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From Promises to Actions: Shifting gender norms and public perceptions about unpaid care work in workplaces and families in Uganda

P.O.W.E.R. Model for shifting gender and social norms about unpaid care and domestic work in Uganda: A Randomised Controlled Trial

Endline Quantitative Impact Evaluation Report

Madina M. Guloba, Sarah N. Ssewanyana, Medard Kakuru, Regean Mugume, Aramazan Madanda and Teddy Nakulubwa

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Any enquiries can be addressed in writing to the Executive Director on the following address:

Economic Policy Research Centre
Plot 51, Pool Road, Makerere University Campus
P.O. Box 7841, Kampala, Uganda
Tel: +256-414-541023/4
Fax: +256-414-541022
Email: eprc@eprcug.org
Web: www.eprcug.org

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ACRONYMS

D-i-D	Difference in Difference
EPRC	Economic Policy Research Centre
RCT	Randomized Control Trial
CDW	Care and Domestic Work
UC&DW	Unpaid Care and Domestic Work
VSLAs	Village Savings and Loans Associations
GROW	Growth and Economic Opportunities for Women
NDP	National Development Plan
SDG	Sustainable Development Goals
PDM	Parish Development Model
POWER	Promoting, Organising, Working, Enabling and Reaching Out
CONSORT	Consolidated Standards of Reporting Trials
CAPI	Computer-Assisted Personal Interviews

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ABSTRACT

The study tests a social-ecological intervention (P.O.W.E.R. model) implemented in a randomised control trial setting to shift perceptions about gender and social norms surrounding care and domestic work in Ugandan families. The key outcome indicator of measurement is the redistribution of time on leisure, care work, paid work, education, community, and others, especially for women, and the reduction in time spent on care and domestic work. We used a difference-in-difference method on a Poisson model specification on a panel of 1,179 households in 16 parishes in Mpigi, Masindi, Mbarara and Pallisa districts. The Promoting, Organising, Working, Engaging and Reaching Out (P.O.W.E.R.) model intervention is where "P" involves working with women in Village Savings and Loan Associations, "O" has action groups engaging Role Model Men and Boys, "W" uses SASA! Activists to engage communities through forums and dialogues; "E" involves using duty bearers within communities, and "R" engage national-level platforms and duty bearers. Findings reveal that after 18 months of implementation, monitoring and support in randomised treatment parishes, the P.O.W.E.R. intervention shifted perceptions among men and women on general household well-being and recognition of men in contributing more to education within the household. Increasingly, the impacts of the interventions led to an increase among women who were very satisfied with the division of tasks in P.O.W.E.R and W.E.R. intervention parishes by 0.115 ($P<0.01$) and 0.169 ($P<0.01$), respectively. Men in P.O.W.E.R. intervention parishes strongly agreed that women should receive help from other household members to perform various activities on care and domestic work by an increase of 0.119 ($P<0.1$). *Women in the* P.O.W.E.R. intervention increased *agreement* on the need for the government to provide health care and childcare services by 0.195 ($P<0.05$) and 0.137 ($P<0.05$), respectively, fully recognising the need to redistribute the work to the government. Concerning time use (recall period of activities done in the last 24 hours of a day), the P.O.W.E.R. model significantly reduced time spent among women on care and domestic work by 1.568 hours and 0.598 hours among men, with equally significant impacts on women and men's time spent on education, community and other activities. Time spent on paid activities for both men and women across treatment parishes compared to the control, despite the increase, was not significant. We recommend that government, civil society organisations, and community-level leaders invest and scale up a whole intervention approach (P.O.W.E.R.) to shift mindsets and behaviour on negative, often sticky, undefined gender and social norms if a reduction in time spent on care and domestic activities is to be attained while at the same time fostering long term participation of women and men in paid activities.

1. INTRODUCTION

Worldwide, the labour market is skewed, with more men than women participating in employment (World Economic Forum, 2023). If they work, women are in informal activities characterised by various vulnerabilities (low seasonal pay, no social protection). The heavy burden of unpaid care and domestic work (UC&DW) due to deep-rooted, often undefined gender and social norms are partly to blame for the low participation of women in the labour force. SDG target 5.4 aims to ensure that UC&DW is recognised and public investments in care infrastructure are fostered to reduce time spent in care activities while deliberately creating avenues that women and youth can engage meaningfully in employment (UN, 2015).

The Ugandan government has implemented many programmes to bring its citizens, especially women and youth, into the world of work. Thus, persistent gender inequalities in labour force participation have not been due to a lack of opportunities. Programmes such as the Uganda Women Entrepreneurship Programme, Uganda Youth Livelihood Programme, Emyooga Programme, GROW-World Bank, and Parish Development Model (PDM) are all geared towards revamping and increasing employment for women and youth. Evaluations of these programmes indicate that some have not worked well, with non-uniformity in outcomes across implementation areas (OPM, 2019). Yet, more women need to be seen in the active labour market. The sticky cultural-driven norms and beliefs are the contributing factors holding women and girls behind in actively participating in paid work (UBOS, 2020). How should a good wife, daughter, husband, and son behave? In addition, the government is struggling with addressing the issue of mindset change in its programmes, e.g., Pillar 5 under the PDM (MoGLSD, 2022), an aspect highly hinged on changing societal attitudes and perceptions of the evolving world of work as well as gender and social norms. To address gender and social norms, it is crucial to cause mindset shifts to release women and girls into the labour market.

This study sought to establish what works in changing the gender and social norms, public perceptions, and attitudes towards UC&DW cost-effectively. Specifically, the study tests a combination of approaches under the P.O.W.E.R. model that have demonstrated effectiveness in shifting gender and social norms around Intimate Partner Violence (IPV) (What Works, 2019). P.O.W.E.R. is a socio-ecological model which allows us to identify the key drivers and risk factors for norms and behaviours that lead to the disproportional distribution of UC&DW at the individual, family, community and policy/institutional levels. The model visualises institutional structures where rigid stereotypical and discriminatory gender ideologies and norms are often perpetuated and govern the distribution of resources related to UC&DW. This is done by actively examining, questioning, and changing the rigid gender and social norms and perceptions to contribute to the 'recognition, reduction, redistribution, and representation' (the 4Rs) of UC&DW.

This pioneering study is the first to apply all the components of the P.O.W.E.R. model to address gender and social norms comprehensively. While Care International has implemented elements of the model in Rwanda, DRC, Burundi, and some parts of Uganda to address Gender-Based Violence (CARE Uganda, 2016; 2017; 2019; and 2023), this study is unique in its comprehensive approach to gender and social norms. The model identifies the impact pathways for shifting attitudes, norms, and behaviours at different levels (individuals, households, and communities) with measurements of change analysed at the household level. The study has forged strategic partnerships with key stakeholders, especially the Government of Uganda (GoU), religious leaders, and cultural leaders. These partnerships are crucial for ensuring the uptake of the research evidence and the scalability of the P.O.W.E.R. model in Uganda's development agenda.

The study adopted a randomised controlled trial (RCT) experimental research design to test the effectiveness of the P.O.W.E.R. model in shifting gender and social norms on UC&DW. Specifically, we collected baseline and endline data from four districts of Uganda, namely Masindi and Mbarara (South-West and Mid-Western

sub-region) and Pallisa and Mpigi (Mid-eastern and Central 1 sub-region, respectively). The study results contribute to understanding how to promote healthier, safer and more equitable relations around UC&DW in families and communities. Specifically, it is characterised by the recognition and inclusion in policies and improved recognition, redistribution, reduction and representation (4Rs) at family, community and institutional levels in UC&DW due to changes in gender and social norms. The theory of change guiding the study is presented in Annex Figure 1. One of the intermediate outcomes is a reduction in unpaid care work, and the primary outcome is increased women's participation in paid work (formal/informal) and women's economic empowerment in general.

This quantitative study report presents the endline survey findings after 18 months of implementing the P.O.W.E.R. model intervention in randomised parishes in the four districts in Uganda. Specifically, the impact evaluation answers the following questions:

i. Does the P.O.W.E.R. model increase awareness (recognition) of negative gender and social norms and lead to a reduction and redistribution of UC&DW?
ii. Does the P.O.W.E.R model improve individuals' (men's and women's) and community perceptions of gender, social norms, and UC&DW?
iii. Which components of the P.O.W.E.R. model (household level versus community level) impact change in time use (e.g., on leisure, UC&DW, paid, education, community engagements, and others)?

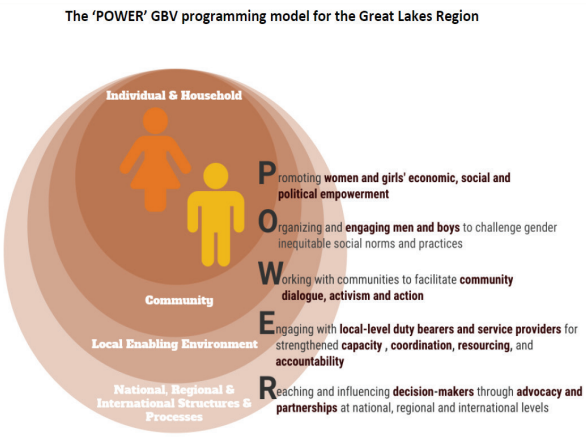
2. OVERVIEW OF THE P.O.W.E.R. MODEL INTERVENTION

In collaboration with the Economic Policy Research Centre (EPRC) and Makerere University's School of Women and Gender Studies, CARE International in Uganda implemented the P.O.W.E.R. Model intervention in 16 parishes in four districts (Annex Table 1 provides the details). The aim was to:

i. Improve individuals' (men's and women's) and community perceptions and attitudes surrounding gender and social norms to ensure recognition, reduction, redistribution, and representation of UC&DW, such as:
   - Participation of men in UC&DW
   - Views on beating or harshly criticising a woman when she does not behave according to norms
   - Shaming/mocking a man who participates in UC&DW
ii. Reduce time women spend in UC&DW activities.
iii. Increase the time women spend in paid activities.

Eligible participants were couples, their children (if any, aged 8-17), and community leaders/influencers. The programme beneficiaries were the households (women, men, and children) that resided in intervention parishes. Figure 1 presents the P.O.W.E.R. model components.

Figure 1: The 'P.O.W.E.R.' model



Source: Adopted from CARE International, 2016

Box 1 describes in summary the different intervention components of the model.

Box 1: Description of the components of the 'P.O.W.E.R.' model intervention

P: Promoting women/youth groups – savings or farmers' groups – with interventions based on the standard CARE VSLA curriculum, including community mobilisation and entry; Village Savings and Loans Associations (VSLA) concepts – savings, credit, welfare, interest, integration; group management/dynamics, record keeping; meeting procedures, conflict resolution and sharing proceeds. The training women received integrates foundational concepts of power and gender, rights, managing drivers of UC&DW distribution, economic inequality, gendered household roles, and women's leadership. VSLAs are a powerful mobilising tool where the dropout rate is often low. Therefore, maintaining women participants in the experiment for the intervention was high.

O: Male action groups for men and boys involve engaging men and boys and mobilising them to reflect on their personal experiences. This is meant to build an understanding of and support for concepts of positive masculinity and establish mechanisms to provide peer support for engaged men and boys to build more harmonious and gender-equitable relationships in their households and communities. In turn, this contributes to developing an enabling environment for gender equality and ending discriminative gender and social norms and perceptions related to UC&DW. The interventions are based on the standard CARE curriculum for Role Model Men (RMM) and Boys, which includes community mobilisation and participatory selection of RMM; orientation of selected RMM; training sessions examining attitudes, practices, gender and power dynamics, gender division of labour, gender norms including positive and negative masculinity; gender socialisation; reflection on women's and men's lives; self -awareness, discovery and change processes, dealing with social and gender norms transformation and change; power use and misuse, how men can take action, self and collective accountability, the role of men and boys in gender and social norms and GBV prevention, couples and community engagements. The targeted RMM were husbands/partners/spouses of participating women who belonged to VSLAs.

W: Working with communities to facilitate community dialogue, activism, and action on UC&DW—Communities were facilitated through dialogue, activism, and action utilising an adapted Social Action and Analysis (SASA!) approach. These models involved promoting activism in outreach activities with parents, teachers, and community leaders at community events and forums. Activities were supported in forming community action teams. These were trained using the standard four-phased SASA! methodology (including Start, Awareness, Support, and Action) to change gender and social norms at the community level.

E: Enabling environment – this involves engaging local duty bearers and service providers, including local councils, opinion leaders, and religious and cultural leaders, through providing technical capacity to duty bearers and service providers on identified needs; building awareness and understanding of key concepts amongst opinion leaders and engaging local leaders, duty bearers and service providers to act. It also involved supporting and establishing community support networks to promote mutual support and engagement with duty-bearers. It also improved coordination and communication between rights holders, women, girls, boys, and men with duty bearers and service providers.

R: Reaching out to key policy actors – this involves policy engagement meetings and round table discussions with the key policy actors in the respective government institutions and agencies, CSOs, the private sector, and media, among others. Through evidence building and packaging, multiplying impact and promoting reach of the other four components of the P.O.W.E.R. model, building the capacity of rights holders, activists, and communities to engage decision-makers and policymakers at regional and national levels and creating and facilitating spaces for policy dialogue and engagement. This component was not conducted during the implementation phase to ensure minimal experiment contamination/external validity of the experiment. It is, however, being conducted post-survey. It is, thus, not evaluated as part of the RCT.

***Source**: Adopted from Care International (Uganda).*

3. METHODOLOGY AND DATA

3.1 Evaluation procedure

Randomisation was undertaken for sensitive policy advocacy to scale up the model and ensure the evidence generated is robust when the team commences implementing the component 'R' of the socio-ecological model. As a result, the consortium led by EPRC designed an RCT to measure the causal impact of the P.O.W.E.R. model on reducing the negative perceptions surrounding care outcomes, reducing time spent on UC&DW, and increasing women's time in paid work.

Under this experimental study, the unit of analysis was the households located in randomly assigned parishes. Random assignment ensures that all parishes have the same chance of being assigned to any treatment arm/group and that as long as the groups are large enough, they will, on average, be statistically identical. Any group changes can be attributed entirely to the program/intervention rather than external or unobserved factors.

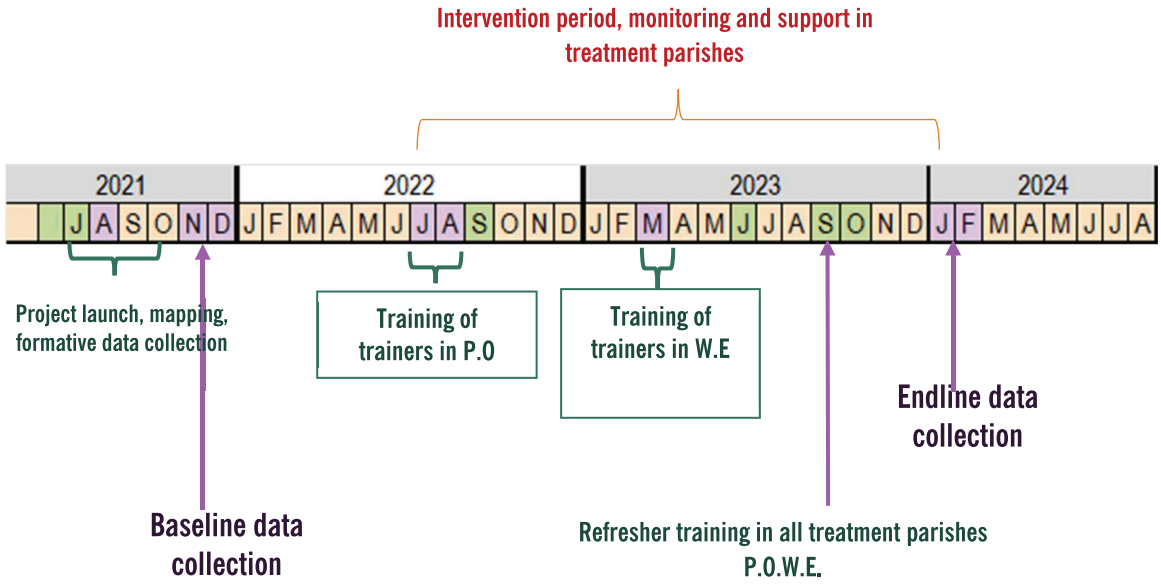
The first step in the randomisation process was to group parishes based on the number of Voluntary Savings & Loan Associations (VSLAs) in a parish and the distance between parishes within the district. A total of 16 parishes were randomly selected from select sub-counties in the districts of Mpigi, Pallisa, Mabarara and Masindi. Annex Table 1 highlights the breakdown of the randomised parishes. Parishes (with all the eligible and selected households and individuals therein) were randomly assigned to either one of the following study arms:

a. **Control group (T0)**—This **group** received no intervention. There is one Parish per district—four parishes in total—so all households in these parishes received no intervention.
b. **Treatment 1 (T1) – Full components of the 'P.O.W.E.R.' model:** This group comprises household (individual and meso/macro-level) intervention. One Parish per district – in total, four parishes.
c. **Treatment 2 (T2) - 'PO' - Promoting and Organizing:** This group comprises households in parishes that received only individual/household-level interventions. One Parish per district – in total, four parishes.
d. **Treatment 3 (T3)—'WER'—Working, Engaging and Reaching out:** This group comprises households in parishes exposed to only community-level interventions. One Parish per district – in total, four parishes.

