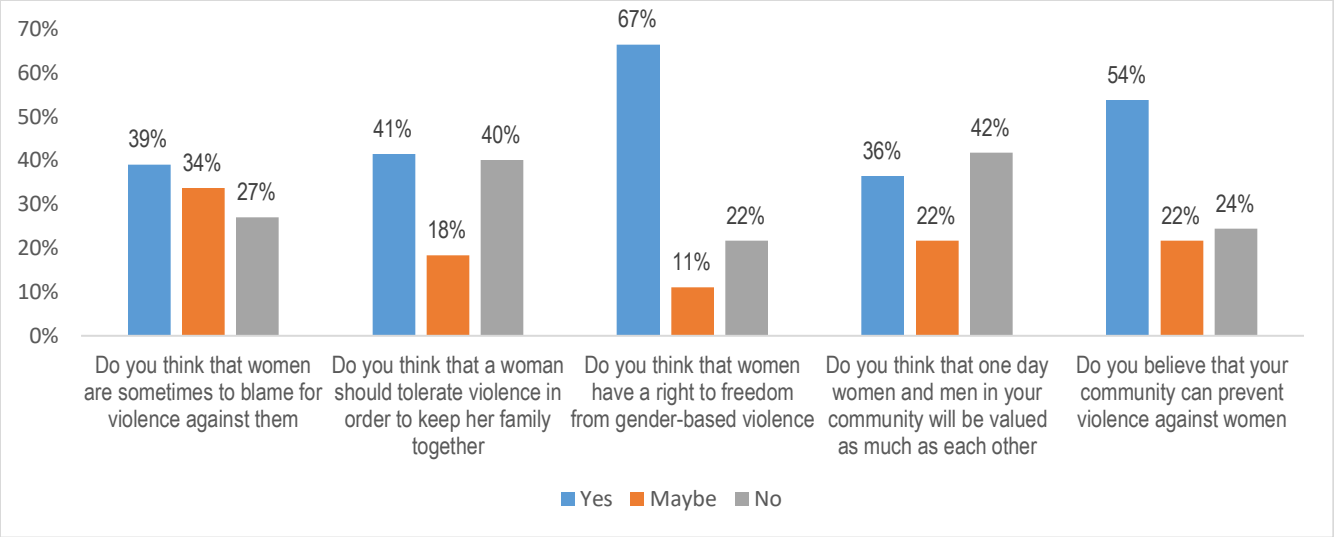
FIGURE 7:IDEAS ABOUT WHAT IS ACCEPTABLE BEHAVIOR FOR MEN AND WOMEN IN THESE SITUATION TO ENGAGE IN PHYSICAL FIGHTS ACCORDING TO THE AY



Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

35% of AY believe it's acceptable for a man to beat up his wife if disobeyed him, 34% if finds out that she has been unfaithful, 33% if she neglects taking care of the children, 33% if she answers back at him, 25% if she spends time gossiping with neighbors, 23% if he suspects that she is unfaithful, 23% if she tells his secrets to others in the community, 23% if he disrespects his relatives, 20% if she does not complete her housework to his satisfaction.

Figure 8: GBV STATEMENT; WHETHER WOMEN ARE RESPONSIBLE FOR VIOLENCE



Source: SCI POWER4AY Gender Disability Inclusion and WASH Analysis 2022

About 39% of the AY believe that women are sometimes to blame for violence against themselves. 41% believe that women should tolerate violence in order to keep their families together, 67% believe women have right to freedom from gender based violence, 36% believe that someday women and men in their communities will be valued as much as equal to each other and 54% believe that their communities can prevent violence against women.

Barriers affecting the participation of these adolescents and young girls

Lack of safe spaces place where we just converge and discuss like the young people. There is no free space where they could even stay and discuss their own issues. Like for instance, like this village, in Odek trading centre village, if any adult person meeting to be here, even the other two people they might be even there when they might be involved also there some people they might even get wrong, they come on even constituted and meetings. Some parents are so rude; they are unapproachable; **KII Omoro District.**

Category	Tasks Performed	Why (Probe to establish where these ideas come from)
Women	• Cooking • Taking care of children • Buying basic needs • Washing clothes • Selling in the market • Digging	• Women are not supposed to do construction. It is a hard task and considered to be for the men only
Men	• Sweeping the compound • Digging • Grazing	• It is a God given responsibility that men should head the household and provide security to the family

