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EFFECTIVENESS OF THE NUYOK MALE CHANGE AGENT APPROACH



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Authors:

Florence Nambooze Team Leader Akili Foundation	Asaba Richard Bagonza Gender Expert – Makerere University School of Gender and Women studies	Annette Nabuduwa Co-Consultant Akili Foundation
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Nuyok DFSA / CRS Uganda Technical Reviewers:

Adjavon Vewonyi Chief of Party	Lillian Ojanduru Gender Technical Advisor	Rodwell Sibanda MEAL Specialist	Langoya Jennifer Learning Manager
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A Male Change Agent (MCA) and his wife weeding their backyard vegetable garden in Abim, Karamoja (March 2021, Kato Chrysestom)

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**Florence Nambooze,
Study Team Leader
Akili Foundation**

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Acronyms and Abbreviations

ABEK	Access to Basic Education for Karamoja
BHA	Bureau for Humanitarian Assistance
CDO	Community Development Officer
CRS	Catholic Relief Services
CU5	Children Under Age 5
DFSA	Development Food Security Activity
EIGE	European Institute for Gender and Equality
FANTA	Food and Nutrition Technical Assistance
FGDs	Focus Group Discussions
GBV	Gender Based Violence
IDI	In-Depth Interview
KII	Key Informant Interview
LC	Local Councilor
LC1	Local Councilor One
LM	Learning Manager
MCA	Male Change Agent
MCG	Mother Care Groups
MCHN	Maternal Child Health and Nutrition
MEAL	Monitoring, Evaluation, Accountability, and Learning
MTE	Midterm Evaluation
PLW	Pregnant and Lactating Women
RWANU	Resilience through Wealth, Agriculture, and Nutrition
SILC	Savings and Internal Lending Communities
SOP	Standard Operating Procedures
TOR	Terms of Reference
UNFPA	United Nations Population Fund
USAID/FFP	United States Agency for International Development/Food for Peace
VHT	Village Health Team
VSLA	Village Savings and Loan Association

Glossary

- Access and control:** Access is defined as the opportunity to make use of a resource. Control is the power to decide how a resource is used, as well as who has access to it. Access simply means that you can use a resource. The person who controls a resource is the one who is ultimately able to make decisions about its use. Women often have access but no control (Just Associates, 2012).
- Decision:** According to D. E. McFarland, “A decision is an act of choice wherein an executive, forms a conclusion about what must be done in a given situation. A decision represents behaviour chosen from several alternatives.
- Decision making:** The process of selecting a right and effective course of action from two or more alternatives for the purpose of achieving a desired result (library.com).
- Gender:** Gender refers to socially constructed characteristics of women, men, girls, and boys. This includes norms, behaviors, and roles associated with being a woman, man, girl, or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time (WHO).
- Gender-based violence:** Violence that is directed against a person based on gender or sex in both public and/or private life. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty. While women and men, boys and girls can be victims of gender-based violence, women and girls are the main victims (WHO, 2013).
- Gender differences:** Gender differences are defined as biological differences between sexes; however, this review explores how perceived differences may be culturally reinforced gendered behavior that occur within supervision as opposed to actual biological differences among sexes (Shannon, 2019).
- Gender division of labor:** Gender division of labor refers to the allocation of different jobs or types of work to women and men. In feminist economies, the institutional rules, norms, and practices that govern the allocation of tasks between women and men (and girls and boys) also constitute the gender division of labor, which is seen as variable over time and space and constantly under negotiation (Mediterranean Institute of Gender Studies, 2009).
- Gender norms:** Gender norms reflect the historically unequal power relations between men and women in the public and private spheres; all individuals live within a set of norms, and in turn reinforce the underlying social structures that make those norms seem timeless and natural (or essential). This is particularly true given that norms are reflected, reinforced, and celebrated in the media, religious practices, sports, schools, workplaces, and families (UNFPA).
- Masculinity:** **Masculinity** (also called **manhood** or **manliness**) is a set of attributes, behaviours, and roles associated with men and boys. Although masculinity is largely thought to be socially constructed, (Shehan, Constance L. 2018), research indicates that some behaviours considered masculine are biologically influenced.

Male change agent: An MCA is a positive role model and mentor who practices several optimal behaviors: caring for children; accompanying his wife/partner for antenatal visits; assists with the chores around the home such as fetching water, bathing children, sweeping the compound; has a latrine at home, and practices handwashing (CRS).

Power: The degree of control over material, human, intellectual, and financial resources exercised by different sections of society. Power is dynamic, exercised in the social, economic, and political relations between individuals and groups, and can be used for both positive and negative ends (Just Associates, 2012).

Resilience: The American Psychological Association (2014) defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress.”

Executive Summary

This report presents the findings of the assessment of the effectiveness of Nuyok's Male Change Agent (MCA) approach in improving unequal power distribution, intra-household relations, and household joint decision-making in Karamoja subregion. The study was conducted in the districts of Nakapiripirit, Nabilatuk, Napak, and Abim (Karamoja Region, Uganda). The aim of the study was to explore the effectiveness of the approach and to identify practical recommendations to be used for improving quality and sustainability of MCA interventions.

METHODOLOGY

The study employed a multiple case study design using qualitative participatory methods (Yin, 2003). Sub counties were randomly selected while purposive sampling was used to select two parishes per subcounty, one next to the subcounty offices, the second far away, and both having the presence of MCA activities for a minimum of six months. MCAs, their peers, and their wives in the selected parishes participated in either gender segmented focus group discussions (FGD), key informant interviews (KII), or in-depth interviews (IDI).

FINDINGS OF THE ASSESSMENT

a) Joint Decision making

Overall, there is reported positive change in decision making from individual (man only or woman only) to joint (couple) on major household decisions including food production and consumption, income and financial resources, health and nutrition, sale of household assets, and participation in community meetings.

Food production and consumption: Respondents across all four districts, young and old, revealed that they were experiencing improved joint decision making around what food to produce, buy, and consume in their homes following the MCA intervention. The improvement was reported for decisions on food for children under age 5 (CU5), a decision previously made mainly by women.

Income and financial resources: Prior to the MCA intervention, decisions around self-earned income and spouse's incomes were primarily made by men. However, with MCA activities, respondents reported increased joint decision making on personal income as well as spouse's income. However, the respondents reiterated that men still have the final say on financial matters in homes.

Health and nutrition: Joint decision making was reported around breastfeeding, the number of children to have, immunization, general treatment for sick children, and attending prenatal and antenatal care (ANC). Overall, there was a 75% increase reported in joint decision making on breast feeding by peers and MCAs.

Sale of household assets: The sale of large assets such as land and cows are now made jointly with spouses after participating in MCA activities. Women now have increased access to and exercise some control over large assets. However, men still have the final say over such assets.

Changes in community participation/meetings: There is increased participation of women in community activities. Women are now freer to participate in meetings and community events with support from their partners. Women still seek permission from spouses to attend community meetings.

Other decisions: Community-level decisions on traditional ceremonies like Akiriket, marriage, cleansing of the sick, and provision of security to animals and families are still primarily made by the men.

b) Intra-household relations

Couple communication: Overall, communication among couples has improved largely due to their participation in the MCA activities. Couples now actively listen and understand each other's opinions on matters of their households and relationships.

Gender-based violence (GBV): Respondents reported reduced GBV within their households. This was attributed to improved couple communication, reduced alcoholism, shared workload burden, joint decision making, and change in attitudes towards some norms that previously stereotyped and discriminated against women.

c) Power and Resilience

Knowledge, forms, and use of power: The MCAs and their wives demonstrated a good understanding of power while MCA peers demonstrated a low understanding of power, though they reported using it to influence others to adopt good behaviors. Most of the MCAs and their wives reported that they were using the power they were taught under Nuyok to alter power relations in households.

Changes in health, nutrition, and WASH: The respondents reported improved health and nutrition of their children and that of their household members due to better feeding, better health seeking behaviors (courtesy of more male involvement). There is a reported increase in the construction and use of sanitation facilities.

Changes in household roles/division of labor: Men have now taken on traditionally female roles such as cooking, washing (clothes), child rearing, bathing children, fetching water, cleaning compounds, as well as productive roles such as crop cultivation.

d) Quality in MCA peer behavior change discussions

Overall, 15 observations were made in which five out of the eight participating MCAs followed the recommended steps for delivering flip chart sessions to peers and during radio episode discussions. Over 159 respondents voluntarily attended the sessions, including MCA peers. Respondents exhibited high interest and active engagement in discussing the topics during the sessions implying that the activity is valued and is generating positive discussions to influence behavior change.

KEY RECOMMENDATIONS TO SUPPORT THE SUSTAINABILITY AND IMPROVEMENT OF THE MCA INTERVENTION

- **Training and mentorship:** There remain a need to strengthen training and further mentor participants to address misconceptions around power distribution, forms of violence, and gender-sensitive adaptation and resilience to shocks/stresses. Further training and mentorship will help build sustained effective communication among couples and strengthen conflict resolution building on the gains made towards reducing GBV.
- **Mitigation of shocks:** There is a need for intentional messaging and sessions on resilience for MCAs and their peers to help them adopt and scale robust effective mitigation measures to shocks and stresses to other community members. It is recommended to link MCAs to other resilience committees to learn and adopt more of the mitigation measures.
- **Couple change agents:** Nuyok should identify model couples whose relationships have been significantly impacted by the MCA interventions (including other Nuyok interventions) to stand out as points of reference to help influence other couples.

1. INTRODUCTION

CRS is a leading a consortium of six partners to implement a five-year, USAID/BHA-funded program to build resilience to shocks, enhance livelihoods, and improve food and nutrition security for vulnerable rural families in the Karamoja subregion in North-Eastern Uganda. The program, named Nuyok, covers Abim, Nakapiripirit, Nabilatuk, and Napak districts. Nuyok seeks to strengthen governance and gender equity; community capacity to manage shocks and stresses; traditional and diversified livelihood opportunities; and improve nutrition and health (including improved water, sanitation, and hygiene (WASH) of pregnant and lactating women (PLW), adolescent girls, and CU5.

1.1 Background to the study

This report presents the results of the assessment of the effectiveness of the MCA approach in improving unequal power distribution, intra-household relations, and joint decision making in Karamoja under the Nuyok program. Nuyok uses the MCA approach as a transformational strategy that supports systemic reductions in gender barriers at household and community levels to underpin individual and household changes in perceptions and practice that can lead to improvements in food and nutrition security.

The MCAs are selected by community members during a community meeting organized by Nuyok staff. They are endorsed by local leadership to promote gender-sensitive practices with a focus on shared workload, decision making, and non-violence to challenge gender inequities within communities and bring about positive behavior change in health and nutrition practices. In each village, three MCAs were selected using a prescribed criteria wherein the potential MCA: 1) volunteers his time at least every week to reach out with messages to others, 2) comes from the village he will influence, and 3) is willing to change and learn new behaviors/practices. After selection, MCAs participate in trainings conducted by Nuyok staff focusing on gender norms, behavior change, and skills for peer education (mentoring other men). MCAs practice their new behaviors for about three months, then form groups of 5-10 peers (friends, neighbors, etc.) with whom they meet once every week to share what they have learned and encourage adoption of the new changes. Nuyok staff follow up on trained MCAs to assess how they are applying their new behaviors and if they have any challenges. Every quarter the staff organizes reflection meetings for the MCAs and their spouses at the subcounty level to share their experiences, challenges, testimonies, and learn from each other.