3.2 Study timelines, data collection, cleaning and quality assurance

The baseline survey was conducted in November 2021. Interventions commenced in July 2022 and finalised the set-up in March 2023. Following over a year of interventions' implementation phase, the endline survey data collection started from January to February 2024. Figure 2 highlights the project timelines and implementation design. More specifically, Program Intervention 1 involved setting up the P.O. components, while Program Intervention 2 involved setting up the W.E.R. aspects of the P.O.W.E.R. model intervention. The consortium members conducted two field monitoring visits between the program set-up to ensure that the interventions were being undertaken as trained at the onset (Figure 2). The challenges encountered in the timing of implementation of the interventions are discussed in section 3.5. The endline survey was conducted 18 months after the model interventions had been set up, running, monitored, and supported. The need to fast-track this activity partly lay in ensuring that all respondents targeted at the baseline were available for interviews, i.e. women, men, and children in the same household. Given that schools were set to open on February 5th, 2024, this necessitated fastening the completion of the field data collection to ensure that the children interviewed at the baseline had an equal chance of participation.

Figure 2: Timeline of program and survey activities



Source: EPRC's Construction, 2024

3.3 Enumerator training, data cleaning and quality assurance

A team of locally recruited enumerators collected data. The enumerators were selected based on their educational background, experience in collecting data, understanding of the local languages, and familiarity with the areas. Priority was given to those who participated in the baseline data collection. The enumerators and supervisors were trained before data collection, taken through the questionnaire's content in English, emphasising possible local languages for specific terminology. In addition, they were trained in digital data collection techniques using CAPI and Android-enabled devices. The endline survey questionnaire structure was identical to the baseline for key sections. A few questions in the endline survey were added to gauge the source of information. The baseline and endline survey data collection used (i) a household survey (women's questionnaire), (ii) a men's questionnaire and (iii) a children's questionnaire.

The main topics for the enumerators' training included understanding the objectives of the research, understanding questionnaire content, role-playing and discussions on framing questions, using tablets in data collection, loading and uploading data from the tablets to the server, carrying out field implementation, and procedures to be followed in the field during data collection. At the endline, the questionnaires were not pre-tested again, as 95% of the enumerators had participated in the baseline survey. After role-playing, minor revisions were made to the questionnaire. The trained enumerators collected endline data using tablets under the support of four supervisors. EPRC collected all data.

The P.O.W.E.R. intervention fosters several aspects that can later be measured. These are (1) intrinsic agency[1], covering indicators on attitudes and perceptions about unpaid care and domestic work, violence and respect among household members; (2) collective agency, which includes indicators on group membership, e.g. VSLA, SACCOs; and (3) instrumental agency, which includes work balance, access to and decisions on financial services, control over and use of income, ownership and other assets and input in productive decisions.

1 Intrinsic agency—or P.O.W.E.R. within—is the process by which one develops a critical consciousness of one's aspirations, capabilities, and rights (Batliwala, 1994; Freire, 1972; Kabeer, 1999; Komter, 1989; Stromquist, 1995)

Endline data collection was subject to a series of quality checks. Field supervisors did not audit surveys due to the rush to complete data collection on time. The evaluation team conducted regular checks to screen the data for irregularities as data collection progressed. All cleaning and analyses used STATA ver. 17.0 (StataCorp. 2021. College Station, TX: StataCorp LP).

3.4 Ethical considerations

Participation in the study was voluntary, and all respondents were required to give their verbal and informed consent at the beginning of the survey process after reading a statement about the purpose of the research, the content of the survey, any risks or benefits, and the time commitment. Participants were assured that their answers would be kept confidential. Enumerators were instructed to abandon the interviews if no consent or clear answer was obtained. No unique protocol was required to collect the information as all entailed perceptions without the need to produce evidence to this effect. The entire project proposal activities, along with all instruments for data collection and pre- and post-training evaluations, were approved by the Ethics and Research Body personnel of the Uganda National Council for Science and Technology (February 2021). Minor modifications were made to study questionnaires for the endline surveys.

The quantitative data was collected through questionnaires uploaded on the Computer-Assisted Personal Interviews (CAPI) Android tablets. The Tablets were password-protected, and data was uploaded to an encrypted server when network connectivity was available. Data is stored on password-encrypted computers. Final data for public use shall be stored on the EPRC Protected Data Network, and personal identification shall be removed.

3.5 Sampling description and attrition

As in Guloba et al. (2024), the households that meet the criteria are a simple random sample of the population, following Lehr (1992). The formula used to determine the minimum sample size is specified as:

$$n = \frac{32}{Effect\ size^2}$$

Where n is the sample size. The effect size measures the intervention's effect in standard deviation units of the outcome. In determining the sample size, we estimate the effect needed to measure that an intervention has worked. This should depend on prior knowledge of the outcome variable. Nonetheless, rules of thumb exist and can be used to choose an appropriate and effective size. For educational trials, trials are designed to detect effect sizes as small as 0.2. Following this assumption, a total sample size of 400 in each district (100 control and 100 treatments in each treatment arm) is sampled. The total sample size was then 1,600 households.

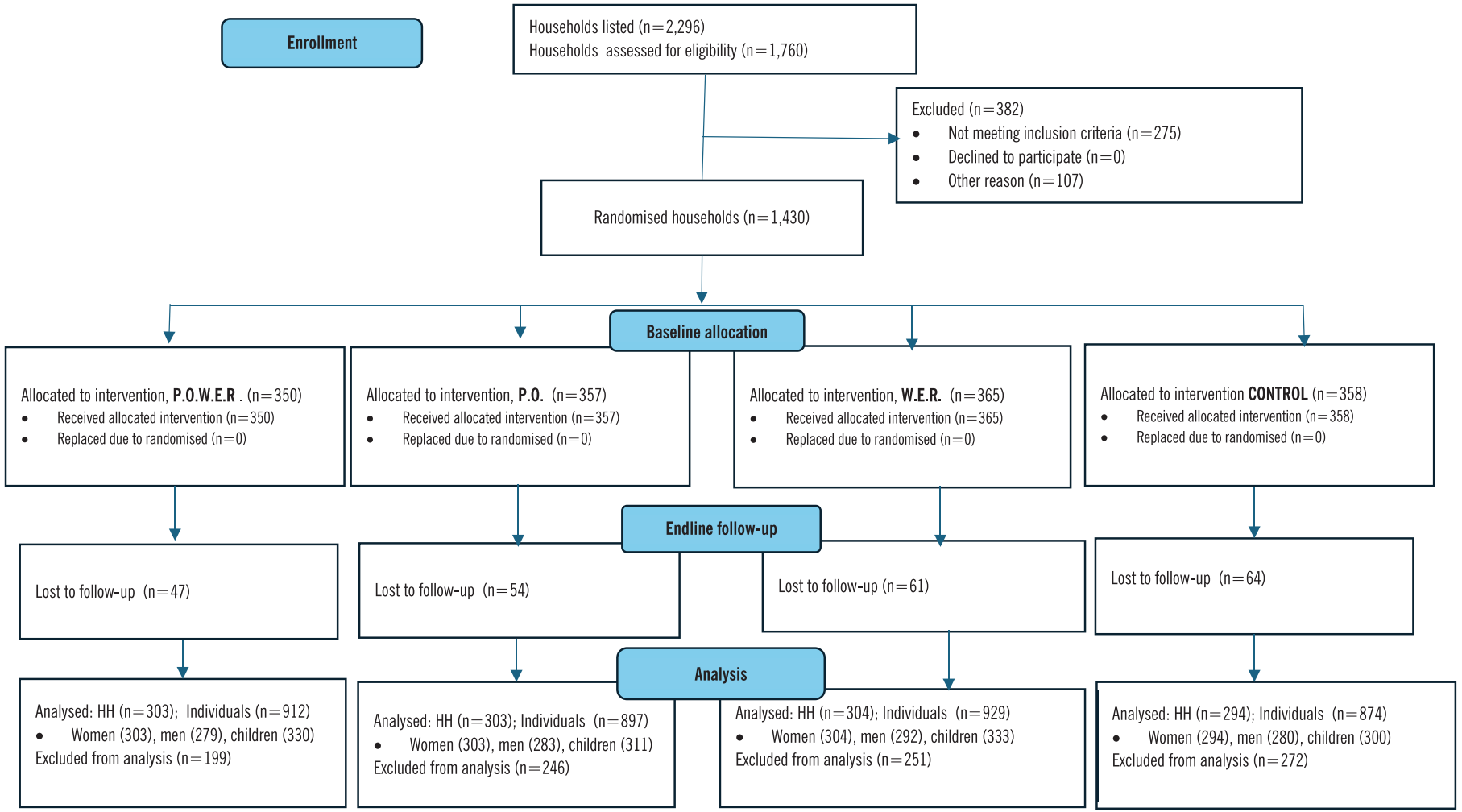
A flow diagram illustrates the flow of participants/households according to the Consolidation Standard of Reporting Trials (CONSORT) (Figure 3). About 2,296 couple households in 16 parishes were listed in which the female head/spouse was a member of an existing and functional VSLA. These formulated the household sampling frame. The survey set out to cover 1,600 households. However, to allow for non-response, a 10% oversampling above the determined sample size was undertaken. Only 1,760 households were assessed as eligible (Guloba et al., 2024). Of the 16 parishes selected from four districts, 12 received various P.O.W.E.R. intervention packages between July 2022 and March 2023, while the other four parishes remained in the control group. Figure 3 highlights the intervention design flow.

The unit of analysis for this study is the household clustered at the parish level. The analytic sample comprised 4,523 individuals in 1,430 households selected for the study at baseline. About 1,072 households were in the various treatment arms, and 358 were in the control arm at baseline (Figure 3). For emphasis, the inclusion criteria for any household was that the woman must be a member of a VSLA and married/cohabiting. The sample size was deemed sufficient to detect an impact on shifts in gender and social norms in UC&DW in families in the study's outcome indicators (perceptions, attitudes, and time

use). The trial's primary outcomes were reduced time spent on unpaid care work and improved perception of the division of tasks in households and communities.

Before baseline data collection, no replacements were done after randomly selecting eligible households from the pool of the listed households per Parish. After the baseline data collection, parishes were randomised to the three program interventions and control groups. Here, analysis condcucted is therefore representative across districts within a treatment arm. The team's leading analyst performed this procedure and then communicated the selected parish allocations by program treatment type to the CARE International in Uganda implementation team.

Figure 3: Program flow diagram



Source: EPRC's construction, 2024

3.5.1 Sample attrition

In cleaning the endline data, 15.8% of the household and 21.1% of the individual attrition of the study sample was between baseline and end-line surveys (Table 1). The reasons for attrition were mainly attributed to timing: Respondents were not home at the time of the survey for several reasons, including off-farm businesses, participation for children going to schools during the day or those in boarding, death, divorce, relocation to other districts/migration, provided wrong status at baseline among others.

Table 1 **Number of surveyed households and individual members at baseline and end-line**

Analysis unit	Baseline	End-line	Attrition	% attrition
Panel 1: Households				
Control	358	294	64	17.9
POWER	350	303	47	13.4
PO	357	303	54	15.1
WE	365	304	61	16.7
Total	**1,430**	**1,204**	**226**	**15.8**
Panel 2: Individual respondents				
Women	1,430	1,204	171	15.8
Men	1,375	1,134	242	17.5
Children	1,773	1,274	499	28.1
Girls	934	674	260	27.8
Boys	839	600	239	28.5
Total	**4,578**	**3,612**	**912**	**21.1**

Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

3.5.2. Was the balance in treatment arms maintained despite attrition?

When attrition is high and non-random, it can cause bias in the final estimates and conclusions drawn. In this regard, we show an analysis of attrition by using the full baseline sample and predicting continuation in the panel and conducting a test of significance treatment arms compared to the control. The F-tests for joint significance across treatment arms is never significant, in the unadjusted model (left column) and while adding additional covariates (Table 2). Thus, despite attrition, overall it does not vary across study arm. This indicates there is potential for the panel sample to be a good representation of the baseline sample, however the compositional differences are not directly tested here. Guloba et al. (2024) findings from the baseline survey showed that most demographic characteristics balanced across treatment arms (age of wife, husband, boys and girls, number of children and adults in households, time use, and economic activities).

Table 2 OLS estimates of baseline treatment groups and covariates predicting remaining in the panel sample

	(1)	(2)	(3)	(4)
VARIABLES	Panel sample	Panel sample	Panel sample	panel sample
P.O.W.E.R	0.0445	0.0422	0.0404	0.0467*
	(0.0323)	(0.0245)	(0.0260)	(0.0253)
P.O.	0.0275	0.0259	0.0260	0.0285
	(0.0392)	(0.0348)	(0.0354)	(0.0350)
W.E.R	0.0116	0.0101	0.00997	0.0171
	(0.0468)	(0.0375)	(0.0379)	(0.0353)
Women's age (log)			0.0249	0.166
			(0.0374)	(0.102)
Men's age (log)				-0.211*
				(0.106)
Number of children			0.00358	0.00406
			(0.00333)	(0.00341)
Number of adults			0.00174	0.00288
			(0.00608)	(0.00613)
District name (Base=Mpigi)				
Pallisa		0.0317	0.0272	0.0255
		(0.0278)	(0.0289)	(0.0277)
Masindi		-0.0294	-0.0271	-0.0297
		(0.0424)	(0.0420)	(0.0411)
Mbarara		-0.0546	-0.0502	-0.0577*
		(0.0325)	(0.0329)	(0.0314)
Constant	0.821***	0.834***	0.726***	1.006***
	(0.0265)	(0.0346)	(0.140)	(0.0875)
CONTROL group mean at endline	82.1	82.1	82.1	82.1
F test (Prob > F)	0.5676	0.3575	0.4379	0.3367
Observations	1,430	1,430	1,430	1,430
R-squared	0.002	0.010	0.011	0.020

Notes: The model is a cross-sectional regression using the full baseline sample. Standard errors in parentheses are clustered at the parish level*** p<0.01, ** p<0.05, * p<0.1; in columns (1), the joint F-test considers the treatment indicators only; column (2), the F-test considers treatment indicators with district level fixed effects whereas in columns (3) & (4) the joint F-test considers the treatment indicators, district fixed effects and household demographics with covariates

Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

3.6 Methodology

3.6.1 Notation

This study evaluates the impact of the P.O.W.E.R. model (program /treatment/intervention) on outcome Y (time spent on UC&DW) over a population of individuals. Parishes were randomised into four groups by treatment status $T = 0,1,2,3$ Where 0 indicates individuals who do not receive the treatment, i.e. the control group, 1 indicates individuals/households who do receive P.O.W.E.R., 2 indicates /households who receive P.O., and 3 indicates individuals/individuals who receive W.E.R. treatments. The individuals were observed in two time periods, $t = 0,1$ where 0 indicates a period before the treatment group receives the Treatment, i.e. pre-treatment, and 1 indicates a period after the treatment group receives the Treatment, i.e. post-treatment. Every observation is indexed by the letter $i = 1,....,N$; individuals will typically have two observations, one pre-treatment (baseline) and one post-treatment (endline).

Let and $\overline{Y}_1^T$ be the sample averages of the outcome for the treatment group before and after the treatment, respectively, and let and $\overline{Y}_1^C$ be the corresponding sample averages of the outcome for the control group. Subscripts correspond to the time (baseline (0) and endline (1)) and superscripts to the treatment status.

3.6.2 Modelling the outcome

The outcome measures cover two broad areas: (i) attitudes and perceptions shaped by gender and social norms about UC&DW and (ii) the time use. These specifically include:

Outcome 1: Gender and social norms, attitudes and perceptions about unpaid care and domestic work
Some of the indicators measured included average differences in:

- Awareness among women and men about who contributes more to household well-being.
- Percentage of women and men who think there are UC&DW tasks where men are generally better than women and vice versa.
- Attitudes and perceptions among women and men regarding acceptability/unacceptability through violence/beating and harsh criticism (for women) or mocking/shaming (for men) about UC&DW.
- Perceptions among women and men on the role and use of government infrastructure services in reducing UC&DW in households and communities.

Outcome 2: Time use
This covered the patterns and distribution of work per day. The indicators that feed into this outcome include differences in:

- The average time (hours) women and men spend on leisure, UC&DW, paid work, education, community and other activities as their primary work
- The average time (hours) girls and boys spend on leisure, UC&DW, paid work, education, community and other activities as their primary work in a household.

3.6.3 The Difference in Difference estimator

In this regard, the outcome Y_{ij} is modelled by the following equation

$$Y_{ij} = \alpha + \beta T_{ij} + \gamma t_{ij} + \delta\left(T_{ij} * t_{ij}\right) + \varepsilon_{ij} \ldots\ldots\ldots(1)$$

where the coefficients α , β , γ , δ , are all unknown parameters, and ε_i is a random, unobserved "error" term which contains all determinants of Y_i which our model omits. By inspecting the equation, you should see that the coefficients have the following interpretation.

α = constant term
β = treatment group-specific effect (to account for average permanent differences between Treatment and control)
γ = time trend common to control and treatment groups
δ =true effect of the Treatment
i =Individual/household i
j = Parish

The purpose of the P.O.W.E.R. model evaluation is to find a good estimate of the difference in difference

(or "double difference- DD") estimator, δ , or $\hat{\delta}$ given the baseline and endline data available.