	• Paying school fees • Providing security at home • Household head	
Girls	• Cooking • Grinding • Maintaining cleanliness at home • Washing clothes • Washing utensils • Collecting firewood • Digging • Smearing the house with firewood	• Girls do most of the household chores because they spend most of their time at home unlike boys who are never home. • Boys don't smear houses because they look weird while kneeling. • Boys don't grind because kneeling is hard for them. • Boys don't wash utensils because their peers might end up laughing at them • Girls don't graze animals because they don't have the energy to run after animals especially the cows.
Boys	• Digging • Grazing animals • Compound maintenance • Fetching water	• Boys don't cook. It is the girl's responsibility according to traditions and customs

Perceptions about PWDS:

The assessments show that there perceived tasks viewed as impossible for the PWDs and these include;

- Physical and blind- digging, washing clothes, fetching water, grazing
- Mental-they cannot do any task at all.

5.0 DISCUSSION

This section provides for discussion on findings of the study in relation to the specific objectives and research questions; (1)To understand barriers to gender and disability inclusion in programmes aimed at improving adolescent and youth wellbeing (2) To identify the gender, disability and WASH gaps affecting AY wellbeing in targeted districts (3) To determine key factors to consider in Gender, disability and WASH inclusive Adolescent and Youth Welling programming and (4)To understand the role of parents, care givers influence in gender, disability and WASH inclusive programming.

Negative attitudes, a lack of understanding about disability, and stigma can have profound consequences for all persons with disabilities but especially for young persons with disabilities. These attitudes represent one of the greatest impediments young persons with disabilities face in achieving inclusion. Gendered discrimination against girls and young women with disabilities begins at a very early age. Girls with disabilities are less likely to receive care and food in the

home and are more likely to be left out of family interactions and activities are less likely to receive health care or assistive devices than are boys with disabilities and are also less likely to receive an education or vocational training which would enable them to find employment. Female infants born with disabilities are more likely to die through 'mercy killings' than male infants with disabilities are, and may never be legally registered, which cuts them off from publicly provided health care, education, and social services and makes them more vulnerable to violence and abuse. Girls with disabilities are less likely than their male peers with disabilities to attend school, making these girls less eligible to hold formal employment and to be literate. As women, they are more likely to live in poverty and to be subjected to GBV.

5.1 Barriers to gender and disability inclusion in programmes aimed at improving adolescent and youth wellbeing

Invisibility: Invisible is the way many persons with disabilities describe themselves. People 'talk about me as if I'm not there' and either make decisions on their behalf or simply ignore them. Treating persons with disabilities as if they are invisible is not only the result of prejudicial attitudes but also of a lack of laws, policies, and practices that promote awareness. For example, policies that deny persons with disabilities legal capacity and instead assign legal guardians render persons with disabilities invisible in their own decision-making processes.

The degree of social distance which people prefer to keep between themselves and persons with disabilities, suggesting that the less well members of the public understood persons with disabilities, the less likely they were to want to work with, live near or be associated with persons with disabilities. Although there is evidence that negative attitudes toward persons with disabilities are changing, members of the public still report feeling uneasy, uncomfortable, and unsure how to act when with persons with disabilities.

Negative attitudes: Attitudes motivate how we choose to respond to others. They represent a predisposition or acquired disposition 'to act in a stereotypical and predictable way in the presence of other persons who are part of a certain group'. They involve judgement and favourable/ unfavourable reactions to aspects of disability. Negative attitudes towards persons with disabilities are at the basis of laws, policies, and practices that discriminate against persons with disabilities. For positive social change to be sustainable, negative attitudes need to be addressed in the three districts.

The idea that disability equates to abnormality or inability/incapacity underpins negative attitudes and stigma, both of which lead to discrimination against persons with disabilities and promote their exclusion from full participation in society. Negative attitudes of others toward persons with disabilities affect the potential for and the quality of integration in their communities, the types and quality of the services they receive, and their ability to live full and complete lives on the same basis as their peers do.