To aid MCA work with peers, Nuyok developed job aids (flip charts) with less text and key messages to trigger discussions. Serial radio dramas were also developed and recorded on memory cards which the MCAs play for their peers and then facilitate discussions on behavior change. The topics covered for these radio episodes include nutrition for pregnant women, lactating mothers, and CU5; adoption of improved farming practices; and storage of agriculture produce, among others. Whereas the MCAs are volunteers, they are also Nuyok participants benefiting from other program interventions such as savings and loans groups, agriculture, and WASH trainings. The study covered MCAs, peers and wives who have participated in the intervention for at least six months. MCAs received their first training in 2019. The second cohort of MCAs received their first training in August 2020.

1.2 Study purpose and objectives

The purpose of this study was to assess the effectiveness of the MCA approach in promoting equitable relationships and positive changes in gender roles at household level. Specifically, the study assessed:

- a) The influence of the MCA approach on unequal household power distribution.
- b) The MCA approach's contribution to improving intra-household relations.
- c) The influence of the MCA approach on increasing joint decision making at the household level.

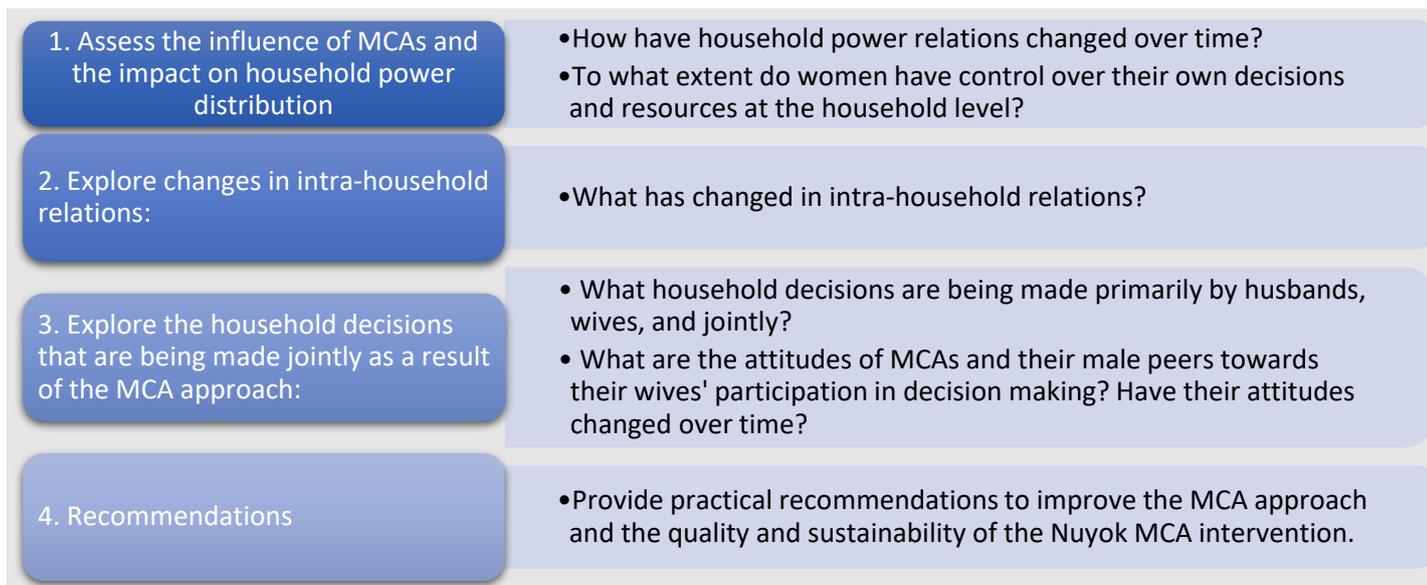


Figure 1: Study components explored under each research objective

2. METHODOLOGY

2.1 Study design

A multiple case study design using qualitative methods was used to gather information. Cases were MCAs, their wives, peers, and key informants. This methodology enabled an understanding of the changes registered from the MCA intervention across the Nuyok program implementation districts. Together with CRS team, the consultants adopted participatory gender analysis tools to investigate changes between men and women. The data was collected using gender segmented FGDs, KIIs, and IDIs. To determine changes before and after the introduction of MCA interventions, respondents in FGDs were asked to raise their hands in response to a series of questions. Responses were recorded and the numbers were used in calculating the percent change.

2.2 Data collection process and procedures

Before data collection commenced, a virtual inception meeting took place between CRS and the consultants to understand the MCA approach, intervention areas, partners and staff engaged in implementation of the intervention, successes so far achieved, and expected deliverables. Following this meeting, Nuyok project documents including an MCA approach research protocol, Nuyok technical narrative, Gender and Youth Analysis report, Nuyok MCA manual, and MCA training curriculum, among others, were shared and reviewed to guide the study.

Training of research assistants and pre-testing of the guides were conducted over three days. A team of nine (four females and five males) research assistants (comprised of Karamojong and Lebtur speakers) were trained and later supported in data collection. The research assistants were trained on the ethical practices for conducting gender-sensitive research and were also taken through the overview of the Nuyok program, the MCA approach, and the study methodology. Study guides were reviewed during the training and later pre-tested. Following this process, the study instruments (FGD guides, KII guides, IDI guides) were refined for actual data collection. The following safety measures were put in place: interviewers were asked to identify safe places for interviews where confidentiality could be observed, and indoor venues were discouraged because of COVID-19. As some questions were sensitive (GBV, etc.), proxies were used, and research assistants were trained on what to do in case of disclosure of GBV. To increase the confidence and comfort level of the respondents, interviews were conducted by interviewers of the same sex as the respondents.

For each district, data was collected from one subcounty and two parishes, from January 28th through February 3, 2021, as detailed in Table 1

Table 1: Study sites and fieldwork dates

District	Subcounty	Parish	Data collection date
Nakapiripirit	Namalu	Kaiku & Kokuwam	January 28–29, 2021
Nabilatuk	Lolachat	Natirae & Nakur	January 29–30, 2021
Napak	Lorengchora	Cholchol & Kokipuriet	January 31–February 1, 2021
Abim	Awach	Gotapwuo & Oporot	February 2–3, 2021

2.3 Sampling and sample size

A total of 22 FGDs were conducted with 185 respondents, 16 IDIs with MCAs and their spouses, and 12 KIIs were conducted with leaders within the community, including VHTs, LC1 chairpersons, parish chiefs, a traditional leader, gender officers, and community facilitators. The selection is shown below in Table 2.

Table 2: Summary of data collection methods and sample

District	FGD respondents by category (N=185)			KII respondents		IDI respondents		Number of respondents per session observed	
	MCA's (n=50)	MCA peer (n=66)	MCA wives (n=69)	Male	Female	MCA's	MCA Wives	Radio Episodes (n=79)	Flip Chart (n=82)
Abim	15	22	21	3	0	2	2	21	21
Nabilatuk	6	15	13	2	1	2	2	10	20
Nakapiripirit	17	19	20	2	1	2	2	22	20
Napak	12	10	15	2	1	2	2	26	21
Totals	50	66	69	9	3	8	8	79	82

2.4 Inclusion criteria

The inclusion criteria used was provided in the study protocol (MCA assessment study protocol, 2020).

- **FGDs with MCAs, MCA peers and MCA wives:** MCAs had to be 18–49 years of age, reside in selected parish/subcounty, trained together with his wife, has least 5–10 peers, and consents to participate in the study. An MCA wife is a known wife to the MCA, was trained with her spouse (who is an MCA), resides in selected parish/subcounty, and consents to participate in the study. An MCA peer is 18–49 years of age, part of the MCA's existing social network, resides in selected parish/subcounty, and consents to participate in the study.
- **IDIs with MCAs and their spouses:** In order for a MCA to be selected, IP staff had to confirm that either he performed well (e.g., has constructed latrines; has a kitchen garden, dry racks, and hand washing facilities in the home) or did not perform well (e.g., does not have or has few of any of these facilities latrine, kitchen garden, dry rack, hand washing facilities in the home).
- **KIIs:** To qualify, the participant needed to be either a parish chief, LC1, VHT, traditional leader, community facilitator, or gender officer. Participant needed to consent to participate, have previously interacted with MCAs, and be aware of their performance.

2.5 Quality assurance

To ensure quality of the study, the following steps were taken:

- To obtain consistent information, the research assistants were trained on correct processes and protocol for data collection, skills, and techniques for conducting qualitative interviews. To ensure quality and accountability, all interview guides were pre-tested, refined, and translated from English to either Nga'karimojong or Lebtur and interviewers worked in pairs.
- Participatory approaches were used during the FGDs, and local languages were used. Respondents were given ample time to think through a given topic prior to responding to the questions. Supervision was done by the Akili team supported by the Caritas and CRS teams.
- All sessions were audio recorded and later transcribed into English.
- Eligibility criteria were strictly adhered to in selecting study respondents.

2.6 Data processing and analysis

Qualitative interview responses were translated from Nga'karimojong and Lebtur to English, synthesized and coded for processing and analysis. Excel matrices were used to organize and prepare data to identify themes and key information. Specific themes of interest included:

- Decisions around food security (health and nutrition, income and financial resources, sale of assets, food production and consumption), intra-household relationships, power distribution within households, and on resilience and mitigation of shocks/stresses and GBV.

2.7 Ethical considerations

Ethical clearance was obtained from The AIDS Support Organisation (TASO) Research Ethics Committee which is an independent Institutional Review Board (IRB) in Uganda. The study adhered to TASO-IRB guidelines and principles of research ethics.