The is defined as the difference in average outcome in the treatment group before and after Treatment minus the difference in average outcome in the control group before and after Treatment; it is a "difference of differences", given by equation 2

$$\hat{\delta}_{DD} = \left(\overline{Y}_1^T - \overline{Y}_0^T\right) - \left(\overline{Y}_1^C - \overline{Y}_0^C\right) \text{.....(2)}$$

Equations (1) and (2) should give approximately the same estimate without covariates.

Modelling the outcome with covariates

For the robustness of our DD, we include other explanatory variables that might explain the outcome. In this regard, equation (1) becomes:

$$Y_{ijt} = \alpha + \beta T_{ijt} + \gamma t_{it} + \delta\left(T_{ijt} * t_{it}\right) + \phi X_{ijt} + \mu_j + \varepsilon_{ijt} \quad \text{...(3)}$$

Where notations are individual i , in Parish j , at time t

T = Treatment or program or intervention

X = Explanatory variables /covariates

μ_j : Time-invariant unobserved parish characteristics

ε_{ijt} : Random shocks/error term

More specifically, equation (3) can be written as

$$Y_{ijt} = \alpha + \beta_1 T1_j + \beta_2 T2_j + \beta_3 T3_j + \gamma t_t + \delta_1(T1_j * t_t) + \delta_2(T2_j * t_t) + \delta_3(T3_j * t_t) + \phi_i X_{ijt} + \mu_j + \varepsilon_{ijt} \quad \text{.....(4)}$$

Where,

Y_{ijt} : Outcome of interest (time spent on UC&DW)

$T1_j = \begin{cases} 1, \\ 0, \end{cases}$ 1 if the Parish j is in the P.O.W.E.R. treatment group, 0 If a parish j is in other group

$T2_j = \begin{cases} 1, \\ 0, \end{cases}$ 1 if the Parish j is in the P.O. treatment group, 0 if a parish j is in other group

$T3_j = \begin{cases} 1, \\ 0, \end{cases}$ 1 if the Parish j is in the W.E.R. treatment group, 0 if a parish j is in other group

The regression model accounts for the following variables to control for unobserved characteristics that may vary across different treatment arms within and across districts, namely: individual/household characteristics controls: age of the household head, number of children, number of adults ; (ii) districts.

Re-arranging model (4), we get:

$$Y_{ijt} = \alpha + \underbrace{\beta_1 T1_j + \delta_1 T1_j * t_t}_{\text{P.O.W.E.R}} + \underbrace{\beta_2 T2_j + \delta_2 T2_j * t_t}_{\text{P.O.}} + \underbrace{\beta_3 T3_j + \delta_3 T3_j * t_j}_{\text{W.E.R}} + \gamma t_t + \underbrace{\phi_i X_{ijt}}_{\text{CONTROL}} + \mu_j + \varepsilon_{ijt} \quad \text{....(5)}$$

We clustered the standard errors at the parish level to account for autocorrelation between pre/post in the same individual within the Parish.

We apply a Poisson regression model to equation specification (4) given that the dependent variable is count (time in a day (24 hours)). The analysis uses only panel households with Women, Men, and Children found in the baseline and endline survey.

3.6.4 Hypothesises tested

Does intervention 1 have a different impact than intervention 2? Does intervention 1 have a different impact than intervention 3? Does intervention 2 have a different impact than intervention 3?

To examine if the impact estimates are different or equal:

The null hypothesis is

$$H_0 : \beta_1 = \beta_2$$

$$H_0 : \beta_1 = \beta_3$$

$$H_0 : \beta_2 = \beta_3$$

Assumption 1: Parallel trend assumption holds for each time.

Assumption 2: No anticipation effects

3.7 Intervention monitoring, challenges, cautions, and implications for the evaluation

The first monitoring visit was conducted in June 2023 to assess the uptake and understanding of the interventions. The monitoring identified a need for

refresher training; this was conducted in September 2023. A final project monitoring visit was conducted in December 2023.

Complications in program implementation had three critical impacts on the Impact Evaluation team's capacity to test the interventions' effects.

a. **Non-uniformity in P.O.W.E.R. intervention training across districts:** The delay in implementing the components of the P.O.W.E.R. model through training of trainers workshops needed to be uniform in timing across randomised intervention recipient parishes at the district level. This created a mismatch in the timing between the three program intervention arms. The P. "VSLA training" took place in July 2022, the corresponding O. "Engaging Men and Boys" took place in August 2022, and the W.E. "community leader activists" were conducted in March 2023. Endline data collection occurred from mid-January to mid-February 2024. This implies that we are testing the short-term impacts of the W.E.R. intervention treatment and the medium-term effects of the P.O. treatment. This has implications for the theory of change. For example, if the theory of change is such that improved engagement of men and boys in UC&DW leads to decreased time spent by women and girls in UC&DW as the burden is shared, then insufficient time could be passed to achieve this higher-level outcome. The same applies to SASA! Activists' "community-level interventions" could have more salient results in W.E.R. recipient parishes than in whole P.O.W.E.R. parishes.

b. **Shifts from the design in implementing the components of the P.O.W.E.R. intervention by the trained persons.** The original P.O.W.E.R. intervention design was not followed as different districts understood and implemented elements of "O." and "W.E." differently. Rather than working as individuals, most role models and SASA! activities moved in groups and did not necessarily work with the assigned household or community. However, none moved outside their parishes of intervention. The challenge of detecting moderately sized and small treatment effects becomes more complicated when we attempt to look for heterogeneous impacts. Our ability to pick the departure from engagement modalities is limited. Efforts were nonetheless made to emphasise household-level engagements as allocated at the baseline line for role model men.

c. **Baseline and endline surveys were conducted in different periods**: The baseline study data was collected in November 2021, while the endline survey was conducted from January to February 2024 due to national schools opening programmes, as some of the respondents were of school-going age. The seasonal differences affect comparing a few season-sensitive indicators, i.e., time use, especially if it is an agricultural household. However, given that the treatment and control groups are exposed to the same conditions, the "seasonal effect" will be similar across treatment(s) and control groups. Further, with the D-i-D, the seasonality mismatch does not pose a threat to the internal validity of the results with no or minimum possibility of overstating or understating the effect of season-sensitive indicators because the approach compared treatment and control parishes exposed to similar seasonal conditions.

4. MAIN RESULTS AND DISCUSSION

One of the critical elements leading to unequal UC&DW among women and men, as well as boys and girls in households, communities, and workplaces, is the gender and social norms and expectations about the roles and responsibilities assigned to each gender. By design of these expectations, time spent performing/engaging in the assigned roles and responsibilities becomes determined and uneven. This section delves into the findings on the impact of the intervention on the two important outcomes of this study, i.e. perceptions and time use.

4.1 How impactful were the interventions in shifting gendered social norms and perceptions of UC&DW?

In this subsection, we discuss the impact of the intervention(s) on gendered attitudes and perceptions in terms of contribution to household well-being, satisfaction with the division of tasks, acceptability of violence and criticisms, the government's role in reducing UC&DW, and availability and use of care-supporting infrastructure within communities.

4.1.1 Contribution to household well-being

Women were asked to give their perceptions of who contributes more to household well-being on three issues: education, food, and medical bills. Men were asked who they perceived contributed more to general household well-being. Eighteen months after the intervention (s), different impacts are observed.

First, on *education*—Table 3, Cols. (1a) & (1b), due to exposure to the interventions, women in all three treatment parishes perceive their husbands to contribute more to education than women in the control parishes. Other factors held constant; their perceptions increased by 0.127 ($P<0.05$), 0.0841 ($P<0.1$) and 0.111 ($P<0.1$) in P.O.W.E.R, P.O and W.E.R parishes, respectively. In addition, women in P.O. parishes indicated a corresponding reduction in their perceptions of their own contribution to education compared to women in control parishes by 0.0816 ($P<0.1$).

Second, on *food* and *medical bills contributions*, Table 3, Cols. (2a), (2b), (3a) and (3b) show that while women in intervention parishes other than P.O. generally perceived that they were the main contributors to food and that men were the main contributors to medical bills, these impacts were not significant at any level.

Third, on *general household well-being,* Table 3 Col. (4a) and (4b) shows that men in the P.O.W.E.R. treatment parishes appear to perceive that they are contributing less by 0.115 ($P<0.1$) and that their wives were contributing more by 0.086 ($P<0.1$) to overall well-being compared to the control parishes. The trend is the same in the other interventions, howeveris not significant.

The key insight from this narrative is that the combined implementation of individual/household and community interventions (P.O.W.E.R.) leads to increased significant recognition through shifts in perceptions of the spousal role in contributing to household well-being, more broadly by men. In other words, P.O.W.E.R. can realistically shift mindsets.

Table 3 OLS estimates-impact of interventions on men and women's perceived contribution to household well-being (with district & household level covariates)

	Women's perceptions: Who contributes more to…?						Men's perceptions: Who contributes more to…?	
	Education		Food		Medical bills		General well-being	
	(1a)	(1b)	(2a)	(2b)	(3a)	(3b)	(4a)	(4b)
Variables	**Me (wife)**	**Husband**	**Me (wife)**	**Husband**	**Me (wife)**	**Husband**	**Me (husband)**	**Wife**
T1(P.O.W.E.R)	0.0117	-0.0757	0.0576	-0.0429	0.0216	-0.0204	0.0941+	-0.136**
	(0.0353)	(0.0507)	(0.0620)	(0.0625)	(0.0460)	(0.0496)	(0.0463)	(0.0375)
T2 (PO)	0.00524	-0.0724	0.0707	-0.0794	-0.0324	0.00387	0.0291	-0.0902**
	(0.0384)	(0.0481)	(0.0676)	(0.0575)	(0.0307)	(0.0346)	(0.0425)	(0.0302)
T3 (W.E.R.)	0.0279	-0.0984	0.0305	-0.0421	-0.0156	-0.00596	0.0806+	-0.107**
	(0.0255)	(0.0624)	(0.0600)	(0.0569)	(0.0213)	(0.0262)	(0.0381)	(0.0282)
time	0.0816**	-0.163**	0.0340	-0.0680*	0.0646**	-0.112**	0.0250	-0.0500
	(0.0275)	(0.0111)	(0.0494)	(0.0242)	(0.0218)	(0.0153)	(0.0318)	(0.0315)
DDT1 (P.O.W.E.R*time)	-0.0519	0.127*	0.0518	-0.0409	-0.0250	0.0264	-0.115+	0.0860+
	(0.0416)	(0.0533)	(0.0682)	(0.0606)	(0.0625)	(0.0670)	(0.0549)	(0.0427)
DDT2 (PO*time)	-0.0816+	0.0841+	-0.0406	0.0317	-0.0118	-0.00327	-0.0497	0.0429
	(0.0394)	(0.0432)	(0.104)	(0.0614)	(0.0281)	(0.0314)	(0.0559)	(0.0464)
DDT3 (WER*time)	-0.0454	0.111+	0.0153	0.00882	0.0176	0.000403	-0.0524	0.0534
	(0.0365)	(0.0587)	(0.0498)	(0.0335)	(0.0264)	(0.0281)	(0.0520)	(0.0434)
CONTROL group mean at endline	25.4	50.5	44.6	39.1	26.5	54.1	52.5	21.8
Observations	2,408	2,408	2,408	2,408	2,408	2,408	2,266	2,266
R-squared	0.021	0.023	0.038	0.033	0.015	0.021	0.022	0.020

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** $p<0.01$, * $p<0.05$, + $p<0.1$
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

4.1.2 Perceptions about capabilities in performing tasks

This sub-sub section explores the impact of the intervention(s) on men's and women's perceptions of performing tasks.

First, women were asked, "*Are there tasks that women are naturally better at than men*?" Also, *"Are there tasks that men are naturally better at than women*?" Insights into their responses are presented in Table 4 (1a) and (1b). Regarding impacts, only a marginally significant reduction by 0.024 ($P<0.1$) in the perception among women that women are naturally better at care work-related tasks than men in the P.O. intervention parishes compared to the control group. However, this is not surprising, as the control group means are very high across all groups, indicating these are normative views. The key tasks were washing, ironing, and mending clothes; caring for children; taking care of farm animals; cleaning the house or compound; and fuel or water collection.

Annex Table 3 presents descriptive statistics across study arms and impact level estimates using simple mean D-i-Dcalculations. From Panel (a) Col (3) insights of the intervention impacts for example show that women perceptions showed a positive trend for those in P.O.W.E.R. that women are better at meal preparation (2.4 pp) and planting/harvesting of crops (4 pp). Furthermore, there were negative trends in women's beliefs that they are better at than men on tasks such as washing, ironing and mending clothes by 24.1 pp, 5.6 pp and 11.7 pp for those in P.O.W.E.R, P.O. and W.E.R respectively. Negative trends were also seen for caring for children, taking care of farm animals, cleaning the house or compound. These decline in perceptions occurred more among women in P.O.W.E.R. intervention parishes, as compared to those in P.O. and W.E.R. parishes. From Panel (b) Col (3) there is a negative trendin women who perceive that men are better at tasks such as carpentry/making furniture, drying/processing an agricultural product, house construction/repair, and selling products/ trading The size of thes changes in trends were larger in P.O.W.E.R. intervention parishes. The significance of these changes are not presented, thus these changes can only be interpreted as trends.

Second, men's perceptions. The impact of the interventions on their perceptions is captured in Table 4- Cols. (2a) and (2b)). Panel (b). The impacts are not statistically significant, implying that there was no meaningful change due to the intervention among the men on who is naturally better at performing taking within the households. Attitudes and perceptions generally improved (expected direction of change) among men and women on who does what better despite the limited power of the interventions, allowing redistribution of activities/tasks beyond one's gender.

Annex Table 4 provides more insights into these findings, presenting simple mean D-i-D. More specifically, Annex Table 4, Panel (a) Col (3) shows increasing trends in the prevalence of men who perceive that women are better at planting/harvesting crops, meal preparation, and caring for children. For example, perceptions around planting/harvesting crops perceptions showed increasing trends by 6.5 pp, 1.7 pp and 10.3 pp for those in P.O.W.E.R., P.O., and W.E.R. parishes respectively. Relatedly, there were decreasing trends regarding men's perceptions that women are better at washing, ironing, mending clothes (32 pp in P.O.W.E.R, 12.8 pp in P.O., and 13.6 pp in W.E.R. interventions) and taking care of farm animals. Furthermore, Annex Table 4, Panel (b) Col (3) show that men who perceive that men are better at tasks showed decreasing trends for the majority of tasks, and more so for tasks such as carpentry/making furniture, planting/harvesting crops, selling products/trading, drying/processing an agricultural products and house construction/ repair. Larger decreasing trends are noted for those in P.O.W.E.R. parishes.

Table 4 OLS estimates-the impacts of the interventions on the gendered perception of who is naturally better at tasks (with district and household level covariates)

	Women's perceptions: Are there tasks that…?		Men's perceptions: Are there tasks that…?	
	(1a)	(1b)	(2a)	(2b)
Variables	**women are naturally better than men**	**men are naturally better than women**	**women are naturally better than men**	**men are naturally better than women**
T1(P.O.W.E.R)	-0.00483	0.0127	-0.00576	0.000153
	(0.00431)	(0.0121)	(0.00989)	(0.0120)
T2 (PO)	-0.00912	0.0312	-0.00166	0.0137
	(0.00597)	(0.0221)	(0.0114)	(0.0158)
T3 (W.E.R.)	-0.00173	0.0172	0.00347	-0.00623
	(0.00647)	(0.0121)	(0.0110)	(0.0190)
time	-0.0121*	-0.0672**	-0.0158	-0.0599*
	(0.00531)	(0.0154)	(0.0136)	(0.0232)
DDT1 (P.O.W.E.R*time)	-0.00653	-0.00423	-0.00626	0.0183
	(0.00685)	(0.0204)	(0.0206)	(0.0243)
DDT2 (PO*time)	-0.0240+	-0.0242	-0.0137	-0.0246
	(0.0114)	(0.0243)	(0.0231)	(0.0331)
DDT3 (WER*time)	-0.0164	-0.00507	-0.0294	-0.00707
	(0.0167)	(0.0250)	(0.0186)	(0.0353)
CONTROL group mean at endline	98.4	87.1	97.9	92.1
Observations	2,380	2,380	2,264	2,264
R-squared	0.020	0.038	0.019	0.040

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** $p<0.01$, * $p<0.05$, + $p<0.1$
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

To ensure the interventions had the perceived impacts discussed above, women and men were asked, "*How satisfied are you with the division of tasks in the household*?" Table 5 Col. (1a & 1b) shows women's perceptions. There was a statistically significant increase among women who were very satisfied with the division of tasks in P.O.W.E.R and W.E.R. intervention parishes by 0.115 (or a 61 percent increase over endline control means, $P<0.01$) and 0.169 ($P<0.01$, or a 90 percent increase over endline control means), respectively, compared to those in the control parishes. Results also highlight that the average impact of the interventions on behavioural change has led to a reduction among women in all treatment parishes, reporting that they were *very unsatisfied* with the current division of tasks compared to those in the control parishes. However, the impact is not significant. Findings for men are presented in Table 5 Cols (2a & 2b), the impact of the interventions on the perceived division of tasks showed an increase among those who were very satisfied and a decline among those who were very unsatisfied, however these changes are not significant.

Key insights here show that increased satisfaction levels, especially among women, on sharing the burden of UC&DW can be attributed to the intervention; hence, likely reflecting redistribution of at least some of this work between the partners.