Stigma: Stigma is the extreme social disapproval of persons who have one of more characteristics that significantly deviate from a society's cultural norms as identified with the research findings as an essential component the project needs to focus on. Disability stigma describes the way people react and ultimately reject persons with disabilities because their

physical, mental health (psychosocial), intellectual, or sensory impairment puts them outside of social norms. Erving Goffman, author of two crucial texts in Disability Studies, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates (1959) and Stigma: Notes on Management of Spoiled Identity (1962), defined stigma as, 'The phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity.' Goffman is a major contributor toward understanding disability as a social construction.

Access and utilization of Youth-friendly sexual and reproductive health is still a big challenge for the youth especially in Omoro, Nwoya and Amuru. The key barriers to gender and disability inclusion were negative attitude of the community, peers (fellow youth), caregivers and health workers and their being unskilled emanating from the administrative needs at health facilities. The individual factor was the lack of knowledge among youth. The promoters of utilization were community outreaches, health education and improvement of the quality of services in the clinics for adolescents/ young people's needs.

AYs adolescents face many significant SRH challenges such as limited access to youth-friendly services (YFS) including information on growth, unsafe abortion, gender-based violence, sexuality, and family planning (FP). This has led youth into risky sexual behaviour resulting in high STI and HIV prevalence among young people, early pregnancy, and vulnerability to delivery complications resulting in high rates of death and disability.

Although there has been the momentum of implementing SRH services, there are major gaps among the youth in receiving information, the effectiveness of the YFS and skills that are affected by culture, and governmental and financial policies. Youth Friendly Services are a key strategy for improving young people's health, however, there is an increasing need to break down the barriers to implementation of Youth Friendly Sexual and Reproductive Health Services (YFSRHS) that prevent the young people from accessing quality SRH services in Omoro, Nwoya and Amuru districts.

Accessibility: Accessibility is a precondition for persons with disabilities to live independently, participate fully and equally in society, and enjoy their human rights on an equal basis with others. The right to accessibility includes access to the physical environment, transportation, information and communication, and services. The lack of accessibility is due to buildings being built, products being designed, and services being provided with the expectation that they should only be made available to people who fit within a small range of physical, mental health (psychosocial), intellectual, or sensory norms. The study recommends the principles of universal design for achieving accessibility. 'Universal design' means the design of products, environments, programmes, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.

Lack of sufficient data on PWDs: The failure to collect data that include persons with disabilities or ensuring data are disaggregated on the basis of disabilities contributes to the invisibility of persons with disabilities. Article 31 of the CRPD mandates that states collect 'appropriate information' about the status and situation of persons with disabilities so as to inform policy. Relatively little data exists on PWDs and what evidence does exist is based on a smaller set of studies than is available across the three districts. This was witnessed on the challenges in community level data to support the mapping of potential PWDs as respondents. The project could deliberately conduct a mapping and profiling of PWDs that will informing programming at

district, regional and national level for a position paper for data for decision making for PWDs in Uganda.

5.2 Gender, disability and WASH gaps affecting AY wellbeing in targeted districts

Inefficient and limited engagement AY and PWD platforms on wellbeing measure; while platforms for youth engagements like youth centres exist there is no standardized and what their mandate on supporting and leading the POWER4AY AY agenda is concerned. The PWD platforms are incapacitated in terms of resources to lead any advocacy needs for PWDs.

Data insufficiency for evidence based AY and PWDs wellbeing programming; There is limited data at district level on the number of PWDs and their specific details to inform intentional initiatives to inform the wellbeing measures. The limitations in data can frustrate the inclusion drive if not addressed with the support of the government leadership to drive the inclusion agenda to wellbeing agenda.

Social acceptability gap of PWDs and AYs and high dependence on caregivers: In the assessment districts PWDs are not visualized as productive human beings as such the empowerment of PWDs and young persons' still has glaring gaps. The decision making mandate still requires the involvement of caregivers that has potential of delaying project implementation timelines except with integration of implementation deliverables.

5.3 Key factors to consider in Gender, disability and WASH inclusive Adolescent and Youth Welling programming

Create an accessible environment for impaired persons by setting up a Technical Working Group (TWG) for PWDs needs*;* There are several limitations that limit disability inclusive operations. SCI should work with the Government and implementing agencies to deliberately create a TWG for only inclusive programming rather that embedding this component as a crosscutting theme. This is could be part of the reason there are limited budget allocations to handle the needs of the PWDs from the policy makers because they are are still considered a minority group. On the premise that this a focal group for the programme the set of PWDs TWG will increase the level of engagement and the specificity in discussions of needs of PWDs and improve the advocacy for PWDs wellbeing.