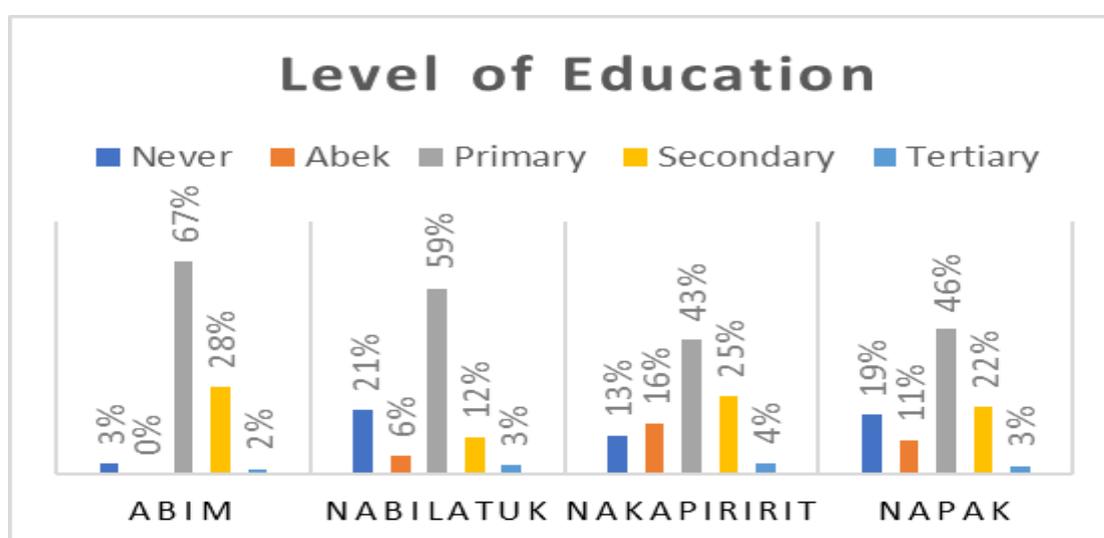
2.8 Limitations of the study

- The research was purely qualitative although some descriptive statistics were obtained from the FGDs. Testing for levels of significance of findings between MCAs, their peers, and wives was not possible. The results of the study were self-reported and most of the responses were given in a group setting, which may have influenced the responses from other respondents.
- The study findings cannot be generalized to the population since they only covered Nuyok participants (MCAs) and their close networks, i.e., peers and wives. The ripple effect to other networks and community members could not be established although key informants provided some information on the community.
- Lastly, many themes were covered in one assessment, which may have affected the depth of information for each theme.

3. FGD PARTICIPANT PROFILES

A total of 185 individuals (116 males and 69 females) participated in the FGDs and were categorized into three groups: MCAs, MCA wives, and MCA peers. All respondents were married with a majority reporting having children under the age of 2 (78% of MCAs and their wives, 62% of peers). Most of the respondents had attained at least a primary education across the study districts, with Abim recording the highest percentage at 67%, followed by Nabilatuk with 59%. Nabilatuk recorded the highest number of respondents who had never been to school at 21% followed by Napak at 19%. Abim district, at 97%, had the highest percentage of respondents who could either read or read and write, with 81% in Napak, 66% in Nakapiripirit, and 64% from Nabilatuk. More information on the characteristics of the respondents can be found in Annex I.

Figure 2: Percentage of respondents' education level by district



Livelihood sources: Crop farming is the major source of livelihood. Nakapiripirit and Napak districts recorded the highest percentages at 89%, followed by Abim (86%) and Nabilatuk (62%). About 24% of respondents from Nabilatuk mentioned that they were engaged in other income-generating activities such as small-scale trade in silver fish, salt, or alcohol; and casual work such as washing clothes. A smaller proportion of respondents from Nabilatuk (9%), Nakapiripirit (5%), and Napak (5%), mentioned that they were engaged in charcoal burning and selling firewood.

4. STUDY FINDINGS

The study results are presented in three major themes: effectiveness of the MCA approach on decision making, intra-household relations, and unequal power distribution. Other sections of the report include resilience and the quality of MCA peer behavior change discussions, as well as recommendations and conclusions.

4.1 Effectiveness of the MCA approach in improving joint decision making

Key Findings

Overall, the MCA approach is effective in improving joint decision making among men and women in Karamoja.

- Improved joint decision making on the use of spouses' and self-earned cash and sale of large assets were reported.
- Increased participation of men in childcare exemplified by their involvement in decisions regarding what foods to feed CU5 and attending prenatal visits.
- There is increased participation of women in community events. All participants reported that couples jointly agree that women should attend community meetings after the MCA interventions, indicating a change in men's attitudes.
- Traditional decisions are still made by men.

Two key questions were investigated to understand decision making at household level.

- 1) What household decisions are being made primarily by husbands, wives, and jointly?
- 2) What are the attitudes of MCAs and their male peers towards their wives' participation in decision making? Have their attitudes changed over time?

With reference to findings detailed in Annex II, Tables 6 and 7, respondents were asked to consider how they made decisions before they participated in MCA activities and after. By a show of hands, they shared their experiences on who made/makes decisions regarding various resources and opportunities that contribute to the overall Nuyok program goal of improving food and nutrition security. The resources and opportunities included food production and consumption; income and financial resources; health and nutrition; sale of household assets; and attending community events. The results show a major change from individual to joint decision making across all districts and age groups. The number of respondents was recorded against the responses provided. Then the before and after figures were compared to ascertain how many people reported a change. The details are discussed below.

a) Decision making on food production and consumption

Nuyok used the MCA intervention to drive improvements in couple decision making. Overall, improvements in joint decision making were registered. Decisions on foods to be planted for consumption, food to be bought, and to feed CU5 are now jointly made within the households of MCAs, peers, and other community members that they influence.

The Nuyok Gender Analysis report (2018) indicated that men largely decided what crops to plant, based on their knowledge of the value of the crop, but not necessarily what was appropriate for the household food and nutritional needs. However, with the Nuyok MCA intervention, the MCAs, peers, and wives across all districts, whether younger (15-24) or older (25 and above), reported that they jointly make decisions on what foods to plant, consume, or buy. Respondents described how they share roles and responsibilities of looking for the food. They have realized improvements in the health of their household members, especially CU5. Respondents also mentioned that they no longer face

acute food shortages in their households since they work together with their spouses to ensure that food is available for consumption.

Table 3: Percentage change in joint decision making on food production and consumption by participant category

Food production & consumption	MCA (n=50)			Peers (n=66)			Wives (n=69)		
	Jointly			Jointly			Jointly		
	Before	After	%Change	Before	After	% Change	Before	After	% Change
Food planted	7	50	+43 (86.0)	16	66	+50 (75.8)	23	69	+46 (66.7)
Food consumed	10	50	+40 (80.0)	21	66	+45 (68.2)	14	69	+55 (79.7)
Food to be bought	10	50	+40 (80.0)	10	66	+56 (84.8)	17	69	+52 (75.4)
Food to feed CU5	2	50	+48 (96.0)	4	66	+62 (93.9)	19	69	+50 (72.5)

Table 3 shows before the intervention, 20% of the MCAs and their peers reported making joint decisions on what foods to plant. With the MCA intervention, this increased by 80%. Likewise, decisions on food for consumption and food to be bought for consumption are being made jointly. Previously, men dominated decisions on what foods to plant and/or buy for consumption. More men are now involved in childcare, especially on decisions around what foods to feed CU5.

b) Decision making on income and financial resources

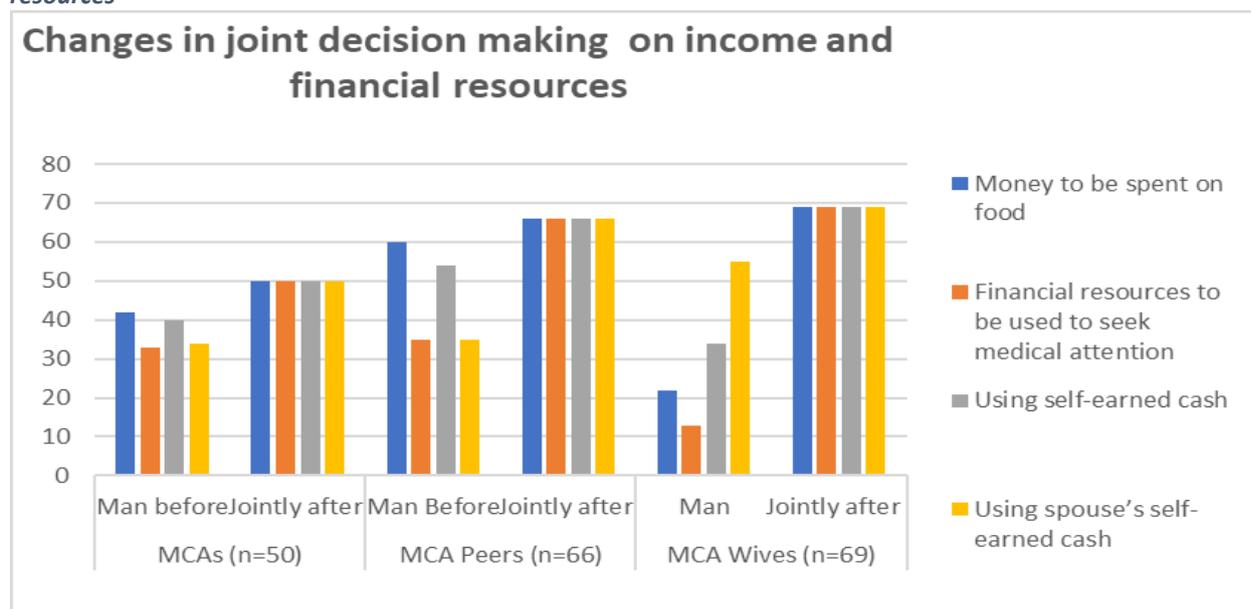
Both male and female respondents confirmed joint decision making on incomes and financial resources after participating in the MCA intervention. Previously, decisions on income (whether self-earned or earned by spouses) were mainly made by men. Respondents also pointed out that the older men normally got involved in all food purchases within their households, but younger men let their spouses purchase alone. However, the husband is said to have the final say on how much is to be spent.

After Nuyok interventions, both women and men, young and old, across the Nuyok locations, recognized that giving women the opportunity to participate in decisions (for example, on money to be spent on food and financial resources to be used for medical attention) has positive benefits. For example, more food secured for the household, less sickness due to improved diets, and an increase in expenditure on food. Additionally, respondents described the involvement of women in decisions on income as a positive move that drives resources to proper use for the benefit of the households because previously, men would sell assets and use the income for alcohol.

“Let me tell you, before this man became an MCA, he would sell his cows and drink up all his money and I would know that he had sold his cow when he would come home very drunk and would even want to fight, but now, ever since Nuyok came, he has changed, and most times tells me when he wants to sell a cow.”

IDI with MCA Wife, Lolachat Subcounty, Nabilatuk District

Figure 3: Number of respondents reporting a change in joint decision making on income and financial resources



“Joint decision making is good, for it directs resources to proper usage instead of wastage in things like drinking. Respect prevails in households where there is joint decision making. This is an ingredient of a planned home.”

FGD with MCA Peers, Awach Subcounty, Abim District

c) Decision making on health and nutrition

A positive change in joint decision making on health and nutrition was reported.

Table 4 below, shows that joint decisions on the duration of breastfeeding increased from 25% before the intervention to 100% with the intervention which represents 75% change, although some of the respondents did not have any breast-feeding child at the time of survey. Respondents reported that in their community sometimes the duration of breast feeding is determined by other factors such as the mother becoming pregnant again, when the mother becomes very sick and admitted, long commitments outside of a home. These figures are based on respondents who have been trained on improved nutrition practices and could have recited what they have been trained on. The results may not apply to the wider general population.