Table 5 OLS estimates-the impacts of the interventions on the gendered perception of the division of tasks in the household (with district and household level covariates)

	Women's perceptions: Are you satisfied with the division of tasks?		*Men's perceptions:* Are you satisfied with the division of tasks?	
	(1a)	(1b)	(2a)	(2b)
Variables	**Very Unsatisfied**	**Very Satisfied**	**Very Unsatisfied**	**Very Satisfied**
T1(P.O.W.E.R)	0.0548	-0.0358	0.0160	0.0492
	(0.0335)	(0.0259)	(0.0329)	(0.0505)
T2 (PO)	0.0622	-0.0833	0.0266	-0.0220
	(0.0410)	(0.0488)	(0.0225)	(0.0700)
T3 (W.E.R.)	0.0654	-0.108*	0.0453	-0.0728
	(0.0426)	(0.0400)	(0.0379)	(0.0609)
time	0.0767**	-0.101**	0.00234	-0.00608
	(0.0221)	(0.0142)	(0.0239)	(0.0244)
DDT1 (P.O.W.E.R*time)	-0.000574	0.115**	-0.00843	0.0524
	(0.0328)	(0.0208)	(0.0364)	(0.0485)
DDT2 (PO*time)	-0.0617	0.121	-0.0217	0.0943
	(0.0424)	(0.0761)	(0.0295)	(0.104)
DDT3 (WER*time)	-0.0606	0.169**	-0.0247	0.109
	(0.0489)	(0.0500)	(0.0386)	(0.0704)
CONTROL group mean at Endline	14.8	18.7	2.0	25.4
Observations	2,408	2,408	2,266	2,266
R-squared	0.015	0.013	0.023	0.014

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** $p<0.01$, * $p<0.05$, + $p<0.1$
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Beyond the couple, the attitudes and perceptions of women and men are explored: *"Do you think women should receive help from other household members on various UC&DW activities?"* From Table 6 Col (2b), the significant impact of the change was observed among men in P.O.W.E.R. intervention parishes compared to the control who *strongly agreed* with this view with an impact of 0.119 (or a 35 percent increase over endline control means, $P<0.1$).

Surprisingly, despite the impacts not being statistically significant across intervention arms, there some women (less than 2%) and men (1%) who still strongly disagreed with this statement across intervention arms. In contrast, others *strongly agreed* with the perception that women receive help from other household members when undertaking UC&DW (ranging from 50-53 percent among women and 48-50 percent among men). Such insights reflect that social norms remain sticky and it will take a lifetime to change such a mindset on how a "good" woman should behave in a home.

Table 6 OLS estimates of the impact of the interventions on perceptions about receiving help from other household members on care work.?

	Women's perceptions: Do you think women should receive help from other members of the household to do care work?		*Men's perceptions:* Do you think women should receive help from other members of the household to do care work?	
	(1a)	(1b)	(2a)	(2b)
Variables	Strongly disagree	Strongly agree	Strongly disagree	Strongly agree
T1(P.O.W.E.R)	-0.0111	-0.0704	-0.00328	-0.0355
	(0.00963)	(0.0483)	(0.00367)	(0.0266)
T2 (PO)	0.00200	-0.0940	-0.00364	-0.0184
	(0.0128)	(0.0557)	(0.00377)	(0.0480)
T3 (W.E.R.)	-0.00110	-0.0671	0.000122	0.0447
	(0.00984)	(0.0605)	(0.00501)	(0.0575)
time	-0.00961	-0.0648	0.00402	-0.00238
	(0.0110)	(0.0793)	(0.00760)	(0.0588)
DDT1 (P.O.W.E.R*time)	0.0231	0.134	0.0107	0.119+
	(0.0135)	(0.0866)	(0.0115)	(0.0614)
DDT2 (PO*time)	0.00669	0.124	-0.00372	0.0750
	(0.0169)	(0.0948)	(0.00789)	(0.102)
DDT3 (WER*time)	8.28e-05	0.140	-0.00371	0.0283
	(0.0112)	(0.111)	(0.00931)	(0.0905)
CONTROL group mean at endline	0.3	42.5	0.6	33.5
Observations	2,408	2,408	2,266	2,266
R-squared	0.007	0.063	0.009	0.044

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

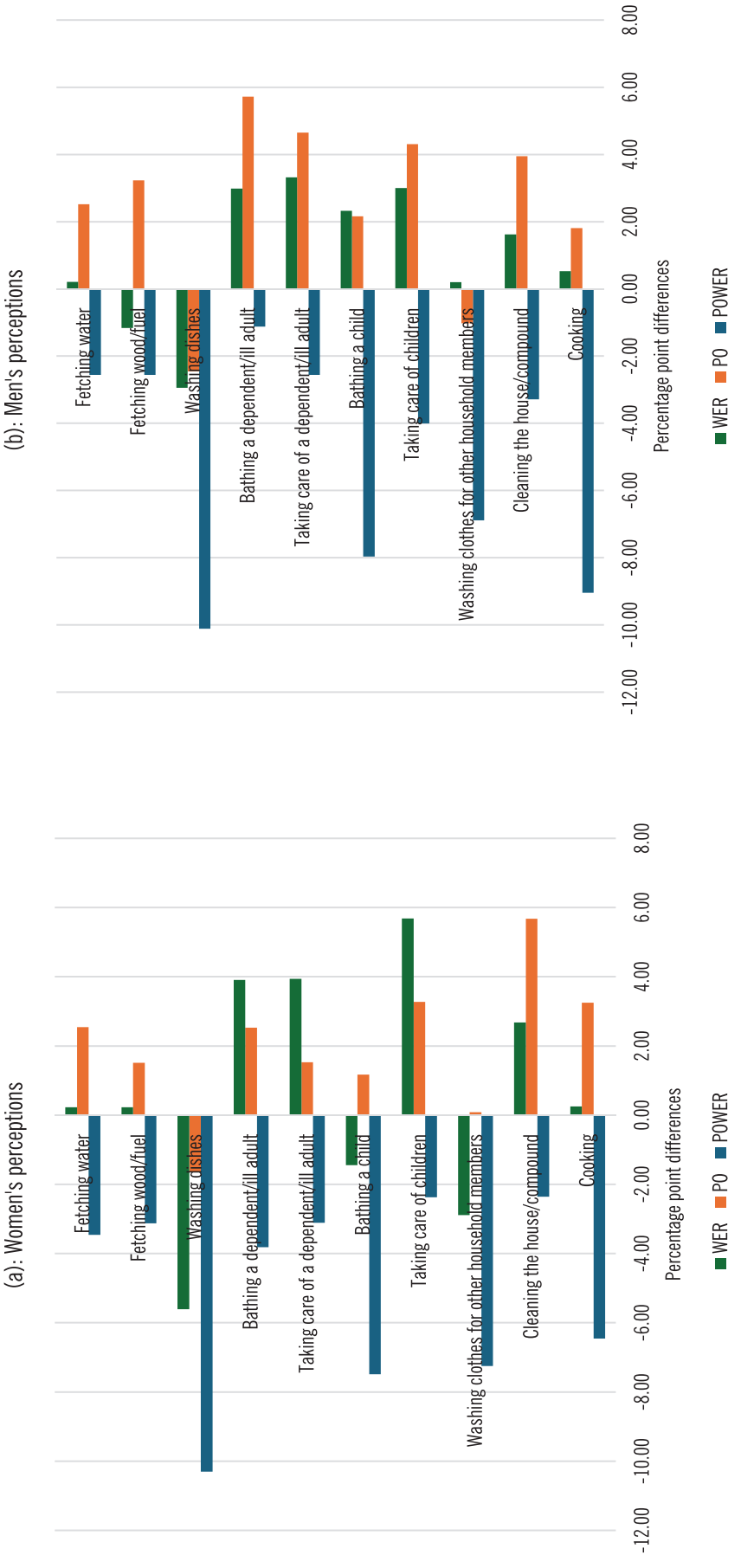
4.1.3 Have there been changes in the community's awareness and acceptability of criticism and violence?

The 2022 Uganda National Demographic and Health Survey notes that 54% of ever-married women and 34% of ever-married men have experienced physical, sexual, or emotional violence by their current or most recent spouse/partner. At the core of this vice are the cultural attitudes about violence among both women and men, patriarchal behaviours among men, and inequality within the home (Eyre, 2021). In general, programs to address spousal violence are being implemented by state and non-state actors (e.g. Safe et al. for Everyone (SHARE), SASA! among others); however, with slow progress. These are directly addressing violence without tackling the root causes. Given that couple violence is highly linked to gender and social norms, the study interventions approached the vice by ensuring a common understanding of UC&DW, as well as its implications and solutions alongside interventions that address couple violence (SASA!). This sub-sub section highlights findings of the impact of the interventions on criticisms and violence.

i) Acceptability of shaming/mocking a man for performing care and domestic work

An analysis is undertaken on the key CDW activities that, if undertaken by a man, could lead to ridicule. The question was, "Is it acceptable to shame/mock a man in the following situations?" Given the issue's sensitivity, this question was asked in absolute privacy. Figure 4 (a) and (b) provide the direct D-i-D magnitudes of different perceptions by activity for women and men, respectively (not from regression estimates, thus no significance of changes can be attributed). General observations indicate that the women's and men's perceptions

Figure 4: In your opinion, is it acceptable to shame/mock a man in the following situations? If he is…



Notes: The D-i-D estimates are from equation 2 (Basic setup) and not regressions.
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

of acceptability to shame/mock a man declined for those in P.O.W.E.R intervention parishes compared to those in the control parishes. Regarding women's perceptions in Figure 4 (a), a decline in acceptability of shaming/mocking a man found performing U&DW was observed when a man was found washing dishes (10.3 pp), bathing a child (7.49 pp), washing clothes for other household members (7.25 pp) and cooking (6.46 pp). For women in households in the P.O. intervention parishes, the acceptability of shaming/mocking a man found in various UC&DW activities increased other than washing dishes compared to the control parishes. Compared to the control, there are mixed observations for women's responses to similar situations in W.E.R. treatment parishes.

Regarding men's perceptions, Figure 4 (b) shows that acceptability to shaming a man found washing dishes, cooking, and bathing a child declined by 10.1 2pp, 9.05 pp, and 7.9 pp difference, respectively, compared to the control parishes in P.O.W.E.R. parishes. Acceptability of men shaming/mocking a man found performing activities of UC&DW increased in most situations other than washing dishes among men in households that received P.O. and W.E.R. interventions.

Quick insights here reveal that tackling attitudes requires a complete approach that combines individual/household and community-level intervention implemented pragmatically. This is because providing the complete 'P.O.W.E.R." intervention improved women's and men's attitudes regarding the acceptability of criticisms, however each individual strategy did not.

Interventions were, in sum, expected to reduce acts of emotional violence (mocking or shaming men for undertaking care activities) by fostering family dialogue and reporting violence related vices in communities. The impact of the interventions on awareness of acts of criticism taking place within communities is undertaken. Results are presented in Table 7. Specifically, women

Table 7 Shame/mocking a man for performing care work activities

	During the last month, do you think a man close might have been shamed/mocked for performing care work activities?					
	Women's perceptions: Shame/mock			Men's perceptions: Shame/mock		
	(1a)	(1b)	(1c)	(2a)	(2b)	(2c)
Variables	No	Yes	Do not know	No	Yes	Don't know
T1(P.O.W.E.R)	-0.0875	-0.0768	0.160+	-0.0788	-0.0519	0.130
	(0.115)	(0.0582)	(0.0818)	(0.102)	(0.0602)	(0.0931)
T2 (PO)	0.0254	-0.0568	0.0334	-0.000650	-0.0229	0.0200
	(0.127)	(0.0631)	(0.0945)	(0.109)	(0.0355)	(0.101)
T3 (W.E.R.)	0.00337	-0.0280	0.0269	0.0485	-0.0591+	0.0107
	(0.118)	(0.0577)	(0.106)	(0.113)	(0.0297)	(0.103)
time	0.0951	-0.150+	0.0319	0.0876	-0.0744	-0.0133
	(0.119)	(0.0776)	(0.0840)	(0.135)	(0.0755)	(0.0811)
DDT1 (P.O.W.E.R*time)	0.0920	0.00850	-0.0777	0.104	-0.0772	-0.0299
	(0.135)	(0.0811)	(0.0931)	(0.142)	(0.0901)	(0.0856)
DDT2 (PO*time)	-0.0386	0.0136	0.0161	-0.0220	-0.0428	0.0648
	(0.148)	(0.0998)	(0.0915)	(0.155)	(0.0987)	(0.0872)
DDT3 (WER*time)	0.0107	-0.0169	0.0102	-0.0528	-0.0377	0.0872
	(0.129)	(0.0923)	(0.106)	(0.142)	(0.0755)	(0.0922)
CONTROL group mean at endline	48.9	24.9	12.8	42.5	26.0	9.5
Observations	2,408	2,408	2,408	2,266	2,266	2,266
R-squared	0.028	0.038	0.071	0.030	0.037	0.062

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

and men were, as a follow-up to issues discussed previously, that "*During the last month, do you think a man close to you might have been **shamed/mocked** for doing any of the previously mentioned activities?*[2]*/ Figure 4 (a) & (b)".*

The interventions had no significant impacts on awareness of a man being mocking/shaming for performing household activities compared to those in the control parishes (Table 7).

ii) Acceptability of beating and harshly criticising a woman for not performing care and domestic work.
Women and men were also asked, i)"*During the last month, do you think someone might have **beaten** a woman close to you because of any of the following situations.*[3]?" ii) "*During the last month, do you think someone might have **harshly criticised** a woman close to you because of any of the following situations*?" Results of the impact of the interventions on these perceptions are presented in Table 8. There were no significant impacts of the interventions on women's perceptions of aspects of fellow women being beaten or harshly criticised within their communities (Table 8 Cols (1a)-(2c)). Similar to women, there are no impacts from men suggesting a decrease in perception of women being beaten or harshly criticized. However, there is an increase in the men's reporting that they "don't know" about these occurrences in the W.E.R. arm. (Table 8 Col (2c) on beaten by 0.0767 ($P<0.1$) and Table 8 Col (4C) on harshly criticised by 0.0965 ($P<0.1$)). It is unclear how to interpret this result, given men could be uncertain of situations for a number of different reasons.

Despite the lack of impacts, this does not diminish the need to continue with the interventions. This is because, increasing awareness of ongoing criticisms and violence is expected to lead to increased reporting and resolution of acts of violence over the longer term.

2 **The situations are:** If he is cooking; if he is cleaning the house/compound; if he is washing clothes for other household members; if he is taking care of children; if he is bathing a child; if he is bathing a dependent/ill adult; if he is washing dishes; if he is fetching wood/fuel, and if he is fetching water.

3 **The situations are:** If she spoiled/burnt/failed to cook a meal; If she disobeyed her husband/uncle/father/brother; If she spent money without asking; If she failed to care well for the children; If she left a dependent/ill adult unattended; If she did not prepare her husband/uncle/father/brother's bath; If she failed to fetch water/firewood for her husband/uncle/father/brother; and If she left the house without asking.

Table 8 During the last month, do you think someone might have ….?

	During the last month, do you think someone might have ... a woman close to you for failing to perform care work?											
	Women's perceptions: Beaten			Women's perceptions: Harshly criticised			Men's perceptions: Beaten			Men's perceptions: Harshly criticised		
	(1a)	(1b)	(1c)	(2a)	(2b)	(2c)	(3a)	(3b)	(3c)	(4a)	(4b)	(4c)
Variables	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know
T1(P.O.W.E.R)	-0.00999	-0.0685	0.0802*	0.0276	-0.0806	0.0483	0.0450	-0.107+	0.0653	0.0519	-0.107*	0.0515
	(0.0920)	(0.0903)	(0.0358)	(0.0828)	(0.0769)	(0.0332)	(0.0783)	(0.0546)	(0.0518)	(0.0655)	(0.0486)	(0.0567)
T2 (PO)	0.0782	-0.100	0.0248	0.0820	-0.105	0.0186	0.0710	-0.0822+	0.0116	0.116	-0.123**	0.00425
	(0.0896)	(0.0728)	(0.0452)	(0.0799)	(0.0656)	(0.0464)	(0.0868)	(0.0408)	(0.0513)	(0.0726)	(0.0390)	(0.0530)
T3 (W.E.R.)	0.0312	-0.0571	0.0351	0.0608	-0.0910	0.0329	0.0609	-0.0687*	0.0117	0.115+	-0.133**	0.0151
	(0.0880)	(0.0807)	(0.0503)	(0.0789)	(0.0697)	(0.0462)	(0.0787)	(0.0279)	(0.0559)	(0.0599)	(0.0277)	(0.0552)
time	0.0503	-0.105	0.0354	0.0744	-0.137	0.0395+	0.0531	-0.0517	0.00470	0.138+	-0.142**	0.00395
	(0.0883)	(0.103)	(0.0297)	(0.0966)	(0.108)	(0.0196)	(0.0822)	(0.0493)	(0.0355)	(0.0704)	(0.0290)	(0.0431)
DDT1 (P.O.W.E.R*time)	0.0118	0.0449	-0.0401	-0.00937	0.0632	-0.0338	-0.0469	0.0107	0.0295	-0.0454	0.0141	0.0349
	(0.105)	(0.123)	(0.0331)	(0.115)	(0.129)	(0.0232)	(0.0979)	(0.0718)	(0.0415)	(0.0890)	(0.0629)	(0.0479)
DDT2 (PO*time)	-0.0495	0.0378	0.00927	-0.0473	0.0293	0.0191	-0.0562	-0.00874	0.0615	-0.115	0.0329	0.0823
	(0.0958)	(0.108)	(0.0379)	(0.100)	(0.109)	(0.0305)	(0.112)	(0.0948)	(0.0458)	(0.0935)	(0.0764)	(0.0509)
DDT3 (WER*time)	-0.00419	0.0101	-0.00799	-0.0321	0.0251	0.00828	-0.0129	-0.0741	0.0767+	-0.114	0.0212	0.0965+
	(0.0952)	(0.114)	(0.0536)	(0.100)	(0.113)	(0.0348)	(0.0969)	(0.0612)	(0.0416)	(0.0720)	(0.0336)	(0.0459)
CONTROL group mean at endline	40.8	37.4	8.1	33.0	44.7	8.9	34.9	34.9	8.4	31.0	39.4	7.8
Observations	2,408	2,408	2,408	2,408	2,408	2,408	2,266	2,266	2,266	2,266	2,266	2,266
R-squared	0.021	0.025	0.032	0.023	0.030	0.028	0.030	0.035	0.032	0.035	0.041	0.033

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

iii) Who influences women's and men's views on violence surrounding UC&DW?