Leverage on community youth centres for implementation and as such guarantee sustainability*;* POWER4AY can intentionally integrate all the wellbeing outcomes into a project level terms of reference for engaging AYs and PWDs. This can adopt barriers analysis approach design intervention approach incorporating the human centred design lens. The design will have to incorporate a sustainability lens of wellbeing post project implementation. This allows for beneficiary ownership of all processes and SCI core mandate will be support supervision for implementation fidelity and policy and protection mandate alignment of young people allocated leadership mandate of youth centres. The centres can also be used as a platform for youth

empowerment programming that can create a platform of linkage and partnerships for essential youth programming needs that are not the focus for the project.

Mapping of PWDs in the implementation districts; The project can partner with district leadership to conduct household level mapping of PWDs and profiling of the type of disability that exists at the household level to be able design specific livelihood interventions for PWDs. The assessment struggled to access accurate records on number of PWDs in the implementation district. The mapping exercise can then create a database that can be transitioned to the government leadership alongside the data collection tools. The tools can be built as a hybrid from the Washington set of questions including questions on wellbeing to inform project specific needs to respond to donor needs. The database and tools will position POWER4AY for sustainability by improving data quality at the district level that can be positioned for integration during national surveys once patented and tested with UBOS overtime adopting critical indicators from project for national level surveys that can be used to inform PWDs programming.

Social Behavioral Change Communication (SBCC) engagement for Caregivers of AYs and PWDs; The assessment identified caretakers as critical decision makings for the target AYs and PWDs as such the relevance to target them with behavioral change messages to promote acceptability and support of the project initiatives. The caregivers can be targeted as enablers and household level that support at household monitoring of the beneficiaries. The caregivers would then be used as the youth centres leadership first point of contact for continuous monitoring of project initiatives. This would bridge the gap for engagement between caregivers and SCI since they will not be the primary beneficiary group. Continuous SBCC messages on radio, community radio, community meetings among other platforms of message delivery for project initiatives caregivers buy-in and support.

Design a project knowledge management strategy to foster evidence based learning and advocacy for AYs and PWDs and enhance advocacy engagement. To ensure efficient and evidence based learning decision making the project should build on its MEAL functionality with a clear strategy for knowledge management from community to district level where possible national level where the SCI in Uganda office would then adopt for strategic engagement.

Gender Based Violence prevention and management; According to UNFPA (2018); Girls and boys with disabilities are nearly three times more likely to be subjected to sexual violence, with girls at the greatest risk. Research has shown that PWDs are exposed to a broad range of violence perpetrated by parents, peers, educators, service providers, and others, including dating partners. Violence can take many forms, including bullying in school, physical discipline at the hands of caregivers, the forced sterilization of girls, or violence in the guise of treatment, such as electric shock 'aversion therapy' to control behavior. In some cases, children are deliberately harmed so as to inflict disabilities to make them more sympathetic as beggars in the street. The assessment showed perceptions around experiences of GBV being attributed to the victims as such the project should be intentional to incorporate GBV prevention and management messages across the project implementation spectrum to be able yield a proud.