Table 4: Percentage change in joint decisions making on health and nutrition decisions by district

Participant category	MCAs (n=50)			MCA Peers (n=66)			MCA Wives (n=69)		
	Before	After	% Change (+ or -)	Before	After	% Change (+ or -)	Before	After	% Change (+ or -)
Health and Nutrition decision	Jointly			Jointly			Jointly		
Duration of breastfeeding	16	50	+34 (68.0)	14	66	+52 (78.8)	15	69	+54 (78.3)
Number of children	10	50	+40 (80.0)	12	66	+54 (81.8)	18	69	+51 (73.9)
Seeking medical attention outside home	6	50	+44 (88.0)	7	66	+59 (89.4)	26	69	+43 (62.3)
Children seek medical attention outside home	0	50	+50 (100)	4	66	+62 (93.9)	24	69	+45 (65.2)
Attending or not prenatal visits	0	50	+50 (100)	1	66	+65 (98.5)	24	69	+45 (65.2)

The respondents now appreciate the nutrition benefits of breastfeeding their children, something that has contributed to reduced incidences of malnutrition-related diseases among CU5 within their households. Men and other people (i.e., in-laws and clan members) would decide the number of children a couple should have, which is not the case after the MCA intervention activities. Couples are now empowered to make decisions, including those clan members and in-laws would previously make for them. Some of the affirmations from respondents include:

“Those days we used to produce any how but now we jointly share decisions with our wives. If we say five children, then it is five children. Regarding food to eat [meaning food to feed CU5], like women in Mother Care Groups (MCGs) they advise that children from 0 month to 6 months be put only under exclusive breastfeeding. So, from 7 month give porridge, [meaning encouraging complementary feeding] ...”

FGD with MCAs, Awach Subcounty, Abim District

“The other decision that is jointly done by a man and woman is child spacing because it is good for a woman and man to decide on it such that diseases do not affect their children.”

FGD with MCA Peers, Lolachat Subcounty, Nabilatuk District

Men are now accompanying their wives to the health centers for delivery and ANC, as well as taking children for preventive and curative care. Decisions around medical treatment for children are being jointly made, men are showing more concern about the health of their children. They are taking a more proactive role when it comes to seeking health care for them. O The women had this to says :

“The business of my family is now my husband’s, too. My husband never used to care about the children; he used to say that it is a woman to know how the children have woken up or not, whether they are sick or not. His role was to wake up and go wherever [he wanted]. But now, my husband cannot leave me [home] when he has not made sure that we are all fine. And he even cares about me sometimes; maybe when I am not breathing well. He even wakes me up to ask if am sick or not; there has really been change.”

FGD with MCA Wives, Namalu Subcounty, Nakapiripirit District

“Even going with me during my antenatal visits and taking the child for immunizations, we make it jointly. Nowadays there is no way I go to the hospital alone without him, and even sometimes he is the one who reminds me of the date of taking the child for immunization.”

FGD with MCA Wives, Lolachat Subcounty, Nabilatuk District

Almost all the MCAs and their peers reported making joint decisions around ANC care. All 69 MCA wives confirmed this. Before the intervention, only 24/69 reported having made joint decisions on attending ANC care. The result shows that men are now more concerned and involved regarding the health of their wives during pregnancy, and that they value their wives’ lives and those of their unborn children. In fact, some FGD respondents also reiterated that they now accompany/are accompanied by their spouses for ANC visits to be able understand better the health of their wives and unborn children.

“I want to share with you about taking a woman for antenatal care if pregnant. What makes me take her is to find out how the baby is positioned in the stomach, but also to find out about our health status, like how the health of the woman is since it is good to know her health status or even mine, whatever the case. That is what makes us jointly visit the hospital.”

FGD with MCAs, Lorengechora Subcounty, Napak District

“My partner and I make a joint decision for antennal visits and even during delivery time. You know it is good for the both of us to go for the antennal visit so that they do the test for the both of us just in case they find any sickness in our blood we can be treated.”

FGD with MCA Wives, Lorengechora Subcounty, Napak District

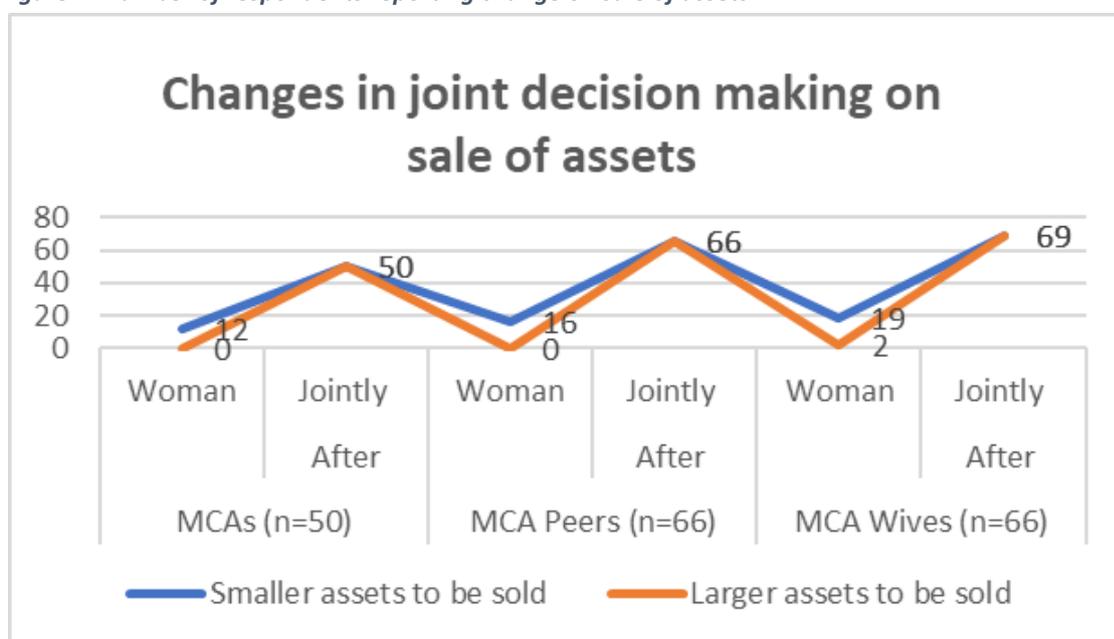
c) Decision making on sale of assets

Men had more access to and control of valuable household assets such as livestock or cattle. The Nuyok gender analysis report recounted that, women, particularly those in pastoralists families, had more access to and control over household assets like livestock, but could not make final decisions around the sale of such assets without consulting the elders or older boys. Figure 4 shows that before the MCA approach, women had little or no influence at all on the sale of small and large assets within their households. Small assets included things like household items, chicken, and goats while large assets comprised of things like cows or land. However, with the MCA intervention, respondents confirmed they were jointly making decisions on the sale of household assets across the study districts. Although the final decision on large assets still lies with the men. Women now have increased access to and control over these assets. A key informant from Caritas Kotido confirmed that MCAs, their wives, and peers currently make joint decisions regarding the sale of assets within their households.

“...after the training, things have changed for the better since there are decisions that I can now make jointly with my wife. For example, decisions regarding buying of big assets like livestock, this was solely made by me and even if I would try to tell my wife to do it, she could not allow with a mind that she is not entitled to that. But as time went on things have changed because as I speak now, my wife can now decide on which animal to purchase, and she can now move with me up to the market to select which animal to be bought...”

IDI with MCA, Kaiku Subcounty, Nakapiripirit District

Figure 4: Number of respondents reporting change on sale of assets



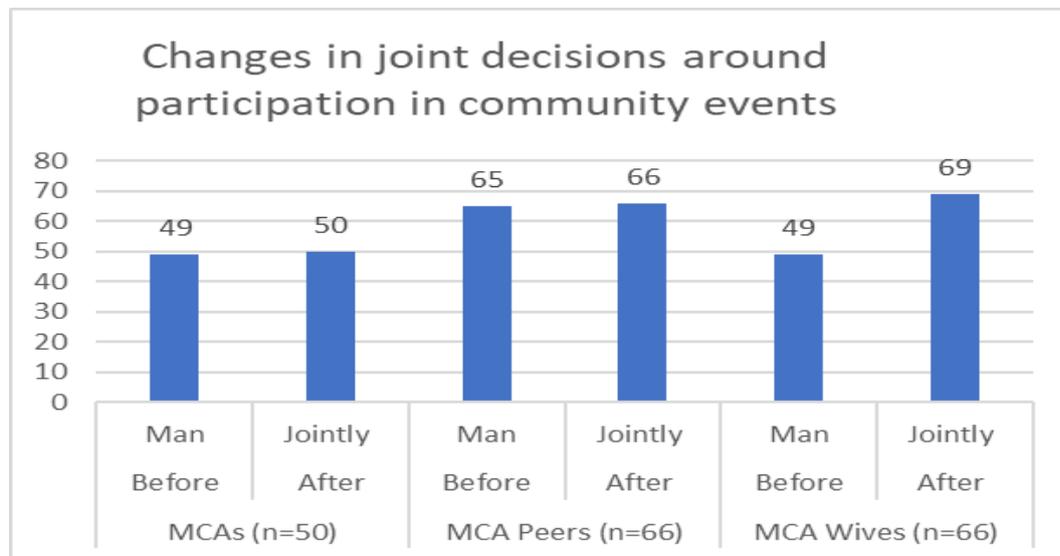
Findings show that before the MCA interventions, about 25% of the respondents (12 MCAs, 19 MCA wives, and 16 peers) testified that women influenced decisions around the sale of small assets/animals (i.e., poultry) within their households. However, this changed by about 75% where respondents mentioned that women are now able to make decisions around the sale of small assets with their husbands. This has helped women to purchase food items for their families and pay bills for their children’s treatment.

d) Decision making on women's participation in community meetings

Before the MCA intervention, women's participation in community meetings was limited despite them being more likely than men to know about meetings for groups such as Village Savings and Loan Association (VSLAs) and Mother Care Groups (MCG). Generally, women cited lack of time due to domestic chores as well as the need to ask for permission from their husbands the reasons they did not participate in such meetings. Traditionally, women received minimal support from spouses. Older and younger women also felt uncomfortable needing to consult with their spouses for permission to participate in such meetings (Nuyok Gender and Youth Analysis, 2018). However, with the MCA interventions, this changed since men now support women with household chores creating time and decisions are made jointly

In Figure 5 below, most of the MCAs, their wives, and peers confirmed that decisions on participation in community meetings, representation, and expression were primarily made by men. However, the assessment results show that the MCA interventions have further strengthened women's participation in community meetings within their areas and that women are increasingly being given a platform to voice their opinions. Leadership positions, however, are still dominated by men.

Figure 5: Number of respondents reporting changes in joint decision making around participants of community events



Reasons for improvements in joint decision-making included gender trainings received by MCAs where equity and joint decision making were included. The trainees made action plans to practice joint decision making and were followed up to see how they are implementing their plans. There was deliberate focus by Nuyok to coach and mentor MCAs and their peers on effective communication, advantages of involving women decision making, happier and healthy families. Lastly the benefits of joint decision making motivated them to continuously practice the behavior and made their peers and others to adopt the same behavior.