Given that acts of violence are behavioural issues, women and men were asked, "*Who do you think has influenced your views about punishing women and men for not doing/ doing caring for people and domestic work?*" From Figure 5, more than five in 10 women and men report that parents influenced their views on punishing for not doing UC&DW, followed by peers and religious leaders (on average 21%). These findings reveal critical insights into behaviour and that children take into adulthood what they have seen their parents do at home. The slightly higher peer influence on women is also not surprising as after parents, women often rely on their friends for advice and emotional well-being.

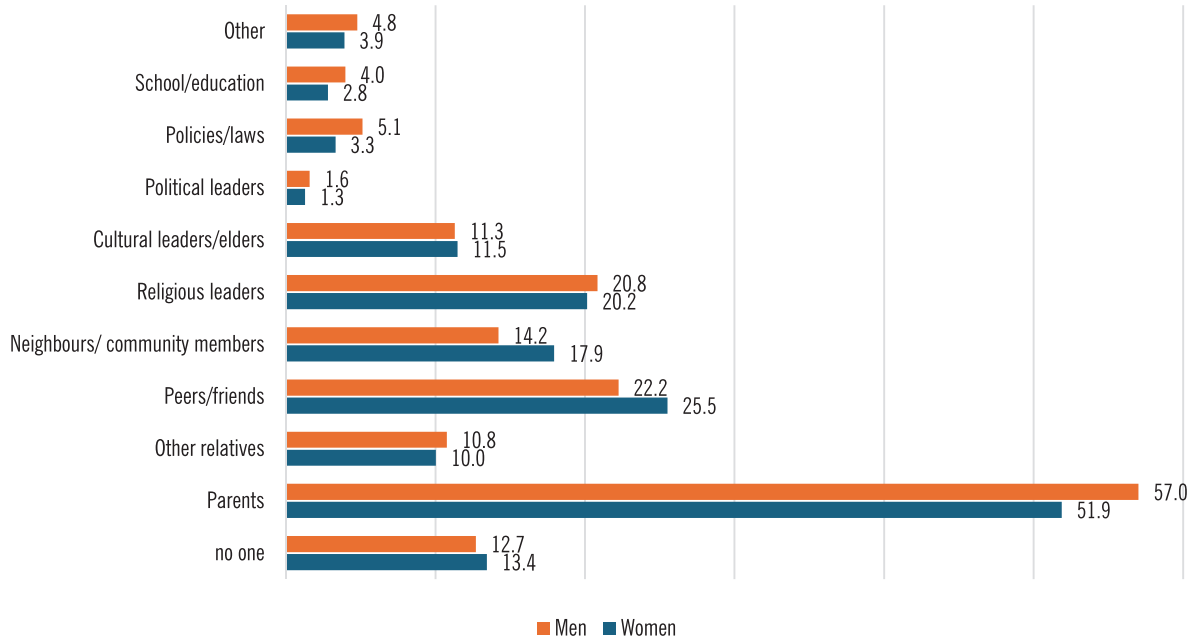
4.1.4 Should government play a role in providing care services?

Care services such as public healthcare, Early Childhood Development, and older or disabled people facilities help redistribute to the government, the private sector, and NGOs the responsibility and costs of some household UC&DW for special categories of persons (children, sick, and elderly persons) (OXFAM, 2024). In this study, women and men were asked, "*Do you think the government should provide care services to help families with their care work*?"

Women's perceptions: Findings are presented in Table 9. First, on *health care*, a significant increase in the impacts of the P.O.W.E.R. intervention on those who *agree* are noted on the perceived need for the government to provide health care compared to the control group by 0.195 ($P<0.05$) with equally those who perceived that there should be strong involvement of government declined by 0.144 ($P<0.1$).

Second, concerning *child care,* women in P.O.W.E.R. treatment parishes significantly perceive and *agree* that the government should provide childcare services in reducing and redistributing UC&DW among families, compared to those in the control parishes by 0.137 ($P<0.05$). We also see a positive coefficient of the intervention among women who *strongly agree* to the support from the government on care for disabled/ill adults increasing in all treatment arms, however these effects are not significant. This points to the prevalence of traditional and patriarchal gender norms and social attitudes.

Figure 5: Persons who have influenced women and men's views on punishing for not doing UC&DW



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Men's perception: Exploring the same intervention impacts among men's perceptions in households in the treatment compared to the control parishes, the results presented in (Table 9- Cols (4a-6b) show no significant impacts of the interventions on the government's role in providing care support services. Similar to women, there are positive coefficients on men's opinions about the government providing care for disabled/ill adults (*strongly agree)*, however these are not significant (Table 9, Col 6b).

The key takeaways here are that women recognise the need for support of health and child care services that directly overburden them in households. Given exposure to interventions, changes in attitudes and perceptions offer mixed findings, as many families probably do not understand the government's direct or indirect role in addressing and redistributing UC&DW.

Table 9 OLS estimates of the impact of the interventions on gendered perceptions on the role of government in providing care support services

	Women's perceptions: Do you think the government should provide…to help families with care work						*Men's perceptions:* Do you think the government should provide…to help families with care work					
	Health care		Child care		Care for disabled/ill adults		Health care		Child care		Care for disabled/ill adults	
	(1a)	(1b)	(2a)	(2b)	(3a)	(3b)	(4a)	(4b)	(5a)	(5b)	(6a)	(6b)
Variables	Agree	Strongly agree	Agree	Strongly agree	Agree	Strongly agree	Agree	Strongly agree	Agree	Strongly agree	Agree	Strongly agree
T1(P.O.W.E.R)	-0.130*	0.0711	-0.0831*	0.0290	0.0204	-0.00190	-0.0948	0.0106	-0.0878	0.0153	-0.0351	0.0401
	(0.0609)	(0.0439)	(0.0331)	(0.0349)	(0.0617)	(0.0423)	(0.0760)	(0.0415)	(0.0540)	(0.0254)	(0.0523)	(0.0503)
T2 (PO)	0.0213	-0.0115	0.0215	-0.0122	0.0591	-0.0275	0.0273	-0.0286	0.0158	0.0109	0.0270	0.0105
	(0.0984)	(0.0827)	(0.0635)	(0.0447)	(0.0708)	(0.0690)	(0.0803)	(0.0588)	(0.0520)	(0.0419)	(0.0530)	(0.0525)
T3 (W.E.R.)	0.0252	-0.0290	0.0557	-0.0193	0.0815	-0.0211	0.0462	-0.0332	0.0377	0.0147	0.0676	0.00824
	(0.0951)	(0.0732)	(0.0746)	(0.0514)	(0.0762)	(0.0553)	(0.0835)	(0.0624)	(0.0780)	(0.0557)	(0.0733)	(0.0631)
time	-0.0144	-0.0566	-0.0806*	0.0606	0.0386	-0.0453	0.0355 +	-0.0960	-0.0516	0.0228	0.0823	-0.0410
	(0.0327)	(0.0481)	(0.0321)	(0.0397)	(0.0768)	(0.0649)	(0.0173)	(0.0568)	(0.0395)	(0.0466)	(0.0693)	(0.0749)
DDT1 (P.O.W.E.R*time)	0.195*	-0.144*	0.137*	-0.0915	-0.0707	0.0679	0.0705	-0.0430	0.0923	-0.0551	-0.0745	0.0273
	(0.0847)	(0.0667)	(0.0478)	(0.0584)	(0.0954)	(0.0754)	(0.104)	(0.0816)	(0.0623)	(0.0579)	(0.110)	(0.0968)
DDT2 (PO*time)	0.00421	-0.0474	0.0166	-0.0250	-0.0864	0.0775	-0.0478	0.0169	-0.0336	-0.00824	-0.136	0.0642
	(0.121)	(0.115)	(0.0675)	(0.0770)	(0.0946)	(0.0942)	(0.0982)	(0.109)	(0.0803)	(0.0709)	(0.108)	(0.102)
DDT3 (WER*time)	0.0265	-0.0103	0.0160	-0.0574	-0.113	0.101	-0.0524	0.0207	-0.0293	-0.0425	-0.114	0.0267
	(0.168)	(0.141)	(0.164)	(0.124)	(0.141)	(0.125)	(0.126)	(0.119)	(0.134)	(0.0990)	(0.130)	(0.122)
CONTROL group mean at endline	42.2	35.2	38.0	35.8	41.9	34.9	39.4	28.8	36.9	27.4	41.6	28.8
Observations	2,408	2,408	2,408	2,408	2,408	2,408	2,266	2,266	2,266	2,266	2,266	2,266
R-squared	0.017	0.025	0.012	0.017	0.016	0.031	0.018	0.023	0.008	0.011	0.015	0.026

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

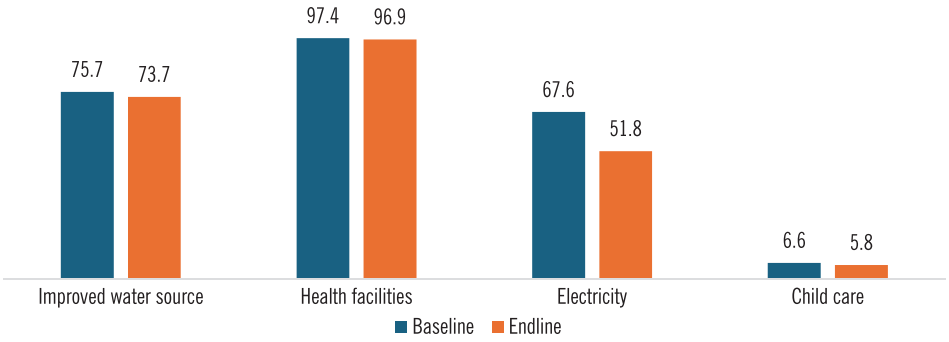
4.1.5 Are care-supporting infrastructure available and used?

Care-supporting infrastructure such as piped water, electricity, and public transport can *reduce* the time and intensity of UC&DW (OXFAM, 2024). This helps free up women's study time and increases their participation in paid work, civic and political life, leisure, and other social activities (ibid). However, this requires access to affordable basic infrastructure. Access to time—and energy-saving equipment and technologies is also critical to reducing the burden on UC&DW. Therefore, this study assesses the availability and use of care-supporting infrastructure in parishes of interest. While there were no explicit interventions put in place to construct more care-related infrastructure, one of the key underlying assumptions of the interventions is that with attitudes and perceptions about UC&DW shifted, these can lead to increased demand by communities for these services or lead to increased use of the already existing services as infrastructure investments take time to be implemented. As per the literature, the critical infrastructure assessed was improved water sources (not a natural source like a river or spring), electricity, health care and childcare services.

i) Overview of infrastructure availability, use and provision

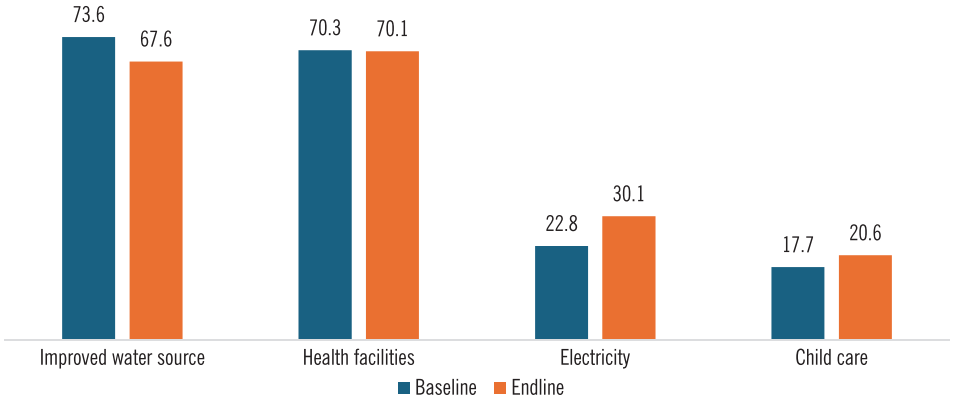
Overall, Figure 6 highlights no change in families' availability and use of care-supporting infrastructure between the baseline and endline other than electricity. In particular, of the 73.7% of the households that indicated they used improved water sources, about 68% indicated that services were provided by the government (Figure 7). Electricity use declined generally across households. Given the rural setting of our study population, government programs such as the Rural Electrification Programme (REP) have low penetration and rarely connect consumers to the national grid. On average, about 7% to 6% indicated the use of childcare facilities within their parishes at the baseline and endline, respectively (Figure 6). Less than 20% of these stated that the government provided

Figure 6: Overall infrastructure availability and use by families at baseline and endline



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Figure 7: Is the infrastructure used provided by the government?



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

the facilities (Figure 7). On average, about 97% of households indicated using health facilities when a household member fell ill during the study period (Figure 6). Of these, about 70% of the respondents said the government provided these health facilities (Figure 7).

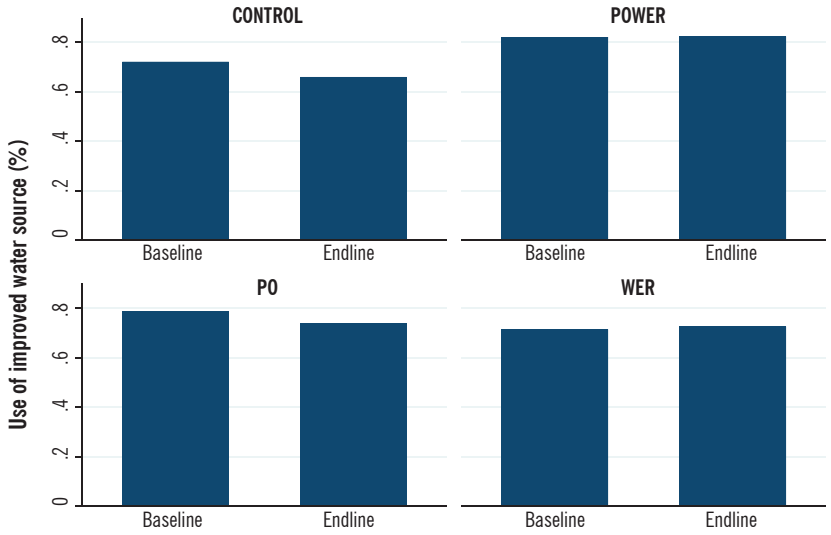
ii) Graphical illustrations

While the general overview on infrastructure availability, use and provision provides insights into these structures, there is a need to analyse if use is deferred/changed within different intervention arms at baseline and endline. We highlight these for each care-support infrastructure.

Use of improved water sources varied within intervention armes at the baseline and endline (Figure 8). A decline was observed in the Control and P.O. intervention parishes, with no change in the P.O.W.E.R. but a slight increase in W.E.R. parishes using improved water.

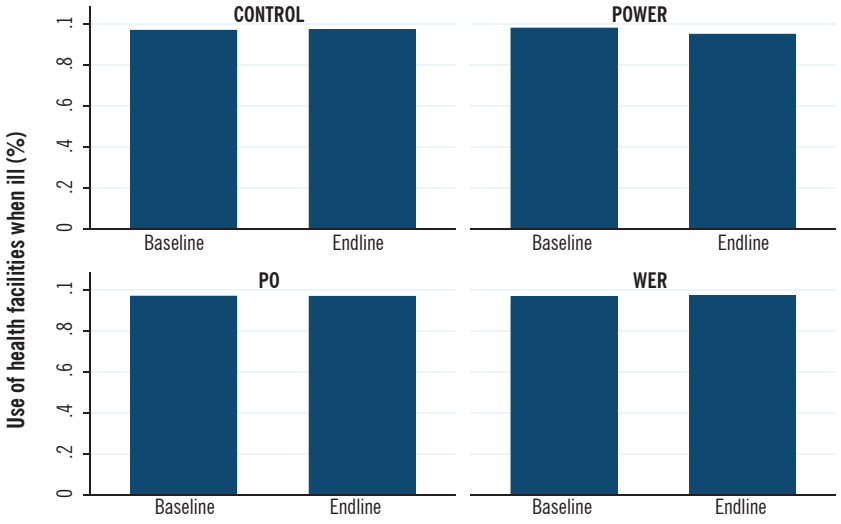
Family use of health facilities: Here, the graphs show no change in family use of health facilities by the household within treatment arms between the baseline and endline surveys (Figure 9). In other words, household health care services-seeking behaviour did not change after 18 months of interventions implemented.