5.4 The role of parents, care givers influence in gender, disability and WASH inclusive programming

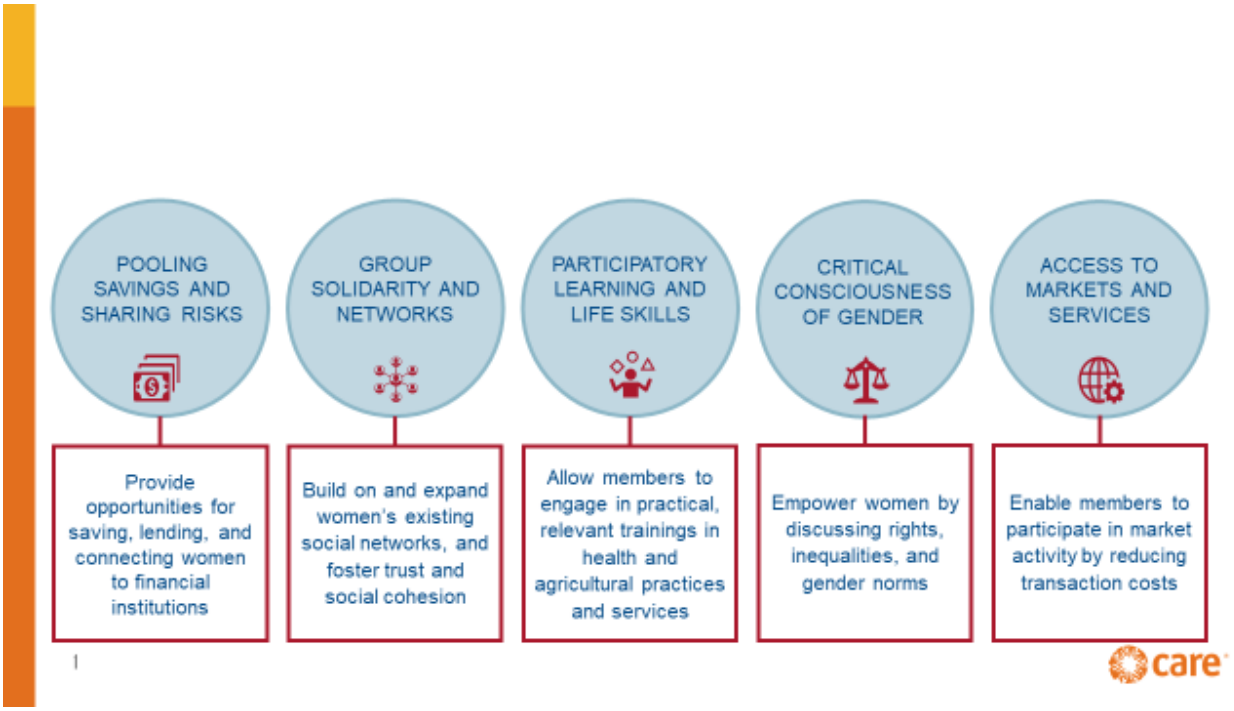
Household level monitoring and support supervision of AYs activities: The parents and caregivers who have been identified as critical decision makers at household level should be

involved in the monitoring and support supervision of all AYs who will be involved in the project as primary beneficiaries.

Engage in SBCC message delivery for young people through mentorship and coaching; Through the community structures exemplary caregivers can be identified as mentors and coaches that the AYs can emulate in their communities to encourage that wellbeing is possible in their communities and not necessarily a farfetched agenda. These caregivers can be involved in training programmes, radio talkshows, quality assurance mantle at the technical working groups that will be driving the wellbeing agenda for the project.

Lead the community level advocacy for AYs and PWDs; The caregivers having interacted with challenges to realizing wellbeing in their respective communities are a great lead team to lead the advocacy for wellbeing. This will build the confidence of the AYs in the project initiatives since they will have the support of their household members and as such the being that empowerment is possible.

Formation of women groups and women empowerment need for caregivers in the assessment districts; The assessment identified women as the most reliable group for consultation by the young persons but also the young persons expressed high interest in starting building with finds borrowed from household members. The analysis then inferred the need for promoting women empowerment adopting the Bill and Melinda Gates Foundation Gender Equality framework for Women Economic Empowerment led by Care International under the National Policy Regulatory Programme Support that addresses gaps in pooling and sharing risks, group solidarity and networks, participatory learning and life skills, critical consciousness to gender and access to markets



Source: National Policy Regulatory Programme Support; CARE International 2021

5.5 Adolescent and Young Persons Participation

Young Women's Political Participation and Leadership; POWER4AY should provide technical and financial support where possible to AY and established groups to undertake capacity building and advocacy initiatives, sub county and district governments to introduce desired policy reforms aimed at integrating youth perspectives within the national development agenda, and strengthen capacities of AY groups through the adoption of innovative capacity building measures.

An AY mentorship programme for young girls, which aim to build capacities of and develop linkages between young emerging women leaders and prominent women leaders within the public and private sectors. This should be geared towards enhancing the soft skills of the young people to inform retention and sustainability of youth led business upon completion of the capacity building drive the project will indulge in during the implementation phase.

Economic Empowerment of Young Women; SCI should initiate leadership development programmes that build the capacity of the AY. The programme should focus on addressing key knowledge gaps observed in implementation sites, mobilize local youth groupsto advocate for policy reforms, and seek alternative solutions for economic development of AY in northern Uganda, particularly young women. For example, developing gender-sensitive agricultural technologies, disability inclusive livelihood options among other attributes of the needs for empowerment of the young people.