Other decisions still primarily made by men

Traditional and/or cultural decisions are still made by men such as providing security to animals and families, settling community disputes, organizing traditional ceremonies like Akiriket (council of elders meeting), marriage ceremonies, and cleansing of the sick. It was observed that culturally, men settle community disputes and are responsible for discipline within the community. They are the main decision makers on conflict resolution, especially for adults who commit crimes. A council of elders meeting is organized to listen to the crime and afterwards, they decide on a punishment that is to be given to the perpetrator:

“Another decision made by the man is in the traditional gathering, ‘AKIRIKET.’ You will never find a woman going there to say a word. That is the gathering for only men, and you know it is culture here that women are not supposed to reach in such meetings and that is how it has been, and we can’t change it. You always find only elders in such gatherings, and the men they are initiating to be in the gatherings, they will either be talking about sacrificing something to the gods, like they will decide on whose cow to be used.”

FGD with MCA Wives, Lorengechora Subcounty, Napak District

“What men do in the household is deciding on issues of marriage. A man is the one who decides when the children should marry in the family because he is the head of the family.”

FGD with MCAs, Awach Subcounty, Abim District

4.2 Effectiveness of the MCA approach on intra-household relationships

Key Findings

Overall, the MCA approach has been effective in improving the quality of intra-household relationships, specifically among couples within households.

- Improved couple communication as learned from the MCA interventions.
- Improved respect among couples, sharing of ideas, and respecting each other’s ideas.
- Change in gender norms and stereotypes towards women, which has seen a rise in male involvement in household activities such as chores and childcare.
- Participants reported increased commitment to couple relationships resulting from good communication among couples.
- Reduction in GBV as couples have chosen healthy communication over violence for conflict resolution.
- Reduced alcoholism among men due to participation in MCA interventions where men spend their time more productively and due to the mentorship influence of MCAs over their peers.

This section demonstrates how the MCA interventions have influenced intra-household relationships within the Nuyok areas, focusing on changes in couple relationships. All respondents were married and mainly living in monogamous relationships. 6FGD and IDI respondents were asked about the changes they and their peers were experiencing in their relationships with the spouses following participation in the MCA interventions. Areas of interest were couple communication and mutual respect. The research team identified improved couple communication, improved respect for a spouse’s ideas, positive changes in gender norms and stereotypes, and increased commitment to couple relationships. Other findings included a reported reduction in GBV and alcoholism, as shared below.

a) Improved couple communication

Improved couple communication was one of the key changes that study respondents noted in their households. This was attributed to effective communication skills learned from the MCA interventions which included listening actively, to one another and understanding each other when discussing issues regarding decision making within the family.

For example, one MCA wife had this to say:

“There is great improvement in communication in the household between me and my husband as we can now sit together to discuss serious matters such as land ownership, selling larger assets like land and animals, clan cultural rites to be performed, and children’s welfare-that concerns the family and decide together on the way forward.”

FGD with MCA Wives, Namalu Subcounty, Nakapiripirit District

“The relationship between me and my wife has improved in a way that we now understand one another, making it easy to work together at all times, we are happy all the time in the house and even the children are happy and healthy nowadays.”

IDI with an MCA , Namalu Subcounty, Nakapiripirit District

b) Improved respect

Men and women reported that they are now able to share ideas with their spouses and to respect each other’s ideas. The ability to talk with confidence, listen and understand one another has resulted in improved intra-household relations.

“When he brings in an idea and he starts talking, I first listen to him and let him finish talking. I make sure I understand his idea well. Then later I can respond, when I have something to say, he listens and gives me time to talk, and so, it is good to first listen and understand what someone has to say, so that you can easily decide whether it is right or wrong.”

IDI with an MCA Wife, Namalu Subcounty, Nakapiripirit District

c) Change in gender norms and stereotypes towards women

Before the MCA intervention, women and girls bore the burden of productive and reproductive roles. Culturally, women were looked at as bread winners for their families with no or limited access to and control over major assets like land and family finances. Women are now considered partners and are treated with some level of dignity within the communities. There are indications of increased male participation in reproductive and productive roles within households. This reflects a change in attitude among men regarding certain stereotypes like a woman being the caregiver in the family. Respondents reported that men are now more than willing to take part in household activities such as cooking, washing plates, bathing children, and cleaning compounds, among others.

“My husband can now help me with some work at home like caring for the children, which has never been the case before he became an MCA. This all came about through trainings from Caritas about the importance of shared roles in a family.”

FGD with MCA Wives, Lorengechora Subcounty, Napak District

“My husband can now share with me work, he can now make the bed without complaining and I just come, and sleep as compared to before when he was not an MCA, he could not make a bed.”

FGD with MCA Wives, Awach Subcounty, Abim District

“Men today also go dig in the garden and harvest food together with women during the harvest period. We, as MCAs, today wash clothes at home, we bathe children and cook food while the women are busy organizing the house. We also accompany our wives to the dispensary for antenatal and other medical check-ups. We have seen ourselves even sweeping and slashing around the compounds for many reasons, yet before becoming agents, we left all this work to women alone. But today, as MCAs, we have learnt that men and women can do work equally, no work is for a woman alone or a man because women today milk cows and treat goats whenever they are sick.”

FGD with MCAs, Lorengechora Subcounty, Napak District

d) Increased commitment to partner relationships

Couples reported increased commitment to their relationships compared to before the MCA interventions. Respondents confirmed that men and women now feel that their relationships have changed for the better. Among the MCA wives, the change was attributed to improved communication with their spouses. They said that their husbands are more loving, they talk freely to them, listen to them, and that their ideas are well shared.

“The relationship has changed in my household as compared to before. My husband now loves me more than he used to before he became an MCA; for example, these days my husband can move with me unlike before when he didn’t want me even to just get close to him. .”

FGD with MCA Wives, Awach Subcounty, Abim District

“My husband loves me now more than before. Ever since we were trained by Nuyok, I feel he (husband) is now the best, and I feel we shall wed soon [F: excitement in her speech].”

FGD with MCA Wives, Lorengchora Subcounty, Napak District

MCA peers also noted that their relationships with their wives had become stronger. :

“Ever since I became a peer of the Nuyok initiative, our relationship in the household has improved compared to before. This is because we have learnt that love binds a relationship. I have also realized that it is good to stay together as husband and wife because it is a blessing from the Almighty God.”

FGD with MCA Peers, Namalu Subcounty, Nakapiripirit District

e) Reduced gender-based violence:

A “Vote with Your Feet” exercise was conducted to understand respondents’ attitudes and perceptions about GBV. Statements related to GBV were read out and respondents either agreed or disagreed with them:

- A husband beating his wife is not a crime: Men have the right to control their wives’ behaviour and to discipline them.
- It is okay for a woman to quarrel with her husband if she is angry with him.
- A good woman, if she is not sick, should not refuse to have sex with her husband.

After this exercise, research assistants facilitated discussions around the result. Later, more questions were asked to ascertain respondents’ understanding of violence (physical, sexual, emotional, mental, and/or economic violence). Respondents were asked if violence in their communities was reducing, increasing, or if it remained the same. Questions on partner communication and how couples resolve problems in their households were also asked. All responses were analysed, and the findings are presented below.

f) Respondents’ Perceptions of Gender Based Violence:

Although respondents acknowledged that GBV is an unacceptable act, they still held perceptions and attitudes that seem to provide tolerance for the practice. Women (MCA wives) were more tolerant of domestic violence than their male counterparts as 35% agreed with the statement: “A husband beating his wife is not a crime: Men have the right to control their wives’ behavior and to discipline them.” 44% of the MCA wives agreed with the statement: “A good woman, as long as she is not sick, should not refuse to have sex with her husband.” MCA (44%) and their peers (70%) agreed to the same statement. See details in table 5 in the annex.

5

Respondents revealed that the MCA interventions have led to reduced violence in the study districts. They attributed the reduction to improved couple communication, reduced alcoholism, and involving women in decision making. Women are no longer considered inferior. Key informants noted:

“MCAs have brought a lot of changes in the community. They have helped reduce violence, which has been happening in the community, because men and women are able to understand each other so the rate of fighting has reduced. The use of resources has been much emphasized in the family and now, because men and women are able to use their assets in a good way, Men and women are able to respect each other.”

KII with a Community Facilitator, Namalu Subcounty, Nakapiripirit District

“Now I can see violence has reduced because men no longer beat their wives, they even now listen to them and don’t take women to be inferior. Women are looked at as mothers, wives of the home, with similar rights as the men. I will say that the Nuyok program has really done a lot of change, this and most of these things have reduced, even this thing where girls are forced to get men has reduced, the girls can now get men of their choice.”

KII with a VHT, Lolachat Subcounty, Nabilatuk District

The study respondents noted that use of violence for conflict resolution within the households is being replaced by healthy couple communication. Female IDI respondents shared testimonies of reduced (or no) quarrels and fights.

“Right now, our relationship is okay. We no longer quarrel or even fight with each other like it used to be before. When I would say anything, I would get a slap on my face from my husband, but now, whenever I have something in mind to table, we discuss and come to an agreement. We no longer fight or even quarrel. When I say anything, he listens, we sit down and talk and then come to an agreement. He doesn’t yell at me the way he used to. When I say something, he responds politely, and I do the same.”

IDI with an MCA Wife, Lorengechora Subcounty, Napak District

*“Before this project of NUYOK came to this area, we used to fight so much and there was violence **and** fighting all the time. In a few days, I just saw this man changing. One day, found me seated with my friends, and he is a person who doesn’t like that. I knew he would beat me up as was happening before. I left home and went in fear to my other friend’s place. When I came back home, I had not swept the house and he had helped the children to sweep the house. When I asked who swept the house, the kids told me, ‘It is daddy who swept the house.’ I got shocked and said to myself, ‘Today they are going to beat me...’ (participant laughing).”*

IDI with an MCA Wife, Namalu Subcounty, Nakapiripirit District

g) Reduced alcoholism

Respondents reported reduced alcohol intake in their communities. Men now spend their time more productively by engaging in household activities, a practice that leaves them with little or no time for drinking. It is also notable that the men who are actively involved in MCA activities have decided on their own to be more responsible and reduce their drunkenness. An MCA study participant shared this:

“I was a drunkard, and my work was to go and drink then come home and demand for food, and when she didn’t hurry with it, I would just beat her and when anybody would come to rescue her, I would just continue and beat that person.”

IDI with an MCA, Lolachat Subcounty, Nabilatuk District

Alcohol intake and violence has also reduced among MCAs/peers v Individual reports from key informants and IDIs affirmed the following.

“MCAs have been mentoring peers and their wives. They have been telling peers to stop over drinking. You know when someone is drunk, it makes them do things unknowingly. So, there are reduced fights.”

KII with a VHT Member, Lorengechora Subcounty, Napak District

“Somehow violence has reduced in my community. For example, over drinking has reduced, beating of women has also reduced, quarrelling women have also reduced.”

