Dear Friends and Colleagues,

On behalf of the staff of CARE International in Uganda and myself, I cordially welcome you to the first issue of CARE Uganda’s Newsletter, The Paper Crane. It has been a long journey to get here and we finally have a product that we are proud of. This Newsletter is a demonstration of some of the work we do and our commitment to ending poverty and domestic violence, especially among women and girls. We have a special focus and unshakeable commitment to women and girls because several studies show that they bear the most negative effects of poverty – socially, economically and politically.

Through this newsletter you will learn about how we work and who we work with to end poverty. We work with donors, local NGOs and CBOs, Government and private sector organisations in a partnership approach to scale up innovative, relevant and conflict sensitive practices that will greatly reduce poverty. These include; VSLAs, Role Model Men, climate SMART agriculture practices like Farmer field schools and SASA! As we empower women and girls, we are also conscious of the need to involve men as champions and promoters of change in order to achieve gender equality.

Last but not least, you will also see the stories of all the unsung heroes who have braved the harshest of circumstances to overcome the stereotypes and practices that hinder women and girls from gaining and maximizing their full potential. We celebrate these women and girls as well as the men and boys, institutions and stakeholders that have contributed to this journey. I invite you to walk this journey with us as we continue to share with you the stories of these heroes. Again, Welcome!

Country Director Delphine Pinault
From 3rd to 5th October 2017, sub-region Burundi, DRC, Rwanda and Uganda CARE leadership and technical teams met together to finalize the content of the Gender Based Violence Impact Growth Strategy (IGS) and agreed upon concrete ways to lead, manage, fund and deliver it to rapid progress on implementation. The CARE Great Lakes GBV team is gearing up to reach 7 million women and girls to achieve a life free from violence. In 2017, so far, the Great Lakes countries have collectively reached 985,487 (PIIRS data) women and girls with programming around GBV to achieve a life free from violence and where women and girls are able to exercise their right to Sexual Reproductive and Maternal Health. There is still a long way to go but with a growing recognition among donors, governments and key stakeholders about CARE’s expertise and commitment to fighting GBV, we will get the Great Lakes Free from Violence!

During the workshop, the team recognized the scale of the gender-based violence in the region and the need to join up resources as a region to overcome the current status quo in GBV.

- **In Burundi**: 52.2% of Burundian women aged 15 to 49 years reported experiencing a form of domestic violence;
- **In DRC**: one out of four Congolese women has experienced sexual violence at some point in her life and 34% of the perpetrators are armed men.
- **In Rwanda**: 75% of Rwandan women indicate that husbands dominate household decision making
- **In Uganda**: Six out of ten Ugandan women have experienced physical violence since the age of 15

The team discussed spaces, expertise and opportunities to contribute to the “multiplying impact growth strategy” across the four countries, including:

- Sharing proven models (Role Model Men, SASA! JOT, Community Score Cards, Girls Centered Program etc.)
- Influencing national to global advocacy on Gender Based Violence
- Well aligned ongoing Country Office GBV Programs Regional and globally
- Great lakes GBV IGS

**Next steps**

- The first major step to be defined within the next weeks is the IGS fulfilling the criteria defined during the workshop
- Clarify who is holding what responsibility and by when
- Set communication plan defining the accountability mechanism to maintain the momentum across the four country offices and beyond.

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**Great Lakes Revitalization Meeting: Impact Growth Strategy**

**First Regional Women’s Week 2017**

Elizabeth Katusiime: Senior Technical Advisor - Advocacy

The first Regional Women’s Week organized by CARE International in Uganda, Rwenzi Women’s Forum and several women’s rights organizations, was hosted in Fort Portal, Western Uganda. Organizations, government leaders, and community members gathered to celebrate the diversity of women, to voice issues impacting women and girls in Western Uganda, to discuss concerns in natural resource governance in relation to women and provide a networking space to strengthen the women’s movement in Western Uganda.

During the weeklong event, CARE Uganda, under the Women Empowerment and Natural Resource Governance (WENG) programme, focused on creating a platform to discuss the impact of natural resource degradation and natural resource grabbing and its impacts on women and girls, including an increase in GBV. The discussions encouraged the members to identify the role of female leaders and legislators in addressing these issues. CARE advocated for the enhanced capacities of women leaders at national, district and community level to actively participate, engage and influence decision-making structures and processes for gender responsive governance in the natural resource sector.