Ending Violence against Women and Girls; Ending Violence against Women and Girls (EVAWG) remains essential in addressing empowerment. SCI should continue to build capacities, and mobilizing local communities, particularly young women and young men, to become agents of change in the global movement against violence against women and girls. Youth engagement for EVAWG is critical for measurement of change. the use of Information and Communication Technologies (ICTs) and social media as advocacy tools is an essential the Programme can adopt for the young persons on the premise that almost all young persons have access to phones as such a great platform for engagement.

5.6. Key Levers for AY in attaining Gender Equality and Disability Inclusion Programmes

Data and Knowledge Generation on AY, PWDs and Gender Equality; SCI should work towards generating gender, disability rich and age disaggregated data. Furthermore, the programme should engage with AYs and PWDs to generate cutting-edge knowledge products on achieving gender equality and promoting women's rights. The entity will also curate knowledge on young men-led initiatives promoting gender equality and women's empowerment. The programme should also produce youth-friendly knowledge products to promote the participation and engagement of youth in achieving gender equality from a human centred design approach that engage the young persons to identify their specific needs.

Strengthening Norms, Policies, and Standards; POWER4AY should work on strengthening youth norms, policies, and standards. The programme should work towards engendering existing youth policies and their implementation in the three districts. At the same time, the programme should also work with existing gender norms and policies to bring attention to young women and empower youth as partners in gender equality.

Strengthen Advocacy with the AY on Gender Equality; Involving the AY in advocacy and their meaningful participation is central to the human rights based approach to advocacy. It is part of the process of empowering young women and young men as rights holders to demand their rights by creating an environment where they can both voice their concerns, ideas, and recommendations and be heard by decision makers and duty bearers. It increases dignity, fairness, equity and equality, allowing AY the opportunity to express themselves and participate as citizens in society.

Emphasize the role of AY within the Households; While the findings significantly reflect high dependence of the AYs on their caregivers it's important that POWER4AY conducts sensitization engagements with the young people to appreciate their role in achieving and gender and disability inclusive programme that appreciates the AYs as critical change agents in the drive.

AY Women and Men, Technology in achieving gender equality: SCI should apply new and inclusive technologies that can help organize widespread action on gender equality amongst young women and men and PWDs. Technology can also be used to increase education, innovation and awareness about gender equality with youth populations in the implementation areas with inclusive and participatory strategies to overcome the digital divide. Technology can also enhance the voices and action of young women and men in achieving gender equality and youth empowerment.

6.0 CONCLUSION

POWER4AY project drive to realize the desired wellbeing needs to address the gender and disability barriers that do exist within the large spectrum for AY wellbeing by adopting multi stakeholder approach central to which is the engagement of the beneficiaries with tailored low cost approaches such group engagements that positions the project for sustainability post project implementation. The involvement of the beneficiaries will create platforms for project monitoring and support supervision from a beneficiary lens hence promoting participatory monitoring and evaluation as such enhancing the knowledge management function of the project. Since wellbeing is a long term result that any programme can position for its important for the project to lay foundational advocacy strategies that positions from community level national level advocacy for needs of the AY. This will improve the financing of the AY wellbeing needs and integration of critical AY wellbeing indicators for measure to national level surveys.

Improving the wellbeing of adolescents and youth most impacted by inequality and discrimination requires deliberate efforts by program implementers. Especially in WASH programs, it has been established that the success and efficient use of water and sanitation facilities depends on the participation of men and women, boys and girls, in the decision-making process for the location and technology of such facilities as well as in the management, operation, and maintenance of those facilities (Water Sanitation and Gender Strategy 2018–2022). Recognizing the important role that women and young people play in building and maintaining water and sanitary facilities is significant. Their contributions can range from fundraising to hands-on construction work, preventive maintenance, and repairs, as well as paying for water with their labor.

There is a need of change of engagement approaches and strategies to integrate adolescents and girls into the development process right from the program design stage as well as designing special packages, ring-fencing adolescents' needs and interests separate from the general community development needs and interests. This could be a fundamental grey entry point for Save the Children.

It is also fundamental to integrate Gender Equality and Social Inclusion (GESI) from the start of the programme. This would involve a a gender and social inclusion lens design process through standard gender matrix review that is intentionally measured through the programme measurement requirements. This could pave the way to ensure the programme is better able and equipped to contribute towards equality in terms of access to and use of WASH services.