KII with a Traditional Leader, Awach Subcounty, Abim District

h) Changes related to hygiene and sanitation

During the FGD and IDI discussions, respondents across districts repeatedly referred to improvements



An MCA's wife demonstrating the use of a tip tap after latrine use in Awach Sub County, Abim district

in sanitation and hygiene practices within their homes because of taking part in the MCA interventions. Following MCA training and mentorship, the construction and use of sanitation facilities—mainly latrines, bathroom shelters, drying racks, and waste management—has gained momentum across MCAs/peer households. Respondents mentioned that their homes now have latrines and hand washing facilities like tippy taps. This finding relates to the FY20 Participant Annual Survey report where only

a paltry 18% of households within the Nuyok program area had a latrine, with more than half of the population practicing open defecation. This points to a positive change in attitudes towards latrine use. One MCA reported that after constructing a latrine, he allowed his pregnant wife to use it, an issue that was previously a taboo. He said this:

“Before I became an MCA, at my home we used to scatter human waste like animals. But today, since I become an MCA, I have constructed the latrine and all the family members now use the latrine. I even have a bathing shelter. I have also denounced a certain taboo that women who were pregnant were not allowed to use the latrine, but right now my wife uses the facility even when she is pregnant. I also put a rubbish pit at my home for collecting house and kitchen solid waste to burn.”

FGD with MCAs, Lorengechora Subcounty, Napak District

4.3 Effectiveness of the MCA approach on power distribution and resilience

Key Findings

- Participants fairly understand power although the MCAs and the peers could not clearly explain the various forms of power.
- MCAs, their wives, and peers are using what they learned about power to ensure joint access, ownership, control, and decision-making on resources, share household chores/roles.
- Men have taken on the traditionally female roles, such as cooking, washing clothes, bathing children, fetching water, cleaning compounds, sweeping, and collecting building/construction materials and gardening.
- There is improved communication between couples.
- Positive masculinities have emerged due to Nuyok/MCA interventions and are contributing to households' adaptation to shocks and stresses.

Power Distribution

a) Knowledge, forms and use of power

One of the issues affecting relationships is power dynamics between men and women. Nuyok designed a session with MCAs and peers to address power and its positive use. The idea was for them to be able to:

- Describe how issues of gender and power dynamics affect their relationships.
- Understand the different types of power.
- Suggest ways to construct more equitable relationships.
- Describe how the differences in power between men and women impact their own attitudes.

Respondents were asked to explain what they understood by the term “power,” considering what they had been taught under the Nuyok/MCA approach. The MCAs described power as “being on top,” “above,” or “changing yourself before others,” while MCAs wives mainly defined it as talking to a neighbor in case of disagreement, disciplining children when they are wrong, independence, the ability to do something on their own, influencing others, “shared power,” or sharing with one another what one has in mind. For example:

“Power is sharing with one another what I have in mind. But also, power is the ability to do something on my own, or the ability to teach and influence others to do something which is good.”

IDI with an MCA Wife, Awach Subcounty, Abim District

On the other hand, the MCA peers had more varied understandings about power. They defined it as “force/command,” “power within,” “a man and a woman sharing authority—between man and wife,” “loving each other,” “listening to each other,” “helping your home or neighbors when they are in need,” “how to solve a problem,” “rules and regulations that determine roles and responsibilities at home,” and “accepting change of individual or personal life.”

- b)** Our findings further show that MCAs, their wives, and the peers understood power but could not distinguish between forms of power.

Use of power in households/changes

The MCAs, MCA wives, and peers propitiously testified that they were using power to ensure joint access, ownership, control, and decision making of resources such as land, crops, and livestock; share various household chores/tasks/roles; solve conflicts/problems encourage/influence men/peers to change or adopt good behaviors; discipline children; and (for MCAs and peers) to accompany their wives and children to hospital/health centers for antenatal or medical care. Below is what some of the MCAs had to say:

“At least these days she can cultivate in my father’s land, unlike those days when I would not allow her to do so because I thought she would take it away with her relatives as time goes on since I had just married her, and I had not paid her bride price.” **IDI with an MCA, Lolachat Subcounty, Nabilatuk District**

“Both of us can take control of resources. Like now, after cultivating 10 acres of maize, she can harvest in times of rain without waiting for me. She has a say on what to buy and what to sell. If animals are sick, she can buy drugs; no need to wait for me. Elderly children equally have a right to control our resources because they belong to our family.” **IDI with an MCA, Namalu Subcounty, Nakapiripirit District**

MCA, their wives, and peers also noted that they were using the power they had learned to:

- Teach their neighbors to strengthen their households by practicing good hygiene by constructing pit latrines and practicing proper waste disposal.
- Solve conflicts/problems.
- Avoid or prevent sexual harassment of/from spouses (such as sexual coercion/forced sex).
- Practice family planning.
- Ensure proper nutrition at home for themselves and their children.
- Improve communication by listening to each other

c) Changes in power distribution

To further assess the changes in power distribution, we asked the study respondents whether they agreed or disagreed with some constructs. Most of the respondents representing the three groups (MCAs, MCA peers, and their wives) disagreed with husbands beating their wives and women quarrelling with their husbands.

d) Changes in household roles/division of labor

This study also sought to investigate gender-related changes in household division of labor and participation in community activities due to MCA interventions. The results indicate that there have been encouraging changes in household roles/chores as men have taken on the traditionally female roles, something that never, or rarely, happened before the MCA interventions. This has reduced the “triple role”¹ burden that women have faced in households, improved health and nutrition, and hygiene and sanitation.

The respondents noted that men are now undertaking the predominantly female reproductive roles such as cooking, washing (including clothes), child rearing, bathing children, fetching water, cleaning compounds, sweeping, pounding groundnuts/simsim, going to the market to buy household items, making the bed, and accompanying their wives/children to hospital. These were mainly echoed in the FGDs as below:

“Sometimes when I have gone to sell ‘ngagwe’ [local brew], I come back and I find my husband has cooked and bathed the children, which has never happened before he became an MCA.... Hmm, those days we used to struggle to build houses but ever since this project came, at least men can now help us build mud houses or even bring poles and ridges. I really thank this project so much, my husband used not to help me, but now you find when he has fetched firewood and even water for cooking... men now help us with garden work like weeding unlike the times before Nuyok c, where women would struggle alone.”

FGD with MCA Wives, Namalu Subcounty, Nakapiripirit District

“My husband can now help me cook for the children while am busy doing other household chores because he learned during trainings from Nuyok that it is good to share roles and responsibilities together to reduce the workload on a woman... My husband can now help me take the children to the hospital when they are sick. A lot has changed... My husband can now help me even smear the house with cow dung while am doing other household chores. My husband can now wash my clothes, which has never been the case before ”

FGD with MCA Wives, Awach Subcounty, Abim District

¹ A term used to describe the fact that women perform reproductive, productive and community roles unlike men who may undertake mainly productive roles.

Other roles that men were also reported to be undertaking, again courtesy of the MCA trainings, include collecting building/construction materials such as ropes, thorns, bamboo, or other poles used by women to build/thatch houses; productive roles, such as gardening/digging food for consumption/sale; digging pit latrines (done by only men) as women are responsible for cleaning/disposal of fecal matter. However, some traditional roles have not changed even after the Nuyok MCA intervention. Some of the traditionally male roles were said to be continuing without change such as buying land, defending/protecting home/community in case of aggression/enemies/conflicts, hunting, herding animals, fencing of homesteads, using ox-ploughs in gardening, fathering children, and burning charcoal. Other roles that have largely remained for females include caring for the sick, cutting grass, building houses, milking cows in the morning, and smearing the floors of houses with cow dung.

e) Women's participation in community meetings

To understand power better, we further explored women's participation in community meetings. Results demonstrate that unlike before, women are now freer to participate in community gatherings as their partners allow them to, or even accompany them or delegate the task of attending to them.

"For me, I first ask my husband so that he knows where I have gone. For me and my husband, ever since we wed, we were taught to be submissive to your husband and that's why I need to first get permission from my husband so that he might not feel disrespected. But how about when he is not at home? Me, I will go and attend because I cannot wait until he comes back. How do I ask for permission when all women have been mobilized to go and meet the woman MP? So, me, I go without permission."

FGD with MCA Wives, Namalu Subcounty, Nakapiripirit District

"Nowadays we take our wives with us for these community meetings and ensure that they are represented through putting them in the agenda of the meetings unlike before."

FGD with MCA Peers, Namalu Subcounty, Nakapiripirit District

Women's voices were also said to be considered or heard sometimes, even when they are not equally represented in these meetings.

"[Women] actively contribute or participate in the deliberations [community meetings]. They are elected in positions to represent their gender. They even express freely their opinions. Others are better speakers than men. Their ideas are taken seriously and put into use."

FGD with MCA Peers, Awach Subcounty, Abim District

"In these meetings, our women seem to have even more brilliant ideas than us, especially when you give them a chance to air out their views about problems in our community."

FGD with MCA Peers, Namalu Subcounty, Nakapiripirit District

It was also noted that there were other factors that have contributed to women's participation in community meetings, such as the recent political environment/campaigns where government agencies emphasized that women have a right to participate. It was also said that VSLAs have given women a voice, as they use these to air their views on how to improve savings groups.

f) Changes in communication and seeking solutions in case of misunderstandings between partners

The respondents also acknowledged that communication between them and their spouses had largely improved following the MCA interventions because they were now sharing work, savings, ideas, and planning; and were respecting, listening to, and forgiving each other. Couples now opt for more peaceful means of resolving their disagreements, such as discussing/talking about the issues openly, settling or cooling down, listening to each other, forgiving each other, or inviting MCAs, neighbors, LCs, or in-laws to mediate.

g) Health and nutrition related changes

Many of the respondents testified that the health and nutrition status of their children and household members has improved. The MCA peers and their wives, for example, commonly attributed the improvements in their children's health to better access to medical care, including taking their children to health centers for treatment, feeding them balanced diets (for which men were also key contributors/players), having kitchen gardens, and their own improved understanding of nutrition and hygiene following the MCA trainings.

Resilience to Common Shocks and Stresses

a) Most common shocks/stresses

MCA activities have not directly engaged participants to learn more of the mitigation measures for shocks and stresses, the promotion of successful families, joint planning, and decision making is believed to have some influence on what men and women can do in the face of shocks and stresses. Thus, the study respondents were asked how they address shocks and stresses, the most recent being COVID-19.

The most common shocks that affect households are long dry seasons, food shortages, floods, livestock disease outbreaks, human pandemics such as cholera and COVID-19, and insecurity caused by conflicts over land or between households and cattle raids. Table 11 in annex 3 further shows that before the MCA interventions, men and women had more distinct roles in the mitigation of shocks. For example, in the case of long dry seasons, women (and girls) would remain home to do household work while men migrated with the animals. However, following the MCA interventions, many roles are now shared with men undertaking mitigative productive and reproductive roles such as casual labor, cultivating/watering kitchen gardens, cleaning, and sweeping in the name of their households coping better with drought. Men's engagement in reproductive roles was also mentioned for other shocks such as human diseases/pandemics and animal disease outbreaks, with women taking on other animal husbandry tasks previously assigned only to men. For example, some women vaccinate or seek veterinary services for sick animals when their husbands are not at home.

" I take it to the veterinary doctor, and they treat it and bring it back. And if he was not at home and when he comes back, I tell him, that one of the animals fell sick and I took it for treatment and brought it back."