Figure 8: Use of improved water source (not a natural source like a river or spring) by treatment type



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Figure 9: Does your family usually use health facilities when household members are ill by treatment type



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Use of electricity: Regardless of treatment type, all households reported reduced electricity use at the endline compared to the baseline (Figure 10).

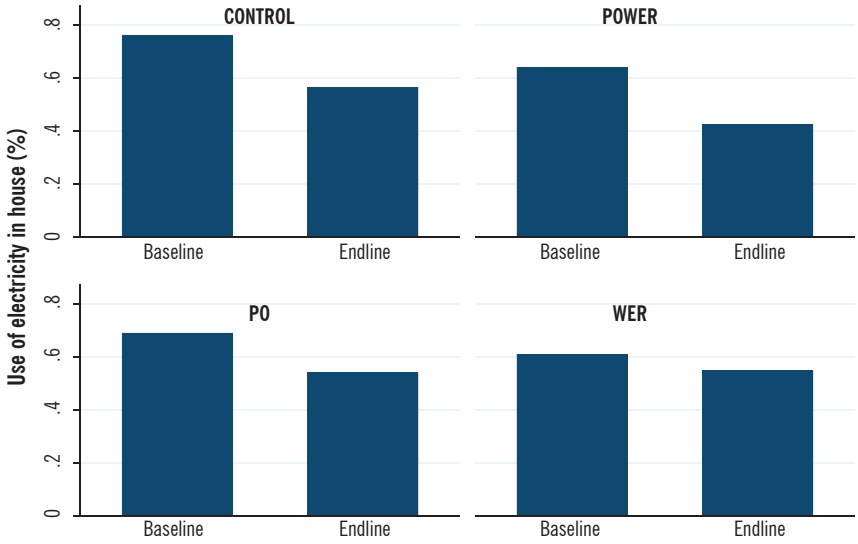
Use of childcare services: Compared to the baseline, there was increased use of childcare services at the endline for households in the Control and P.O. parishes, while those in P.O.W.E.R. and W.E.R. recipient households and communities' family use of childcare facilities declined (Figure 11).

Key insights reveal that the interventions did not independently lead to increased government accountability to construct more public health centres within parishes, as such investments require considerable investments. Nonetheless, while the graphical illustrations provide some quick insights into the effect of the interventions on the uptake of existing care-support infrastructure, they cannot show if these changes were significant or resulted from the interventions. In this regard, there is a need to estimate a D-i-D of the impact of the interventions on the use of care-supporting infrastructure.

iii) Impact of interventions on the use of care-supporting infrastructure

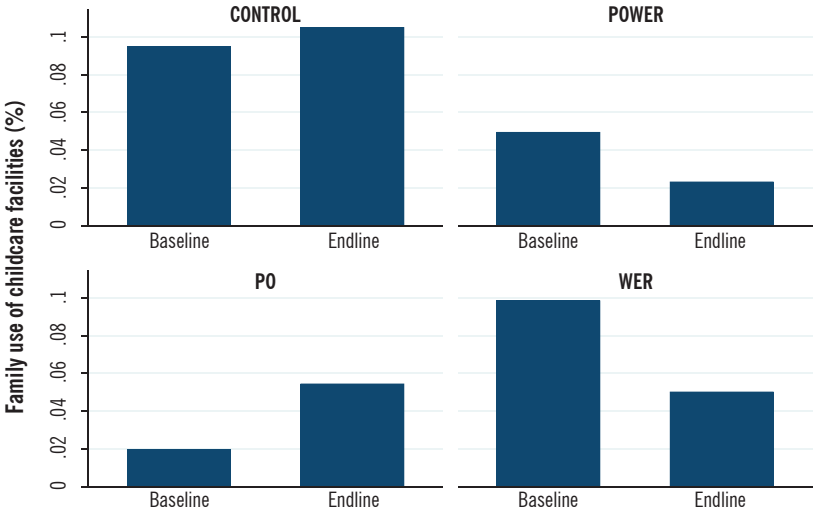
Regarding whether there were differential impacts of the interventions on the use of care-supporting

Figure 10: Use electricity in your house by treatment type



Source: EPRC's computations using Endline Survey Dataset, 2024

Figure 11: Family usually use childcare facilities by treatment type



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

infrastructure by families/households, the analysis in Table 10 highlights that families in P.O.W.E.R. recipient parishes had a significant decrease in the use of health facilities by 0.0278 ($P<0.1$), while those in W.E.R. had a significantly increased use of electricity by 0.137 ($P<0.1$) compared to those in the control interventions. No significant impacts in the use of the infrastructure are noted in all the remaining intervention parishes. For example, interestingly, childcare facilities were not being used; even the use of the existing ones declined compared to those in the control parishes.

Key insights to note are that while the interventions impacted an individual's or family's social fabric, they did not necessarily drive demand to push the government to increase the provision of electricity, health care, and childcare facilities at the Parish level. In addition, even with efforts to put in place care-supporting infrastructure, this does not necessarily imply uptake/use by households, requiring slow behavioural mindset shifts on gender and social norms that impede families' use of such facilities.

4.2 Differential impacts of the intervention (s) on time use

This sub-section delves into the impact of the intervention (s) on time use and how such differences matter for women's lives. Having analysed the shifts in attitudes and perceptions (mindset) on gender and social norms on the distribution of UC&DW activities attributed to various interventions, this should be reflected in the distribution of time spent on the daily activities an individual engages in. Simply put, cultural differences, patriarchy, and inequalities play a key role here. Everyone has the same "time budget": 24 hours per day and 365 days per year. However, not all of us can choose to spend time on the activities we enjoy most, hence differences in time use. While the study picked information on over 36 activities undertaken by an individual in the last 24 hours, these were grouped

Table 10 OLS estimates of the impact of interventions on household use of care-supporting infrastructure

	(1)	(2)	(3)	(4)
Variables	**Improved water source**	**Health facilities**	**Electricity**	**Childcare facilities**
T1(P.O.W.E.R)	0.0842*	0.0119	-0.135*	-0.0355
	(0.0349)	(0.0123)	(0.0555)	(0.0485)
T2 (PO)	0.0474	0.00129	-0.0843	-0.0656
	(0.0659)	(0.0122)	(0.0517)	(0.0478)
T3 (W.E.R.)	-0.0107	0.00611	-0.153**	0.0193
	(0.0609)	(0.0160)	(0.0393)	(0.0713)
time	-0.0582	0.00843	-0.193*	0.0127
	(0.0385)	(0.0124)	(0.0668)	(0.0723)
DDT1 (P.O.W.E.R*time)	0.0594	-0.0278+	-0.0163	-0.0434
	(0.0696)	(0.0142)	(0.0894)	(0.0775)
DDT2 (PO*time)	0.0104	-0.00707	0.0461	0.0221
	(0.0600)	(0.0129)	(0.0666)	(0.0774)
DDT3 (WER*time)	0.0690	-0.0105	0.137+	-0.0677
	(0.0471)	(0.0150)	(0.0752)	(0.0946)
CONTROL group mean at endline	65.8	97.7	56.8	10.0
Observations	2,379	2,217	2,379	2,217
R-squared	0.205	0.003	0.231	0.056

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** $p<0.01$, * $p<0.05$, + $p<0.1$. About 150 households had missing information on health facilities and childcare facilities use

Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

into six broad categories: leisure, paid work, care and domestic work, education, community activities and other activities. Box 2 provides the categorisation. Impact estimates are presented approximately 18 months after the implementation of the treatments/ programs.

4.2.1 How did women, men and children spend their time at baseline and endline?

i. Graphical illustrations

Graphical illustrations provide first-level insights into the average treatment effects and the impacts of the interventions on time use by the treatment arm at baseline and endline. Graphs are presented for care and domestic work, paid work and leisure activities

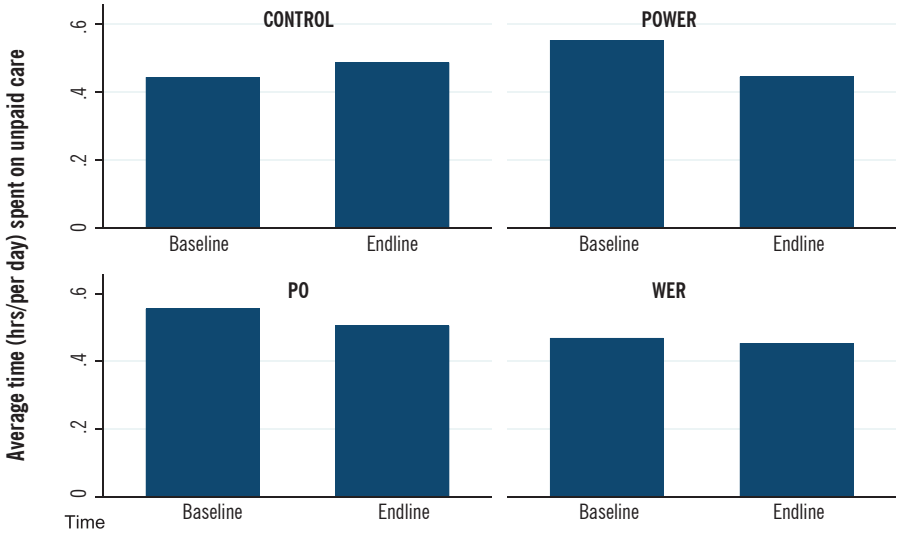
Box 2: Categorisation of activities

Leisure and resting	***Caring for people and domestic work***	***Education***
00 = Doing nothing	14 = Shopping household supplies (incl. food)	28 = Attending school, training or studying
01 = Sleeping, napping	15 = Washing drying, clothes ironing, mending clothes (for myself)	29 = Attending school related events
02 = Personal care and eating	16 = washing and drying clothes ironing, mending clothes (for others)	
03 = Leisure time	17 = Food and drink preparation, doing the dishes	***Community activities***
	18 = Grinding, pounding	30 = Attending group/committee meetings
Paid work	19 = Cleaning the house or compound, preparing the beds	31 = Community work (e.g. infrastructure projects or community events)
04 = Selling products at the market/ work in own business	20 = Fuel collection (e.g. firewood, charcoal)	32 = Attending community functions (e.g. weddings, funerals)
05 = Construction, making furniture, repairing	21 = Water collection	
06 = Fishing	22 = Caring for children	***Other activities***
07 = Tending livestock, caring for animals	23 = Teaching/tutoring/training children	33 = Religious activity
08 = Opening the ground for farming	24 = Caring for disabled, ill, elderly	34= Activities related to health care
09 = Weeding	25 = Caring for community members	35 = Other, specify
10 = Harvesting	26 =Gardening	36 = Care work for pay (e.g. washing, cooking)
11 = Drying, processing an agricultural product	27=Household repair and maintenance	
12 = Other farming activities		
13 = Other non-farming income-generating activities		

for men and women. Not presented are for education, community and other activities.

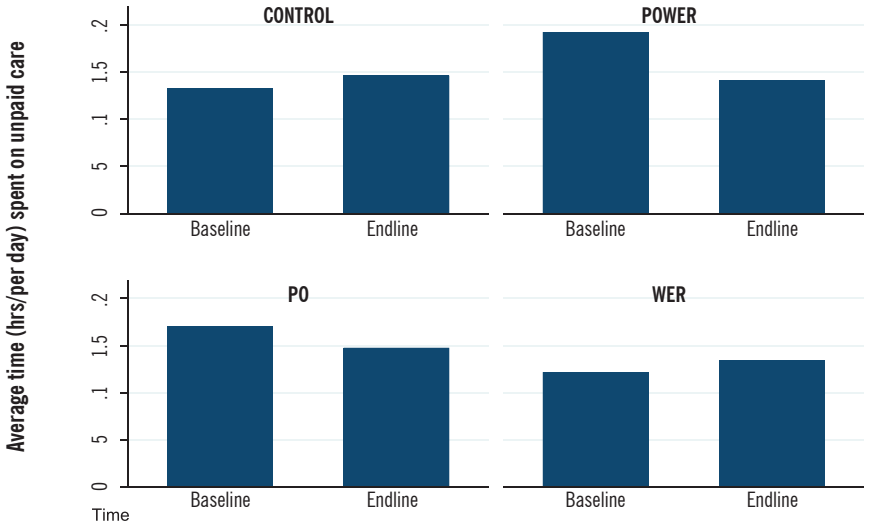
Unpaid care & domestic work (UC&DW): Figure 12 presents the average time women spent per day by intervention at baseline and endline. Illustrations show that the average time spent on UC&DW activities among women reduced on average in the treatment parishes (P.O.W.E.R., P.O., and W.E.R) and increased in the control parishes. The degree of reduction is observed more in households in the P.O.W.E.R. recipient parishes and, to a much lesser extent, in W.E.R. households. Figure 13 also illustrates the average time spent by men on UC&DW by treatment arm at baseline and endline. Like women, men who received P.O.W.E.R. and P.O. interventions saw a reduction in time spent on UC&DW, while those in W.E.R. and control parishes' time spent on UC&DW increased.

Figure 12: Average time spent on UNPAID CARE work by treatment arm over time_WOMEN



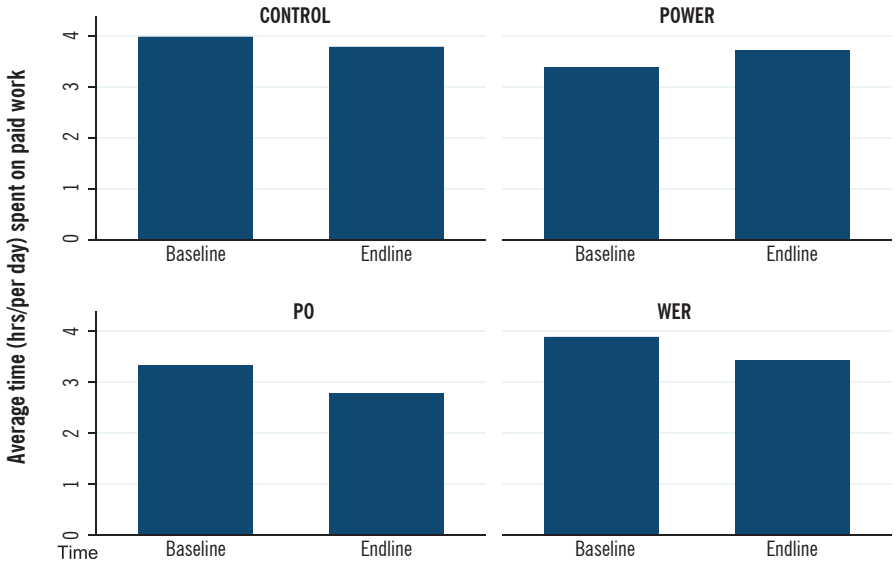
Source: EPRC's computations using Endline Survey Dataset, 2024

Figure 13: Average time spent on UNPAID CARE work by treatment arm over time_MEN



Source: EPRC's computations using Endline Survey Dataset, 2024

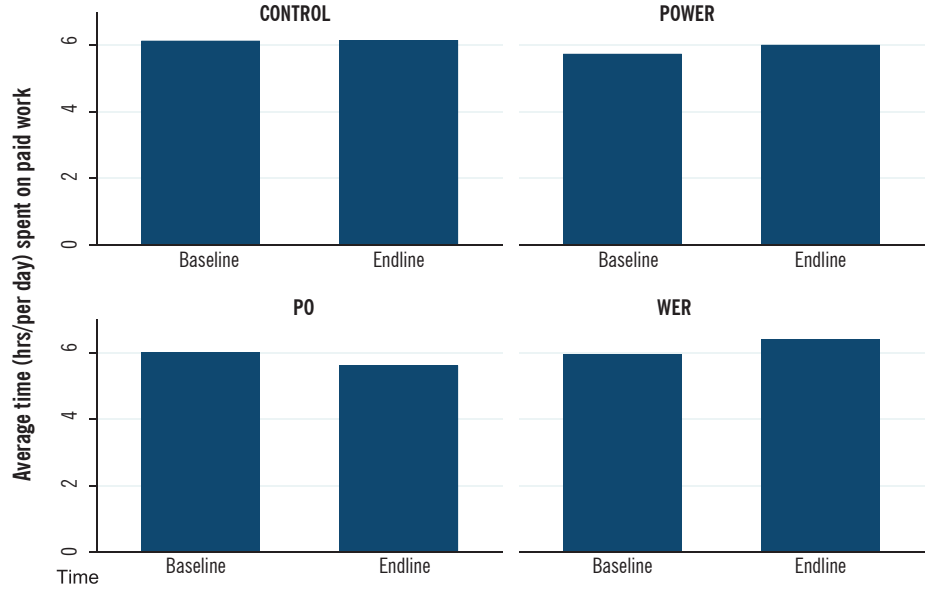
Figure 14: Average time spent on PAID work by treatment arm over time_WOMEN



Source: EPRC's computations using Endline Survey Dataset, 2024

Paid work: Figure 14 illustrates that for women in households where P.O.W.E.R. was implemented, time spent on paid work increased from the baseline to the endline. In contrast, time spent on paid work among women in households in the control, P.O. and W.E.R. parishes declined. Among men in households in control parishes, their time spent on paid work remained unchanged, increasing for those in P.O.W.E.R. and declining in P.O. recipient parishes (Figure 15).