7.0 CHALLENGES;

Fragmentation of efforts to prevent and respond to gender needs of young people; Quit a significant contribution into programming has been put out to ensure programmes at National and district levels are gender inclusive however the efforts displayed by all the critical are fragmented across the different development partners as such affecting measurement of results and as such attribution to the results of the different players in these districts.

***The weak coordination and monitoring mechanisms for gender responsive programmes*;** while a lot has been invested in the gender inclusion by government and development partners the systems for monitoring and quality assurance still glares on. This is can be attributable to the limited skillset in these spaces as such lifting the burden on the few technical experts in the sector. By and large this has affected the implementation fidelity of these programmes.

***Dearth in utilization of evaluations and evidence base to guide gender inclusion in programmes*;** While a number of studies have since emerged to inform gender programming national level data to inform policy is reliant on estimates as such affecting scalability of small survey data. This has left studies within institutions within shelves of independent organizations for internal programming decision making.

Lack of community level WASH services for out of school AYs; A significant amount of investment has been has been incorporated into school inclusive WASH and nothing exists for the out of school support. This glaring gap identified by assessment frustrates the gains for practice of WASH behaviors when for out of school young persons and also for school going young persons' when the school term is closed. This then informs inconsistent WASH behaviors as such affecting performance of WASH indicators at different time points of assessment that potentially affects decision making for implementation and policy.

Insufficient budget to support AY and PWDs wellbeing initiatives by government; Based on the projects standardized measure of wellbeing the government is not financially capacitated to support this drive as such requiring that POWER4AY has to led the financing of the drive to able to celebrate project gains. The enabling products like hardware for WASH is not prioritized by the project while the government doesn't have the funds to boost up hardware WASH to meet the needs of PWDs. This by long shot will affect the performance of WASH software investment that requires the hardware as an enabler.

Inefficient and limited engagement AY and PWD platforms on wellbeing measure; while platforms for youth engagements like youth centres exist there is no standardized and what their mandate on supporting and leading the POWER4AY AY agenda is concerned. The PWD platforms are incapacitated in terms of resources to lead any advocacy needs for PWDs.

Data insufficiency for evidence based AY and PWDs wellbeing programming; There is limited data at district level on the number of PWDs and their specific details to inform intentional initiatives to inform the wellbeing measures. The limitations in data can frustrate the inclusion

drive if not addressed with the support of the government leadership to drive the inclusion agenda to wellbeing agenda.

Social acceptability gap of PWDs and AYs and high dependence on caregivers: In the assessment districts PWDs are not visualized as productive human beings as such the empowerment of PWDs and young persons' still has glaring gaps. The decision making mandate still requires the involvement of caregivers that has potential of delaying project implementation timelines except with integration of implementation deliverables.

8.0 RECOMMENDATIONS

8.1 Recommendations for Gender Inclusive Programming

- SCI should provide SBCC aimed at positively rebuilding norms, values and attitudes. Messages on gender roles for men and women, gender based violence to position for gender equality in the implementation areas. 84% of the AY consider cooking as a woman's only responsibility. 44% consider cleaning the home as women's only mandate and 42% believe can be done by either. 84% of the AY believe growing food for household's consumption is for either the man or woman and 79% consider fetching water a woman's role.
- Caregivers to engage in household level monitoring and support supervision of AYs activities: The parents and caregivers who have been identified as critical decision makers at household level should be involved in the monitoring and support supervision of all AYs who will be involved in the project as primary beneficiaries.
- SCI to engage in SBCC message delivery for young people through mentorship and coaching; Through the community structures exemplary caregivers can be identified as mentors and coaches that the AYs can emulate in their communities to encourage that wellbeing is possible in their communities and not necessarily a farfetched agenda. These caregivers can be involved in training programmes, radio talk shows, quality assurance mantle at the technical working groups that will be driving the wellbeing agenda for the project. Cargivers, SCI and Policy makers should encourage the AYs to take up jobs not traditionally a specific sex and thus can be stretched during early childhood; however, they may find their efforts run counter to children's attitudes once they are exposed to peers and the media. In addition, parents can be mindful of the kinds of peers with whom their children affiliate. They may be able to foster greater gender-role flexibility through encouragement of organized mixed-gender activities in which girls and boys learn to work together as equals. Finally, parents can make a concerted effort to discuss and challenge gender stereotypes with their children.
- POWER4AY skilling component should break down gendered divisions of labour that dictate what is appropriate for women, men, girls and boys to do during consultative engagements prior to placing the AYs under the vocational training programme. This will help promote retention, scalability of the initiatives to ably empower the young people and thus contribute the improved wellbeing of the AYs.
- Advocacy engagement aimed at transforming institutions and institutional practices that perpetuate gender-based power structures, discrimination and barriers including everything from hiring practices, educational curricula to decision-making processes at national and community levels. This is premised on the fact that the qualitative assessment showed that communities perceived some professions to be appropriate to the males such as boda boda business only however interaction with the AYs in FGDs