IDI with MCA Wife, Namalu Subcounty, Nakapiripirit District

As for insecurity-related shocks, men seem to have maintained their protective roles even after MCA due to traditional norms that prevent women from engaging in raids, battles, or confronting men in fights.

b) Changes in decision making, and communication following mitigation of shocks/stresses

Respondents further observed that decision-making in the face of shocks had improved largely because of joint decisions/planning on mitigation measures such as buying food, digging

trenches/ridges for diverting water in case of floods, sales of livestock or sick or diseased animals, vaccination of animals, and others. The respondents added that the sharing of mitigation tasks by men and women, such as women looking for vegetables and men fetching water, as well as more respect and amicable agreements between couples, had contributed to better decisions.

The study respondents reported that the MCA interventions have led to better communication among couples in households as there are now limited misunderstandings, and they are committed to joint views/ideas and respecting each other. It was also mentioned that most men are no longer rude, and that men have learned to cooperate and listen to their wives in the face of shocks such as children falling sick, animal diseases, and others. These positive changes were voiced in some FGDs and IDIs as indicated below.

“The communication between me and my wife has improved because whenever one of our children falls sick, my wife informs me about it, and we can take the child to the hospital for medication together. So, we want to thank Caritas and “Nuyok” for their teachings to us and we pray to God that they continue with the program to our next generation. Nowadays my wife can even inform me of our sick calf or goat compared those days . We have experienced these changes because of “Nuyok” . There is a lot of peace and love that we have experienced in our household because of this program of Nuyok.”

FGD with MCA Peers, Namalu Subcounty, Nakapiripirit District

“The way we talk about our ideas has changed because we now respect what the other says because how about if she might be having a good idea and I don’t respect it; we might not be able to fight the shocks and stresses affecting us at that time.”

IDI with MCA, Lolachat Subcounty, Nabilatuk District

4.4 Quality in MCA peer behavior change discussions

MCAs were trained on gender, sanitation, food security, and nutrition topics to equip them with adequate knowledge to enable them practice and influence positive behavior among their peers and other community members.



MCA conducting a radio episode session in Awach Sub County, Abim district

The MCAs were observed conducting while conducting while conducting behavior change the sessions using flipcharts and radio epi using flipcharts and radio episode discussions. see items observed in the observation checklist (annex 4).

A summary of the findings is presented in Annex 4. Overall, the introductory and presentation steps were well followed by the MCAs across the districts. The sessions were well facilitated with MCAs showing respect for participants. The MCAs practiced active listening and encouraged

member participation throughout the sessions. However, one to two MCAs in Abim did not ask if participants had any questions and agreeing/setting dates for the next session. All sessions were well attended indicating that there is high acceptability of MCA activities by community members. In total, 159 (157 Male, 2 Female) participants attended the sessions. MCAs need to continue checking participants understanding on the topic under discussion, allowing enough time for discussions and giving out key messages to continue causing impact on behavior change.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Decision making: The MCA approach has contributed to improved joint decision making by couples in both MCA and peer households, and there is evidence that this is spreading to other households within their communities. However, men still have the final decision on the sale of assets, use of self or spouse's earned income, and the use of financial resources. There is improved attitude among men towards productive and reproductive roles where men are now taking on roles traditionally ascribed to women. This has contributed to improved couple communication. Men's participation in child caring has improved the health and nutritional status of the children as testified by the MCA wives.

Intra-household relationships: A remarkable improvement in the way women and men related within their households was generally observed. This is evident in improved quality of relationships resulting from an interplay of improved couple communication, the ability to share ideas in households, changing attitudes among men towards shared roles, and improved commitment to relationships. Overall, the reduction in GBV was noted among MCA/MCA peer households majorly attributed to the MCA approach.

Power distribution: Findings indicate that the MCA approach has contributed to positive changes in household power relations. The MCAs/MCA peers and wives have a good understanding of what is meant by power though could not differentiate on the forms of power they were taught. Respondents reported using the knowledge on power they acquired under MCA/Nuyok to alter power relations in households. There is evidence of increasing joint ownership, access, and control of assets such as land and livestock, much to the benefit of women. There are also notable changes in household roles/chores, as men have embraced and are practicing positive masculinities unlike before. This has in turn reduced women's workload and allowed them to undertake other important household tasks such as caring for the children.

It is also clear that women can now participate in community meetings and voice their concerns/opinions, which are also increasingly being considered for the benefit of their communities. MCA activities have contributed to better nutrition and health of the children and other household members, as men are now willing to buy or source different food varieties, take children for treatment, as well as construct sanitation and washing facilities, all courtesy of the MCA approach

Response to shocks and stresses: the most common shocks that affect households are long dry seasons, food shortages, floods, animal disease outbreaks, a few human pandemics such as cholera and COVID-19, and insecurity caused by conflicts and cattle raids. Whereas there are gender differences in mitigation tasks undertaken by men and women before and after MCA/Nuyok, there are indications that men are now executing some mitigation measures that were previously done by their wives or that they were previously hesitant to do, and this has improved community resilience. Such measures include looking for/stocking food; and cultivating, planting, and watering kitchen gardens.

5.2 Recommendations

This report presents recommendations for two overarching purposes to help build on the benefits of Nuyok so far. The first set of recommendations are to assist with ensuring sustainability of the MCA interventions and the second category provides guidance for program improvement.

a) Recommendations to support the sustainability of the MCA intervention successes

- **Couple communication:** The current gains made by the MCA approach should be maintained and further encouraged by focusing on couple communication as a foundation for all joint decision making and the use of power, as well as all other interventions under Nuyok. The results show that once couples can discuss ideas, listen, understand, and respect each other, issues around food security and nutrition will be better addressed. MCAs should be encouraged to continuously reach out to their peers as the intervention have already illustrated that a peer-to-peer approach works.
- **Mentorship and coaching:** CRS should consider conducting more mentorships. The mentorships should target MCAs and MCA peers and should cover the misconstrued concepts, especially the forms of power, the best ways of using power in line with the project objectives, catalysts of power distribution such as effective communication and conflict resolution skills, openness, honesty, love and respect between couples, forms of violence that are not physical and/or emotional, gender-sensitive adaptation, and resilience to shocks/stresses. This will not only help reduce GBV and improve communication but will enhance the knowledge and skills of MCAs to support their peers and influence the budding positive change in attitude towards violence.
- **Motivation:** MCAs should also be given certificates of recognition and MCA peers should be given t-shirts as a form of motivation to minimize any efforts that might otherwise distort the achievements and successes of the MCA approach. MCAs also felt that respect, trust, recognition, and encouragement provided to them by the MCA peers, their wives, and other community members are motivation for them to continue with MCA activities. Further, the continuous consultation from other community leaders on a wide range of behavior change practices like hygiene, sanitation, good nutrition, and couple communication motivates them to continue with the work.
- **Inclusion of women:** Training MCAs and their wives has greatly demonstrated the success of the MCA intervention. However, MCA wives across the study sites expressed immense interest in being directly reached by other MCA interventions so that they can “hear” the training content firsthand, and then reach out to other women within their communities to further spread the benefits of MCA interventions. The women would like to be directly involved just like the MCAs (i.e., Female Change Agents).
- **SILC:** Introduce Village Savings and Lending Associations to MCAs, their wives, and peers. This can contribute to improving their livelihoods. Through these groups, women will also have an opportunity to influence other women to change their behavior through experience sharing and motivation talks.
- Strengthen the agricultural initiatives (kitchen gardens and climate-smart agriculture) introduced through supporting MCAs, their wives, and peers with extension services and agricultural inputs such as seeds, fertilizers, and herbicides.

b) Recommendations to improve the MCA approach

- **Couple change agents:** The program should build on the current outcomes, to introduce the concept of Couple Change Agents. The parameters for such couples can be discussed in detail later, but this would simply involve identifying model couples whose relationships seem to have been significantly impacted by the MCA interventions (including other Nuyok interventions) to stand out as points of reference to help positively influence other couples within their communities in the ways they conduct their relationships, raise children (including taking children to school), grow and store food, health seeking behaviors. This recommendation would further encourage and promote women to participate and possibly initiate a peer-to-peer approach among the women as is seen with the men.

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ANNEXES

Annex 1: Focus group participant profiles by district

Variable	District			
	Abim	Nabilatuk	Nakapiripirit	Napak
# Of children				
0-2 years	42.0%	38.3%	29.8%	41.7%
3-5 years	30.4%	35.0%	29.8%	31.3%
More than 5 years	27.7%	26.7%	40.4%	27.1%
Relationship type				
Monogamous	93.1%	50.0%	82.1%	67.6%
Polygamous	6.9%	50.0%	17.9%	32.4%
Education level				
Never	3.4%	20.6%	12.5%	18.9%
ABEK	0.0%	5.9%	16.1%	10.8%
Primary	67.2%	58.8%	42.9%	45.9%
Secondary	27.6%	11.8%	25.0%	21.6%
Tertiary	1.7%	2.9%	3.6%	2.7%
Literacy levels				
Illiterate	3.4%	23.5%	21.4%	18.9%
Can read only	37.9%	11.8%	12.5%	10.8%
Can read and write	58.6%	64.7%	66.1%	70.3%
Livelihood sources				
Crop farming	86.2%	61.8%	89.3%	89.2%
Livestock	1.7%	0.0%	0.0%	0.0%
Wages	0.0%	0.0%	0.0%	2.7%
Mining	5.2%	5.9%	3.6%	0.0%
Firewood	3.4%	8.8%	5.4%	5.4%
Others	3.4%	23.5%	1.8%	2.7%

Annex 2a: Self report on who made/makes decisions before and after the MCA interventions

Group Resources	MCAs (n=50)				MCA Peers (n=66)				MCA Wives (n=66)			
	Before			After	Before			After	Before			After
	Man	Woman	Jointly	Jointly	Man	Woman	Jointly	Jointly	Man	Woman	Jointly	Jointly
Food production and consumption												
Food planted	39	4	7	50	46	4	16	64	22	24	23	69
Food consumption/sell	26	14	10	50	45	0	21	66	33	22	14	69
Food bought for consumption	23	17	10	50	50	5	10	66	16	36	17	69
Food to feed CU5	2	46	2	50	35	27	4	66	6	44	19	69
Money for expenditure and other financial resources												
Money to be spent on food	42	8	0	50	60	1	5	66	22	28	19	69
Financial resources to be used to seek medical attention	33	7	10	50	35	12	11	66	13	21	35	69
Using self-earned cash	40	10	0	50	54	12	0	66	34	17	18	69
Using spouse's self-earned cash	34	16	0	50	35	31	0	66	55	2	12	69
Health and nutrition												
Duration of breastfeeding	0	34	16	50	20	32	14	66	8	46	15	69
# Of children	20	7	10	50	39	12	12	66	37	11	18	69
Seeking medical attention outside home	17	27	6	50	48	11	7	66	17	26	26	69
When children seek medical attention outside home	16	33	0	50	35	27	4	66	5	40	24	69
Attending or not prenatal visits	0	50	0	50	22	43	1	66	4	41	24	69
Sale of assets												
Smaller assets to be sold	28	12	10	50	46	16	4	66	35	19	15	69
Larger assets to be sold	50	0	0	50	64	0	2	66	61	2	7	69
Community events												
Attending community events	49	1	0	50	65	0	1	66	49	4	16	69

Annex 2b: Self report on who made/makes decisions before and after the MCA interventions (by district)