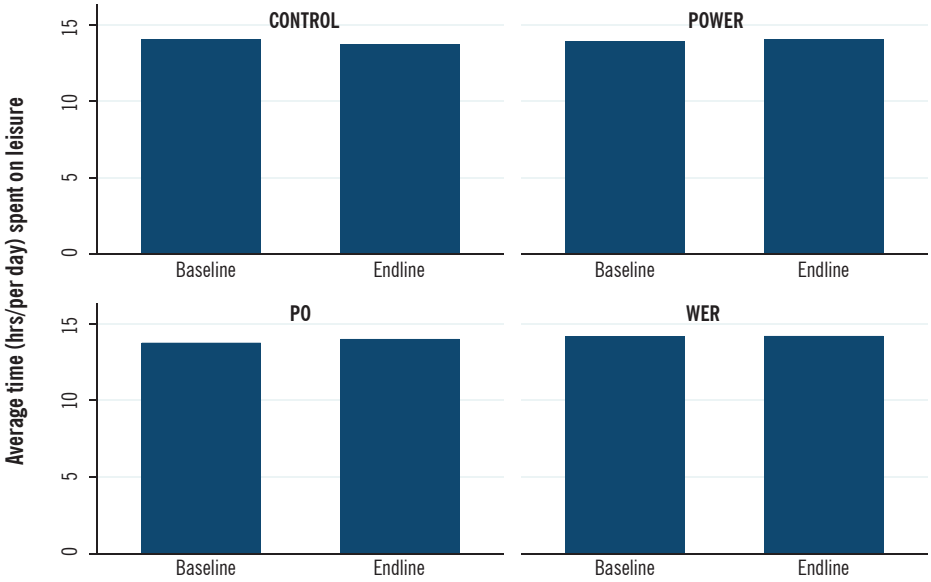
Figure 15: Average time spent on PAID work by treatment arm over time_MEN



Source: EPRC's computations using Endline Survey Dataset, 202

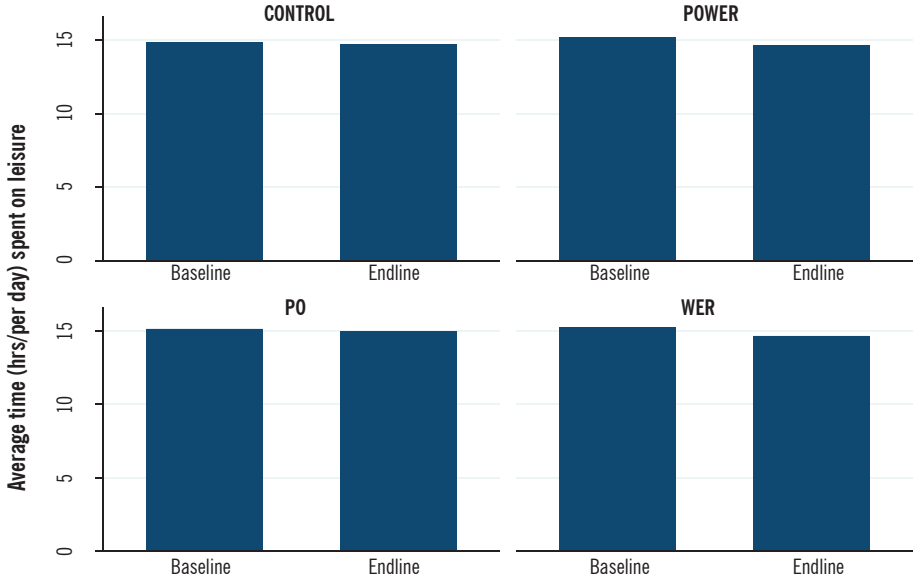
Leisure: Between the baseline and endline, time spent on leisure among women decreased in control and marginally increased in P.O.W.E.R., P.O., and W.E.R. parishes (Figure 16). For men, time spent on leisure decreased in control, P.O.W.E.R., and W.E.R. parishes but remained unchanged for those in the P.O. parishes (Figure 17).

Figure 16: Average time spent on LEISURE by treatment arm over time_WOMEN



Source: EPRC's computations using Endline Survey Dataset, 2024

Figure 17: Average time spent on LEISURE by treatment arm over time_MEN



Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

In conclusion, graphs have provided insights that time spent on UC&DW for women and men in households located in the P.O.W.E.R. model intervention decreased and, at the same time, increased their average time spent on paid work activities. Mixed findings are observed for the other intervention parishes and the control group. However, these observations cannot tell us whether the changes observed resulted from exposure to the interventions alone; hence, there is a need to estimate the causal impacts.

4.2.2 Impact of the interventions on time use by activity: Did the intervention reduce unpaid care and domestic work?

This subsection presents various specifications of Equation (4). Table 11 presents findings from estimating equation 4 that include both district and individual/household level demographics. Demographics included are the age of women and men, the number of children, and the number of adults in a home. The results presented show the marginal effects of estimating a Poisson model. For robustness, Annex Table 5 and 6 present D-i-D model estimates that are unadjusted and include only the district-level fixed effects, respectively.

i) Time use by broad activity for women

Results from estimating Equation (4) are presented in Table 11 Cols (1)-(6). That is:

- *Care and domestic work:* From Table 11 Col (1), all the interventions reduced the time spent on UC&DW for women. However, The impact of reduction was significant only for those who received the full P.O.W.E.R. intervention, by 1.568 hours (1 hr 35 mins) ($P<0.01$) and P.O. intervention by 0.964 hours (57.8 mins) ($P<0.1$). While the W.E.R. interventions also showed a negative coefficient on UC&DW for women, the impact was not significant.
- *Paid work:* Table 11 (Col (2) showed positive coefficients on time spent on paid work for women in households in parishes that received P.O.W.E.R. (0.540 hrs (32.4 mins) and negative coefficients on paid work for women in P.O. (0.454 hrs (27.2 mins)) and W.E.R. (0.257 hrs (15.4 mins)) interventions. However, the impacts are not significant. To add to these findings, women were asked, "*If you had to spend less time caring for people and domestic work, what would you do with your extra time?"* Most women in intervention parishes said they would engage more in agriculture and other income-generating activities while reducing their leisure time (Annex Table 2).
- *Leisure:* Compared to the control parishes, Table 11 Cols (3) results show that leisure time coefficients were positive irrespective of treatment arm; however, the impacts were not significant. The coefficients were 0.425 hours (25.5 minutes), 0.586 hours (35.2 minutes), and 0.349 hours (21 minutes) in P.O.W.E.R., P.O., and W.E.R. parishes, respectively.
- *Education activities:* From Table 11 Col (4), women's time spent on education activities increased significantly in the P.O.W.E.R and P.O interventions by 0.641hrs ($P<0.01$) and 0.664hrs ($p<0.01$), respectively. In contrast, W.E.R. intervention had a negative impact on the same by 0.115 hrs ($p<0.05$).
- *Community activities:* Table 11 Col (5) shows that although no significant impacts emerge, the coefficients on time spent on activities such as attending group meetings, community work events, and functions were negative by 0.0957 hours (5.7 minutes) for women who received P.O.W.E.R. compared to those in the Control. At the same time, coefficients of time spent were positive by 0.188 hours (11.3 minutes) in P.O. and 0.329 hours (19.7 minutes) in W.E.R. compared to the control parishes.
- *Other activities:* From Table 11 Col (6), compared to the control parishes, the impact of the interventions on time spent on other activities among women increased in all intervention parishes. The impacts were significant in P.O.W.E.R. parishes by 0.716 hours (43 mins, $P<0.1$), however not significant in P.O. and W.E.R intervention parishes.

ii) Time use by broad activity for men

Impact estimates of the interventions on time use are presented in Table 11 Cols (7) –(12). We discuss each D-i-D model estimate below:

- *Care and domestic work:* Time spent on UC&DW activities for men decreased in all intervention arms. Specifically, the impact of P.O.W.E.R was a significant reduction in time spent on UC&DW by 0.598 hours (35.9 mins) ($p<0.01$) of men's time spent performing UC&DW (Table 11 Col. 7) in comparison to the control group. In the P.O. intervention arm, time decreased by 0.358 hours but was only marginally statistically significant.
- *Paid work:* From Table 11 Col. (8), the impacts are not significant in all intervention parishes on time spent on paid work. Nonetheless, the coefficients were positive at 0.277 hours (16.6 mins) in P.O.W.E.R. and 0.439 hours (26.3 mins) in W.E.R parishes. However, coefficients were negative for time spent on paid work by 0.422 hours (25.3 mins) for men in P.O. parishes.
- *Leisure:* Compared to men in households in control parishes, the coefficients of the interventions on time spent on leisure activities were negative and not significant. Coefficients on leisure time were 0.436 hours (24.2 mins) in P.O.W.E.R., 0.0535 hours (3.4 mins) in P.O, and 0.488 hours (28 mins) in W.E.R parishes (Table 11, Col. (9)).
- *Education:* From Table 11 Col. (10), the W.E.R. intervention had a positive increased impact on men's time spent on education activities by 0.544 hrs ($p<0.01$) compared to those in the control group. Compared to the control group, the impacts were not statistically significant in P.O.W.E.R. and P.O. intervention arms.
- *Community activities:* In Table 11 Col. (11), P.O. and W.E.R. significantly increased men's time spent on community-related activities increased for those who were exposed to P.O. and W.E.R by 0.488 hours ($p<0.01$) and 0.280 hours ($P<0.1$), respectively.
- *Other activities:* There were statistically significant impacts showing increased time spent on other activities among men in P.O.W.E.R. intervention by 0.617hrs (36.2 mins) ($P<0.05$) compared to those in the control group (Table 11, Col (12)). However, the impacts were not significant in P.O and W.E.R. interventions.

Overall, the results confirm that the time spent on UC&DW activities significantly declined among women and men in households in parishes receiving the P.O.W.E.R. and P.O. interventions. Furthermore, though not significant, coefficients of the P.O.W.E.R. intervention were positive for women's and men's time spent on paid work and significantly increased time spent on community (men), education (men and women) and other activities (men and women).

Hypothesis tests

Table 11 presents the estimates on hypothesis tests of assumptions of parallel trends in treatment arms by time use activity. It shows that the assumption holds that we cannot reject the null hypothesis that the trends are parallel and reject the alternative of no anticipation effects due to the interventions. Nonetheless, some education model estimates reject the null hypothesis of parallel trends and accept the alternative of no anticipation effects.

Table 11 Poisson impact of intervention estimates on time use for women and men by activity (with district and household level covariates)

	Women						Men					
	(1)	(2)	(3)	(4)	(5	(6)	(7)	(8)	(9)	(10)	(11)	(12)
VARIABLES	care work	paid work	leisure	educate	community	others	care work	paid work	leisure	educate	community	others
	marginal effects						marginal effects					
T1(P.O.W.E.R)	1.256**	-0.638**	-0.185	-0.699**	0.163	-0.540**	0.564**	-0.289	0.296	-0.0271	-0.0957	-0.499*
	(0.310)	(0.166)	(0.259)	(0.120)	(0.197)	(0.182)	(0.135)	(0.495)	(0.326)	(0.0445)	(0.104)	(0.251)
T2 (PO)	1.201**	-0.649*	-0.357	-0.702**	0.175	-0.349	0.385+	-0.0976	0.264	0.0370	-0.274**	-0.415
	(0.421)	(0.302)	(0.271)	(0.129)	(0.142)	(0.301)	(0.215)	(0.494)	(0.410)	(0.0441)	(0.0998)	(0.388)
T3 (WER)	0.400	-0.120	0.0657	0.0554	-0.117	-0.0844	-0.116	-0.0732	0.269	-0.566**	-0.174	0.114
	(0.488)	(0.314)	(0.329)	(0.0394)	(0.181)	(0.255)	(0.398)	(0.563)	(0.288)	(0.0890)	(0.130)	(0.280)
time	0.651+	-0.252	-0.349	0.143**	0.0953	-0.0336	0.155+	0.0470	-0.132	0.0691**	-0.00918	-0.0163
	(0.339)	(0.283)	(0.257)	(0.0445)	(0.145)	(0.248)	(0.0924)	(0.280)	(0.319)	(0.0260)	(0.0386)	(0.257)
DDT1 (P.O.W.E.R*time)	-1.568**	0.540	0.425	0.641**	-0.0957	0.716+	-0.598**	0.277	-0.436	0.0344	0.131	0.617+
	(0.364)	(0.342)	(0.318)	(0.150)	(0.283)	(0.376)	(0.221)	(0.518)	(0.477)	(0.0386)	(0.104)	(0.318)
DDT2 (PO*time)	-0.964+	-0.454	0.586	0.664**	0.188	0.499	-0.358+	-0.422	-0.0535	-0.0201	0.488**	0.296
	(0.550)	(0.627)	(0.412)	(0.129)	(0.161)	(0.325)	(0.217)	(0.342)	(0.397)	(0.0517)	(0.115)	(0.429)
DDT3 (WER*time)	-0.641	-0.252	0.349	-0.115*	0.329	0.180	0.00246	0.439	-0.488	0.544**	0.280+	-0.259
	(0.575)	(0.355)	(0.456)	(0.0514)	(0.224)	(0.289)	(0.451)	(0.342)	(0.509)	(0.0920)	(0.160)	(0.285)
DDT1=DDT2	1.890	2.770	0.190	0.270	1.190	0.350	0.740	2.050	0.770	1.060	7.08	0.680
(Prob)	0.169	0.096	0.662	0.603	0.275	0.557	0.389	0.153	0.380	0.316	0.008	0.410
DDT1=DDT3	3.690	7.160	0.030	20.920	1.970	2.560	1.600	0.110	0.010	26.73	0.710	18.810
(Prob)	0.055	0.007	0.857	0.000	0.161	0.110	0.206	0.736	0.922	0.000	0.400	0.000
DDT2=DDT3	0.220	0.110	0.230	26.630	0.560	1.300	0.570	9.04	0.850	26.29	1.370	2.660
(Prob)	0.637	0.736	0.630	0.000	0.455	0.254	0.448	0.005	0.357	0.000	0.242	0.103
Observations	2,380	2,380	2,380	2,380	2,380	2,380	2,266	2,266	2,266	2,266	2,266	2,266

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Iii) Impact on children's time use

From Table 12, the various treatment arms' impacts on children's time use by broad activity compared to the control are mixed, with no significant impacts observed for boys and girls other than in the P.O.W.E.R. intervention for boys on education activities. That is, the impact of P.O.W.E.R. intervention reduced boys' education time by 1.307 hours ($P<0.05$) compared to those in the control parishes. This could be explained by the fact that, at the time of the survey, most of the children were preparing to return to school or had returned to school returned to school (boarding or day).

Table 12 **Poisson impact of intervention estimates on time use for boys and girls aged 8-17 by activity (with district and household level covariates)**

	Girls					Boys				
	(1)	(3)	(5)	(7)	(9)	(2)	(4)	(6)	(8)	(10)
	care work	paid work	leisure	educate	others	care work	paid work	leisure	educate	others
VARIABLES	marginal effects					marginal effects				
T1(P.O.W.E.R.)	0.0970	-0.0767	0.471	-1.041*	0.0846	-0.343	-0.0674	0.737	-0.807+	0.434**
	(0.365)	(0.257)	(0.386)	(0.530)	(0.172)	(0.495)	(0.202)	(0.675)	(0.484)	(0.168)
T2 (P.O.)	-0.403	0.123	0.577	0.0412	-0.00600	0.0584	-0.778**	0.541	-0.395	0.621**
	(0.440)	(0.201)	(0.399)	(0.488)	(0.190)	(0.421)	(0.260)	(0.749)	(0.496)	(0.190)
T3 (W,E.R)	-0.123	0.339	0.303	-0.539	-0.0606	-0.706*	0.0219	0.920	-0.458	0.209
	(0.385)	(0.245)	(0.409)	(0.485)	(0.131)	(0.351)	(0.147)	(0.750)	(0.543)	(0.235)
time	0.0133	0.106	-1.321*	1.149	-0.106	-0.803	-0.151	-1.490*	1.554*	0.394*
	(0.926)	(0.490)	(0.664)	(0.819)	(0.148)	(0.589)	(0.364)	(0.667)	(0.613)	(0.178)
DDT1 (P.O.W.E.R*time)	0.0857	0.310	0.492	0.102	0.128	1.021	0.468	0.659	-1.307*	-0.170
	(0.943)	(0.583)	(0.831)	(0.823)	(0.159)	(0.734)	(0.447)	(1.047)	(0.664)	(0.223)
DDT2 (P.O,*time)	-0.0266	0.0974	0.669	-0.952	0.323	0.463	0.662	1.147	-1.073	-0.291
	(1.014)	(0.507)	(0.725)	(0.953)	(0.230)	(0.639)	(0.421)	(0.848)	(0.977)	(0.232)
DDT3 (W.E.R.*time)	-0.0972	-0.247	0.298	0.371	0.313	0.962	0.0657	-0.374	0.266	-0.263
	(1.206)	(0.545)	(0.752)	(0.885)	(0.229)	(0.863)	(0.389)	(0.981)	(0.905)	(0.238)
Control group means at endline	4.59	0.47	10.46	1.99	0.26	2.84	0.96	11.71	2.58	0.34
Observations	1,348	1,348	1,348	1,348	1,343	1,200	1,200	1,200	1,200	1,199

Notes: Model is a d-i-d using the panel sample controlling for the age of husbands and wives, number of adults and children in the household and district fixed effects; Standard errors are clustered at the parish level, ** $p<0.01$, * $p<0.05$, + $p<0.1$
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

In a Randomised Controlled Trial setting, this study set out to implement a social-ecological model to shift mindsets and behaviour surrounding gender and social norms in addressing UC&DW activities among families and workplaces. The study was conducted over three years in collaboration with the Makerere School of Women and Gender Studies, EPRC and Care International in Uganda with technical and financial support from the International Development Research Centre (IDRC) Canada. The study's rationale stemmed from the fact that globally, the issue of addressing the UC&DW burden remains a sore spot. Gender and social norms, often sticky and undefined, drive the UC&DW trends and are partly put at the centre as they frustrate the efforts most governments in Africa, Uganda included, are putting in place to increase women in paid work.