The principal outcome of the Regional Women’s Week was the creation of the ‘Communique on the First Regional Women’s Week’. The Communique is a document written in collaboration with the stakeholders present that states the concerns of women discussed throughout the week and creates a list of actions that will address these concerns. This communiqué has been shared with organizations, district governments, the Ministry of Gender, and several key players in hopes of creating an inclusive environment for women and girls in Uganda.
Through the Project for Financial Inclusion in Rural Areas (PROFIRA), mature VSLAs will be strengthened and linked to formal financial institutions. CARE Uganda recently conducted a three days training of trainers (TOT) for 13 field staff, including District Supervisors and Linkage Bank Trainers, in financial literacy. The training was participatory and aimed at equipping the participants with skills in financial literacy and methodologies for empowering women and youth. The skills built included management of personal and household finances, savings, debt management, financial options, and bank linkages. The major output of the modules was for participants to come up with methods to address household budgets, household and personal saving goals and to increase knowledge in the different financial options available.

As the complexity of financial markets increase, women need to acquire the financial knowledge, confidence, and skills to effectively participate in economic activities and financial decision-making, both within and outside their households. Gender issues are best addressed at the household level using household dialogues facilitated by the field staff. When gender issues are present at the household level, it hinders the adaptation and application of financial literacy. Trainers were tasked with conducting household visits periodically; this aims at facilitating dialogues that will lead to the joint development of household budget and saving goals, and create a sense of ownership, support and adherence to the household plans. The field staff were trained on methods to address any resistance or tension that might occur within the household when having dialogues through role-plays. Several scenarios were given to the trainees and they were prompted to show various ways to practically engage the household when confronted with problematic husbands, wives and in-laws. This exercise enabled the participants to acquire skills that they can use at the household level in realistic situations. CARE will ensure a successful roll out of financial literacy in communities by conducting field monitoring visits to assess progress made and getting weekly updates from the Linkage Bank Trainers on the number of groups, women and households engaged per week.

Moving Forward With Our Implementing Partners

Delphine Mugisha: Program Director

In August, we held our first inaugural meeting that brought together all fifteen (15) of our implementing partners (IPs) to take stock of the quality of our partnership and chart ways of enhancing collective performance and pursue a shared vision. It was one of the most open and honest sharing meetings I have attended and both Partners and CARE staff exhibited the highest levels of transparency and maturity about what has worked, not worked and suggestions to make the relationship more vibrant. This workshop was a platform to reflect and examine ourselves as a fraternity. Some of the areas where it was acknowledged that CARE had done excellently was on running long term partnerships, allowing for growth, testing innovative development models, value addition from CARE technical staff, scaling up to other stakeholders and encouraging shared learning. It was also acknowledged that CARE demonstrated commitment to empowering women over the years by supporting organizations like GWEDG, WORUDET, AMWA, and UMWA on combating GBV and supporting advocacy on highly instrumental processes like the ICGR and the Kampala declaration. We were also open and candid about areas needing more attention, including late disbursements of funds, implementing in a hurry, confusing communication channels between CARE staff and Partners, poor time management, minimal flexibility in funding modalities, and abrupt changes in donor funding leading to unexpected closure of some projects. The meeting allowed us to focus our attention on how to move forward as we support institutional strengthening among each other. We pledged to reinforce our communication channels, improve time management, tell and broadcast our story more, foster greater respect for each other and continue exhibiting the highest levels of openness and transparency in our systems and structures. Our aspiration and vision is to be a resilient, accountable and inclusive network of civil society partners for enhanced joint engagement.
Birth by the Roadside
The Emergency Team

Sometimes, the miracle of life occurs in surprising and unusual ways.

Recently, in the West Nile region of Uganda, a team from CARE, along with health workers from the district, headed for a routine clinical mentorship exercise for midwives at the health facilities in Rhino Camp refugee settlement. While driving, the team noticed a woman squatting on the side of the road in great pain, surrounded by curious onlookers.

“Suspecting a problem, we pulled over, and quickly determined the woman was in the second stage of labor,” said CARE’s SRMH Specialist, Mike B. Mukirane. “She had been walking to a local health center for antenatal care, felt overcome by her labor pains, and stopped to deliver her baby.” The woman, a refugee from South Sudan, had nothing with her, not even a traditional kitenge cloth. Fortunately, one of the CARE trainers, Sr. Joyce Anite, a mid-wife from Arua Regional Referral Hospital, had her medical bag, which included a surgical blade to cut the cord. However, their vehicle did not have a first aid kit, neither did two other NGO vehicles the team flagged down for help. Finally, a second CARE vehicle arrived with a first aid kit containing the supplies needed for a safe delivery.

While preparing, another pregnant woman on her way for routine antenatal care and treatment, came upon the group and generously gave her kitenge cloth to be placed on the ground for the delivery. Soon, with Anite’s assistance, a bouncing baby boy was born within 20 minutes. The CARE team prepared a pad out of bandage and cotton from the first aid kit to safely transfer the mother, along with her baby, to the health center for further assistance. The baby was full term, weighing a healthy 2.8 kgs. (6.1 lbs) and the mother was provided a Dignity Kit.