shows that the girls may be interested in boda boda business. The stigma associated with seeing a girl operate a boda deters them for exploring out a profession of interest. The project should be international to address the barriers through community level advocacy that promotes freedom on choice of a profession for the AYs.

- Popularizing the gender laws and policies through engagement with Ministry of Gender Labour and Social Development (MoGLSD), the district and other development partners. There is a myth that gender transformative programme is the development partners' agenda rather that the understanding that it's a government priority that development partners only align and contribute to.
- Increasing awareness and education about the costs of gender inequality and the hidden ways that it adversely affects everyone in society.

8.2 Recommendations for Disability Inclusive Programming

- The project should provide mentorship for AY with disabilities. Mentors and role models can break down preconceived notions for what is possible, challenge stereotypes and change community perceptions. There are many adults and youth with disabilities who can serve as mentors and role models. They are leading change as social entrepreneurs, citizen diplomats and community activists. Non-disabled adults can also be powerful mentors for youth with disabilities especially those that act as inspirations to the AYs with disabilities.
- National level advocacy for the use the internet, social media, software adaptations and other technological innovations to create opportunities for youth with disabilities to break down barriers and increase their sense of belonging and interaction with their peers.
- The assessment encourages the recruitment of the AYs with disabilities as volunteers. Youth with disabilities should have opportunities to contribute their skills and gain valuable work experience.
- POWER4AY should collaborate with families of youth with disabilities to conduct successful outreach strategies, and to educate them about the importance of youth with disabilities' participation.
- Ask for input from youth with disabilities in the planning of both inclusive and disability-focused programs.
- Establish and functionalize disability inclusive safe spaces for young people with the necessary SRH services
- Local level community advocacy for the rights of peoples with disability
- The project could focus on the ultimate removal of barriers physical, environmental, attitudinal and institutional. Physical barriers can be addressed through adaptations to infrastructure, such as ramps or assistive devices for toileting in all public places.
- Lead the community level advocacy for AYs and PWDs; The caregivers having interacted with challenges to realizing wellbeing in their respective communities are a great lead team to lead the advocacy for wellbeing
- SBCC for PWDs acceptance and value in society

8.3 Recommendations for Inclusive WASH Programming

- Need to prioritize WASH needs for out of school young people
- Youth and Women Empowerment through fostering group engagements as a strategy for core implementation.
- Training of young persons on the making of reusable sanitary pads
- Inclusive WASH is an essential part of effective healthcare, education systems and at large wellbeing. Accessible sanitation facilities in schools and communities not only

improve life chances for young people and PWDs as a special group. Toilets that can be used by everyone play a critical role in keeping disease at bay for entire communities:

- Sustainability, in terms of functionality as well as financing, must be considered from the start of designs for disability inclusive WASH. This be considered at all levels of stakeholders, policy makers and development partners.
- In the beginning of integrating disability friendly WASH in the community there is need to prioritize quality over quantity and make a start, even if available budgets and materials are limited. A ramp without tactile paving is still a significant improvement on a step. It may not be immediately possible to accommodate as many different types of disability as desired, but with a little forward planning more accessibility features can be added at a later stage for people with different needs.
- The involvement of PWDs (users) to match planned modifications to their needs. Universal design' is an excellent starting point, as it intends to benefit everyone rather than some narrow segment of the population. However, not every 'special need' falls within the conventional understanding of disability, making user feedback at the design stage and post construction critical.
- Fostering access to adequate and equitable sanitation and hygiene in public institutions
- Improving the sanitation and hygiene situation at household level

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