District	Abim				Nabilatuk					Nakapiripirit				Napak				
Context	Before			After	Before				After	Before			After	Before				After
Parameter	Man	Woman	Jointly	Jointly	Man	Woman	Jointly	Others	Jointly	Man	Woman	Jointly	Jointly	Man	Woman	Jointly	Others	Jointly
Food for production and consumption																		
Food planted	46	10	12	58	7	11	16	0	32	41	10	5	56	23	1	13	0	37
Food consumed	43	12	3	58	16	14	4	0	34	30	4	22	56	15	6	16	0	37
Food to be bought	32	25	1	58	26	5	3	0	34	29	11	16	56	3	17	17	0	37
Food to feed CU5	23	33	2	58	10	21	3	0	34	10	43	3	56	0	20	17		37
Income and Financial Resources																		
Money to buy food	35	20	3	58	23	7	4	0	34	51	3	2	56	15	7	15	0	37
Financial resources to be used	26	22	10	58	21	6	7	0	34	21	12	23	56	21	0	16	0	37
Using self-earned cash	48	9	1	58	27	7	0	0	34	31	22	3	56	22	1	14	0	37
Using spouse's self-earned cash	56	2	0	58	30	4	0	0	34	27	27	2	56	11	16	10	0	37
Sale of household Assets																		
Smaller assets	52	6	0	58	12	20	2	0	34	33	12	11	56	12	9	16	0	37
Larger assets	56	1	1	58	32	0	2	0	34	55	0	1	56	32	0	5	0	37
Health and nutrition decisions																		
Duration of BF	22	35	1	58	1	30	3	0	34	16	28	23	56	0	19	18	0	37
# Of children	46	5	6	58	18	10	0	6	34		14	23	56	16	1	11	9	37
Seeking medical treatment for an adult	35	22	1	58	5	21	8	0	34	39	14	3	56	3	7	27	0	37
Seeking medical treatment for children	6	51	1	58	13	14	7	0	34	31	23	2	56	6	12	19	0	37
Attending ANC	0	51	7	58	3	30	1	0	34	19	34	3	56	10	12	15	0	37
Community meetings																		
Attending community events	57	1	0	58	34	0	0	0	34	51	4	1	56	21	0	16	0	37

Annex 3: Common shocks/stresses and mitigation measures by gender before and after the MCA intervention

Shocks/stresses	Roles in mitigation before husband became an MCA/MCA Peer			
	Before		After	
	Men/Boys	Women/Girls	Men/Boys	Women/Girls
Floods	<ul style="list-style-type: none"> · Digging trenches/rifts/canals/water lines/drains/ ridges along gardens to redirect/water to valleys · Filling holes/ditches with stones · Planting trees, flowers, elephant grass 	<ul style="list-style-type: none"> · Scooping excess water from house · Temporarily migrate to friends/relatives · Raising the house · Planting bananas in gardens to control water 	<ul style="list-style-type: none"> · Digging canals/water lines/drains/ridges along gardens to redirect water · Constructing houses destroyed · Terracing · Clearing land using ox ploughs · Seek help e.g., wrote letter to subcounty · Clearing roads by men · Migrate to higher grounds 	<ul style="list-style-type: none"> · Scooping the water from the compound · Terracing · Raising verandas using sacks with soil · Changing rooftops to prevent leakages · IGAs e.g., selling firewood · Replanting destroyed crops · Looking for greens
Prolonged drought/long dry season	<ul style="list-style-type: none"> · Casual labor/outdoor activities · Herding animals · Migrate with cattle to look for water & greener pastures · Abandon families & stay with friends · Sacrifice animals to the gods 	<ul style="list-style-type: none"> · Fetching enough water before drought intensifies · IGAs e.g., selling firewood, washing clothes, selling milk, casual labor · Remain home & do household work · Preparing & watering kitchen gardens · Rationing food/using it sparingly and prioritizing children · Women cry for the rains to come · Praying to God for rain 	<ul style="list-style-type: none"> · Migrate to kraals/other areas looking for pastures and water for animals · Household work ascribed to women/girls, e.g., planting, watering kitchen gardens, cleaning or sweeping · Men look for alternative income sources e.g., casual labor, burning charcoal, & selling firewood · Borrowing money from friends · Selling cows to meet household needs 	<ul style="list-style-type: none"> · Keep home when men/boys migrate · Cutting grass with girls · Making & watering of small kitchen gardens (vegetables, greens, tomatoes) · IGAs e.g., selling firewood, making local brew, selling vegetables · Casual labor e.g., washing clothes, · Stocking food

Animal disease outbreaks (specify diseases e.g., foot and mouth disease which affects cattle, contagious bovine pleuropneumonia commonly known as goat plague that affects goats, peste des petits ruminant virus (PPRV) such as East Coast Fever, etc.	<ul style="list-style-type: none"> · Sacrificing animals to the gods · Treating animals with local herbs, tree stem sap · Some buy modern medicine & treat · Vaccinating the animals · Borrowing drugs · Slaughtering sick animals · Buying more cows 	<ul style="list-style-type: none"> · Fetching water for mixing local medicine/herbs · Nothing, don't know anything · Remain home to build new houses · 	<ul style="list-style-type: none"> · Vaccination · Write letters to government asking for vaccination · Treatment and spraying of sick animals · Quarantining done now · Do some household chores 	<ul style="list-style-type: none"> · Remain home to build new houses · Nothing. Know nothing about livestock diseases & treatment · Some seek veterinary services for sick animals · Look for lost animals · Cut grass to feed animals · Making local brew
Food shortages	<ul style="list-style-type: none"> · Draw blood & milk from remaining animals · Nothing, just look at wives · Could not sell livestock · IGAs, e.g., bamboo or other building poles for sale, making bricks for sale or charcoal 	<ul style="list-style-type: none"> · Cooking · Looking for alternative foods e.g., wild fruits · Burning charcoal from mountains · Casual work, e.g., washing clothes 	<ul style="list-style-type: none"> · Now cultivate · Stock food in granaries · Buy food even from VSLA savings · Sell bamboo · Make bricks · Boys water kitchen gardens · Sell off some livestock/animals · Sell land · Collect firewood 	<ul style="list-style-type: none"> · Stock & store food in granaries · Look for what to eat, e.g., wild greens "ekamongo" · IGAs e.g., brewing "ekwete" (with help of girls), vegetables sales, cutting grass from the bush and selling it · Selling chicken
Human pandemic/epidemic (specify e.g., COVID-19, cholera, hepatitis E, yellow fever, meningococcal meningitis, etc.)	<ul style="list-style-type: none"> · Nothing at times · Collecting poles for building shelters e.g., in cases of cholera · Migrating to other areas · Transport sick to health centers/hospitals on bicycles · Herding animals 	<ul style="list-style-type: none"> · Caring for sick in household/health centers/hospitals · Looking for tree leaves, herbs for diarrhea & yellow fever, e.g., "Ewusuk" 	<ul style="list-style-type: none"> · Dig/construct latrines & carry soil from pits · Hand washing & maintaining hygiene/cleanliness · Buy or encourage masks for family to prevent COVID-19 · Build hand washing areas at home/for household · Clear bushes or clean compound · Ask government for vaccination 	<ul style="list-style-type: none"> · Prepare warm & fresh foods · Selling food crops/vegetables to buy medicine · Hand washing & maintaining hygiene/cleanliness, e.g., children's waste, racks, rubbish pits · Care for the sick

<p>Insecurity/conflicts (specify e.g., land conflicts, conflicts over relief efforts/items, cattle-raiding, etc.)</p>	<ul style="list-style-type: none"> · Sleeping outside to protect family · Follow the raided animals up to where they have been taken (sometimes together with security personnel) · Organizing revenge attacks (excluding boys) · Looking for thorns · Taking care of small animals (boys) · Securing guns and bows/arrows/spears to use against aggressors/enemies 	<ul style="list-style-type: none"> · Fencing homesteads · Selling local brew · Make an alarm · Digging “holes” in ground as hiding places 	<ul style="list-style-type: none"> · Fight to defend themselves against aggressors · Counter raids to rescue stolen animals · Boys take care of small animals near home, help in fencing · Inform/report to security agencies/personnel such as the army and local governments e.g., LC1 and 3 in case of cattle thefts/raids · Attend peace meetings/discussions · Migration to safer areas · Discuss as couple to buy animals 	<ul style="list-style-type: none"> · Rally behind men encouraging them to raid and fight · Nothing much to do, only make an alarm in case of danger · Receiving relief food from government through LC1s · Discuss as couple to buy animals
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Annex 4: Summary score on steps followed by MCAs during the flip chart and radio episode sessions.

District	Abim (n=42)		Nabilatuk (n=30)		Nakapiripirit (n=42)		Napak (n=47)	
Steps followed	Radio Episode Sessions	Flip Chart Sessions						
Introduced himself to the members and greeting them (yes=0, no=1)	2	2	2	1	2	2	2	2
Mentioned topic and objectives of the session	1	1	2	1	2	2	2	2
Asked questions to check what members know about the topic	1	2	2	1	1	2	2	2
Invited members to participate	0	1	2	1	2	2	2	2
Used the job aids and showed participants (only applies to the flipchart)	NA	2	NA	1	NA	2	NA	2
Allowed enough time for discussions after playing the episode/introducing the topic	1	1	2	1	2	2	2	2
Treated members with respect	1	2	2	1	2	2	2	2
Praised and used encouraging words with members	2	0	2	1	2	2	2	2
Asked if participants had questions and answered them	1	0	1	1	1	1	2	2
For questions he could not answer, promised to consult, and give a response in the next session.	2	0	0	0	0	1	1	0
Informed the peers about the next session and established date for the session	0	0	1	1	0	0	2	2
Followed the lesson steps	1	2	1	1	1	2	2	2
Mentioned key messages for the topic	2	2	2	1	2	2	2	1
Filled attendance form (only for radio episodes)	0	NA	1	NA	0	NA	1	NA

**Annex 5: Respondents' perception on GBV by category by district
(n=50 MCAs, n=66 MCA peers and 69 MCA wives.)**

Statement	Participant category per district	MCAs		MCA peers		MCA wives	
		Agree	Disagree	Agree	Disagree	Agree	Disagree
A husband beating his wife is not a crime: Men have the right to control their wives' behaviour and to discipline them.							
	Abim	1	14	3	19	9	12
	Napak	0	12	2	8	7	8
	Nabilatuk	0	6	0	15	8	5
	Nakapiripirit	7	10	3	12	0	20
	Total	8	42	8	54	24	45
A man should have the final word about decisions in his home.							
	Abim	9	6	12	10	21	0
	Napak	6	6	10	0	8	7
	Nabilatuk	0	6	6	9	6	7
	Nakapiripirit	7	10	10	9	0	20
	Total	22	28	38	28	35	34
A good woman, if she is not sick, should not refuse to have sex with her husband.							
	Abim	9	6	7	15	7	14
	Napak	6	6	10	0	7	8
	Nabilatuk	1	5	15	0	6	7
	Nakapiripirit	6	10	14	5	10	10
	Total	22	27	46	20	30	39