“We were allowed the honor of naming the baby,” said Mike, “so we named him ‘Geria’. A local name which means ‘born on the roadside’.”

Saida’s Story
Joseph Bwire: Initiative Coordinator for Economic Strengthening

The PROFIRA East project has resulted in significant changes to the lives of the CSCG members and their households. It has cultivated a strong savings culture, allowing members to have easy access to credit. This has enabled them to address a variety of needs, such as health, education, food, and capital for starting income generating activities.

Saida, a resident of Lyama Village, Lyama Parish, Lyama Sub County, Budaka District is 40 years old, has 9 children and manages a small grocery business. She is a member of the Mpawo Aasa Community Savings and Credit Group in Lyama Sub County.

Before joining the project she had challenges meeting her basic household needs. When she heard of a community meeting in the area, encouraging members to come together to be trained and start saving, she was hesitant because of rumors that these organizations cheat people. When she told her husband about the meeting, he discouraged her from participating but she was curious and wanted to see for herself, so she decided to attend.

Saida is now an active member that uses the resources from her CSCG to support her business and household needs. She has borrowed 50,000 UGX from the group to build her business, and thus, increased her weekly income to at least 10,000 UGX. This extra money has allowed her to contribute to her family’s income and allows her to pay for school fees, medical needs and clothes, among many other things. Saida’s husband is also very pleased and feels less stressed now that the burden of meeting household needs is shared with his wife.

Saida continues to save consistently because of the daily income from her IGA. She hopes to invest in a small farm with two goats at the next share out and continue paying for her children’s school fees. She believes that educating her children and ensuring their success is the most important, as it will bring a bright future for the whole family.
On 21\textsuperscript{st} February 2017, the Imvepi settlement for South Sudanese refugees opened. CARE Uganda’s shelter intervention was scaled up with the opening of this new settlement, where we constructed 3,000 temporary / emergency shelters for Persons with Special Needs (PSNs). Emergency shelter construction in Uganda is a joint effort, with UNHCR, the Office of the Prime Minister (OPM), various shelter actors, including CARE. Most of the time, PSNs are female-headed households, children headed households, disabled or elderly people. In many cases, they have witnessed or even suffered themselves various atrocities during their journey to Uganda, including Gender Based Violence.

**Influencing the temporary shelter designs:**
CARE conducted numerous focus group discussions (FGDs) with beneficiaries to gather their views on the temporary shelter model (tarpaulin and wooden poles) and shared the findings with UNHCR & OPM. Participants, women and girls in particular, reported fearing for their own safety and that of the little they possess (e.g. NFIs, food), not having enough space for large families, lacking privacy with all family members in the same space and suffering from weather conditions (too hot sometimes but also not protecting against heavy rains).

CARE Uganda responded to these concerns by adhering to the IASC Shelter & GBV guidelines, including by adding lockable doors, improving the ventilation system and roof inclination to address harsh weather conditions and by adding a separation for increased privacy. These changes were praised by the protection actors, including UNHCR and OPM, who eventually adopted them and revised the temporary shelter toolkit accordingly.

**Advocating for more gender sensitivity in the semi-permanent shelters design**
In an effort to ensure the issues expressed during the emergency phase were addressed in the transitional phase, CARE proposed new, more cost-effective and more gender sensitive semi-permanent shelters based on

The lessons learned by the Norwegian Refugee Council’s during their piloting of the previous design and findings from CARE’s own research.

**Innovations proposed by CARE Uganda**
In August 2017, CARE Uganda developed new semi-permanent shelter requirements in alignment with the IA Shelter and GBV guidelines, which offers more security and comfort:

- **Size:** we proposed three differently sized shelters to better respond to family size instead of the standard size;
- **Sustainability:** the proposed designs use sun baked mud bricks which refugees have the knowledge and skills to make themselves, and zinc-coated galvanized iron sheets which are cheaper and keep the shelter cooler during the day.
- **Latrine & Bathing unit:** we proposed a 2in1 latrine and bathing unit designed by Oxfam, which is big enough to accommodate beneficiaries with wheelchairs and a second person for people needing assistance. The previous design did not have a bathing unit or any mobility considerations, which is critical for women and girls’ dignity and particularly for PSNs’ with limited mobility and capacity to use communal latrines.

In September 2017, following a set of discussions, presentations and negotiations, the new gender sensitive shelter designs were approved by the districts hosting refugees where CARE, OPM and UNHCR work.

**The journey ahead**
Even with the successful advocacy done so far, there is still a lot to be done to make the shelter sector more gender responsive. Over the next few months, CARE Uganda will continue to advocate for our customized, gender responsive emergency shelter design to be adopted as the national standard, and not just in the settlements where CARE is working.