The study was piloted in 16 parishes in the districts of Mpigi, Masindi, Mbarara and Pallisa from 2021, where baseline data was gathered in November 2021, and endline survey data collection was undertaken from mid-January- mid-February 2024. Interventions were implemented from July 2022 to March 2023, while monitoring and support from the project team in intervention parishes was undertaken throughout the implementation of the intervention period. The surveys gathered information on various dimensions of perception ranging from division of tasks, acceptability of criticism and violence, well-being, care support services, facilities, and infrastructure for coupled women and men. In addition, time use information was also recorded along a 24-hour schedule for women, men and children (aged 8-17 years). A panel of 1,179 households constituted the final dataset, and analysis was undertaken at the parish level. Still, it can be generalised to the district population as randomisation was done (balance in treatment arms). In this regard, after almost 18 months of exposure to the novel approach (P.O.W.E.R. Model) to addressing gender and social norms to shift mindsets and behaviour that ultimately recognise, reduce, and redistribute the UC&DW burden, the following impacts in treatment areas relative to the *control* group were observed.

Program impacts were observed on social norms and perceptions depict the 3Rs of care work (recognition, reduction and redistribution), especially in the P.O.W.E.R. intervention arm. For example:

- Women in all three treatment parishes perceive their husbands to contribute more to education than women in the control parishes by 0.127 ($P<0.05$), 0.01816 ($P<0.1$) and 0.111 ($P<0.1$) in P.O.W.E.R, P.O and W.E.R parishes, respectively. Conversely, women in P.O. parishes indicated a corresponding reduction in their perceptions of their contribution to education by 0.0816 ($P<0.1$). This is important because often, men give their spouse the money to pay fees for their children and pass this off as their own, undermining the husband's contribution in the mindset of their children. Hence, husbands seem uncaring from the child's point of view.
- Men in the P.O.W.E.R. treatment parishes appear to perceive that they are contributing less by 0.115 ($P<0.1$) and that their wives were contributing more by 0.086 ($P<0.1$) to overall household well-being.
- Only a marginally significant reduction by 0.024 ($P<0.1$) in the perception among women that women are naturally better at care work-related tasks than men in the P.O. intervention parishes.
- An increase among women who were very satisfied with the division of tasks in P.O.W.E.R. and W.E.R. intervention parishes by 0.115 ($P<0.01$) and 0.169 ($P<0.01$), respectively.
- Men in P.O.W.E.R. intervention parishes strongly agreed that women should receive help from other household members to perform various activities on care and domestic work by an increase of 0.119 ($P<0.1$).
- *Women in the* P.O.W.E.R. intervention *agree* on

the need for the government to provide health care and childcare services by 0.195 ($P<0.05$) and 0.137 ($P<0.05$), respectively, fully recognising the need to redistribute the work to the government to reduce the burden of care they provide in their households.

- Even with the limited available care-supporting infrastructure, the interventions had no significant impact on their use. Some factors, such as the ability to afford and slow mindset/behavioural change driven by patriarchal norms, could be at play.
- Women's and men's perceptions of the acceptability of criticisms concerning shaming/mocking a man found performing UC&DW activities declined much more in P.O.W.E.R. intervention parishes. For example, women's criticisms were reduced when a man was seen washing dishes (10.3 pp), bathing a child (7.49 pp), washing clothes for other household members (7.25 pp), and cooking (6.46 pp). Among men, these were reduced by 10.12 pp (washing dishes), 9.05 pp (cooking), and 7.9 pp (bathing a child), respectively.

Using the robust estimates that include district and household controls, program impacts on time use highlight that:

- Women's time spent on UC&DW reduced in full P.O.W.E.R. and P.O. interventions by 1.568 hours ($P<0.01$) and 0.964 hrs ($P<0.1$), respectively, while men's time on UC&DW reduced in P.O.W.E.R. and P.O. interventions by 0.598 hours ($p<0.01$) and 0.358 hours ($P<0.1$) respectively. The implications of the freed-up time could lead to better health outcomes for women and participation in secondary paid work-related activities for women and men.
- Women's time spent on education activities increased significantly in the P.O.W.E.R. and P.O. interventions by 0.641 hrs ($P<0.01$) and 0.664 hrs ($p<0.01$), respectively. In contrast, W.E.R. intervention had a negative impact on the same by 0.115 hrs ($p<0.05$). Besides, men's time spent on education increased in W.E.R. intervention by 0.544 hours ($p<0.01$) compared to those in the control group.
- Men's time spent on community-related services increased for those who were exposed to P.O. and W.E.R. by 0.488 hours ($p<0.01$) and 0.280 hours ($P<0.1$), respectively.
- Among women compared to the control parishes, the impact of the interventions on time spent on other activities increased in P.O.W.E.R. parishes by 0.716 hours ($P<0.1$) and for men increased by 0.167 hours ($P<0.1$) compared to the Control.

In conclusion, the significant impacts of the interventions show that the time spent by women and men in P.O.W.E.R. parishes on care work was reduced. Women and men in the W.E.R. intervention had increased their time spent in education-related activities. Men exposed to P.O. and W.E.R. treatments also significantly increased their time in community activities. Both men and women in the full P.O.W.E.R. intervention arm increased their time spent on other activities.

5.2 Recommendations

From the findings, we recommend:

- *Scale up the P.O.W.E.R. intervention to other districts*. A whole approach (P.O.W.E.R.) to reduce UC&DW and shifting mindsets and behaviour within families and communities as a long-term measure, especially among women. Although partial delivery of interventions such as P.O. only and W.E.R. only have some impacts, these can take longer to cause change, which, in the long run, becomes more costly as they have to be repeatedly delivered, hence the need to implement the entire model systematically and pragmatically. The P.O.W.E.R. intervention will need to be scaled up to other districts. This can be embedded in the National Development Plans and programmes such as the Parish Development Model (PDM) Pillar 5 on mindset change. This will foster recognition and reduce time spent in UC&DW so that women and men can increasingly uptake and engage in productive activities.
- *Increase engagement in the dialogue between government, Civil Society Organizations,*

Development Partners and Media to support the scale-up of the nationwide P.O.W.E.R model intervention. In particular, the government shall offer leadership and ownership while building its capacity as decision-makers to implement interventions and engage in dialogue. CSOs shall contribute by identifying and engaging with allies and champions from the government (Ministry of Gender, Labour, and Social Development), international NGOs (OXFAM and CARE International), and development partners that address care-related work for mindset change and reduction of GBV in communities. For legitimacy, evidence from this study shall inform all these dialogues and planning.

- *Set up a coordination mechanism for scaling up the interventions.* Given that social-ecological model P.O.W.E.R. can shift attitudes and behaviour in communities, identifying all implementation partners and their roles and responsibilities (making sure P.O.W.E.R has an 'institutional home' within the Ministry of Gender, Labour and Social Development), estimating the costs (what does the program cost per person, what funding is currently available and its source, as well as the funding gap and possible resource mobilisation strategies), agreeing on the delivery model (including the linkages with services and community support mechanisms) and materials to be used, the phased roll-out plan, and clear targets must be set. A Memorandum of Understanding between the CSOs, government and other collaborating institutions and organisations should be implemented for such a costed work plan. The costs incurred from this study can provide a starting foundation for this process. 3

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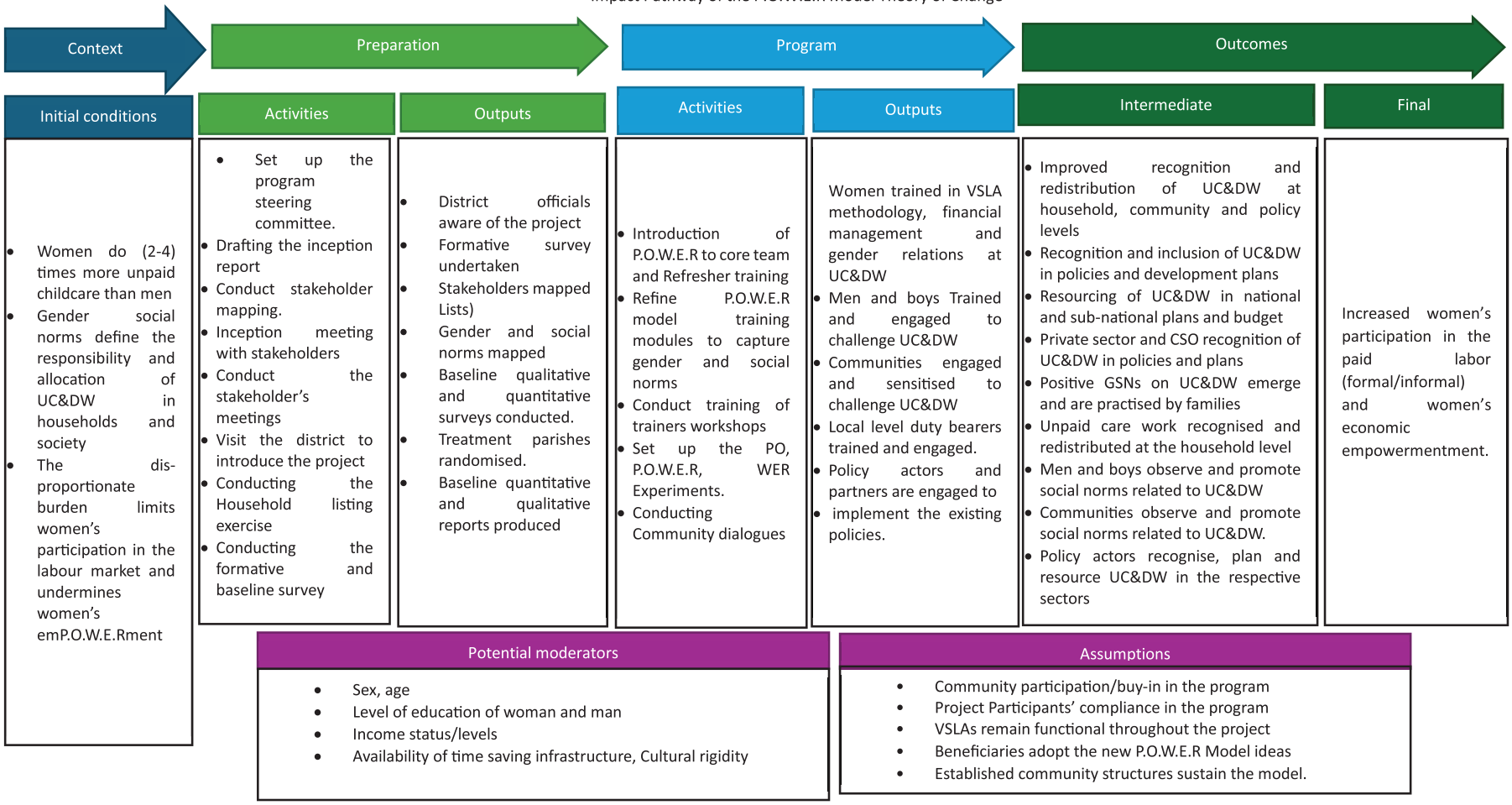
ANNEXES

Impact Pathway of the P.O.W.E.R Model Theory of Change



Annex Table 1: Number of households listed by district, sub-county, and parish

Region	Districts	Sub county	Parishes	Selected Parish (Intervention)	No. of villages	No. of households listed
Central	Mpigi	Kammengo	Butoolo, Kanyike, Lwagwa, Gangu Fr, Kyanja, Musa, Kammengo, Luwala, Muyira	Kanyike (PO)	4	129
		Kiringente	Kavule, Kikondo, Luvumbula, Sekiwunga, Kololo			
		Muduuma	Bulerejje, Malima, Tiribogo, Jeza, Mbazzi, Lugyo, Musaale-magala			
		Buwama	Bbongole, Buyijja, Lubugumu, Sango, Bulunda, Jjalamba, Mbizzinya, Bunjako, Kawumba, Naitete	Bulunda (P.O.W.E.R)	8	104
		Nkozi	Bukunge, Kayabwe, Nakibanga, Buseese, Mugge, Nnindye, ggolo, Nabusanke			
		Mpigi TC	Ward A, Ward, B, Ward C, Ward D			
		Mpigi	Bumoozi, Kafumu, Kakoola, Kisitu Fr, Kankoma, Kyali, Lwanga, Maziba, Mpanga Fr	Kakoola (CONTROL)	4	105
		Kituntu	Bukasa, Bukemba, Kantini, kasozi, Luwunga, Migamba, Nkasi	Nkasi (WE)	4	113
Mid-West	Masindi	Bwijanga	Bikonzi, Kahembe, Kitamba, Ntooma, Rukondwa	Kitamba (P.O.W.E.R)	6	131
		Karujubu	Kibwona, Kihuba, Kisita			
		Kimengo	Kijunubwa, Kimengo			
		Masindi T/C-Central Division	Civic Centre, Southern, Western	Western Ward (CONTROL	3	293
		Miirya	Bigando, Isimba, Kiguulya			
		Nyangahya	Kikwanana, Kiryanga			
		Pakanyi	Kaurma Gr, Kyakamese, Kyatiri, Labongo	Kyakamese (PO)	21	224
		Budongo (now in Buliisa District)	Budongo Fr, Kabango, Kasenene, Kasongoire, Kinyara, Murchison Falls NP, Nyabyeya, Nyantonzi	Kabango (WE)	19	145
West	Mbarara	Buraare	Kamushoko, Kashaka, Katojo, Mugarutsya, Rugarama, Rwenshanku			
		Bugamba	Kabarama, Kamono, Kibingo, Kitojo, Ngugo, Nyaruhandagazi, Rweibogo			
		Bukiro	Bukiro, Nyanja, Nyarubungo, Rubingo	Nyarubungo (PO)	9	129
		Kagongi	Bwengure, Kibingo, Kyandahi, Ngango, Nsiika, Ntura	Kibingo (P.O.W.E.R)	12	155
		kakiika	Bunutsya, Kakiika, Kakoma, Kyahi Fr, Nyarubanga, Rwemigyina			
		Kakoba	Kakoba, Nyamityobora			
		Kamukuzi	Kamukuzi, Ruharo			
		Kashare	Mirongo, Mitozo, Nchune, Nyabisirira			
		Mwizi	Bushwere, Kigaaga, Kikunda Fr, Ngoma, Rukarabo, Ryamiyonga			

Region	Districts	Sub county	Parishes	Selected Parish (Intervention)	No. of villages	No. of households listed
		Ndaija	Bujaga, Kakigaani, Kibaare, Kongoro, Ndaija, Nyakaikara ,Nyeihanga, Rwensinga			
		Nyakayojo	Bugaashe, Katojo, Kichwamba, Nyarubungo, Rukindo, Rwakishakiizi			
		Nyamitanga	Katete, Ruti			
		Rubaya	Bigaaga, Bunenero, Buramba, Itara, Kahungye, Karujanga, Kibuga, Kishasha, Kitooma, Mugandu, Nyabuhama, Ruhunga, Rushozi, Rwanyena, Rwenjeru	Ruhanga (CONTROL)	13	114
		Rubindi	Bitsya, Kabare, Kariro, Karwensanga, Nyamiriro, Rwamuhiigi			
		Rugando	Kitunguru, Mirama, Nyabikungu, Nyakabare, Nyarubungo			
		Rwanyamahembe-Bwezibwera	Kakyerere, Katyazo, Mabira, Rutooma, Rwebishekye	Rutooma (WE)	11	133
East	Pallisa	Agule	Agule, Akwamor, Chelekura, Morukokume, Odusai, Okunguro	Agule (Kadodio village) [PO]	8	145
		Apopong	Adal, Apopong, Kapala, Kaukura, Obwanai			
		Butebo	Butebo, Kabelai, Kanyum, Kasiebai			
		Gogonyo	Ajepet, Gogonyo, Kachango	Gogonyo (Obutete village) [P.O.W.E.R]	15	114
		Kabwangasi	Kabwangasi, Kachuru, Maizimasa, Nasenyi, Putti			
		Kakoro	Kadokolen, Kaitisya, Kakoro, Kanginima, Kasajja, Kitoikawononi, Tekwana			
		Kameke	Akisim, Kameke, Nyakoi, Oboliso, Okisiran, Opadoi			
		Kamuge	Boliso II, Kagoli, Kalapata, Kamuge			
		Kasodo	Apapa, Kasodo, Najeniti, Ngalwe Olok			
		Kibale	Kadesok, Kapuwai, Kibale, Omukulai, Opogono, Opwateta	Kadesok (WE)	11	136
		Pallisa	Akadot, Kaboloi, Kagoli			
		Pallisa Tc	Hospital, Kagwese, Kaucho, Odwarat, Supa			
		Petete	Kachabali, Kachocha, Kapunyasi, Petete, Sidanyi			
		Puti-puti	Boliso I, Limoto, Mpongi, Puti-puti	Limoto (CONTROL)	11	126

Notes: The households listed per parish cover different villages where the women were members of VSLAs and married.
Source: EPRC's computations using Endline Survey Dataset, 2024

Annex Table 2: If you had to spend less time on caring for people and domestic work, what would you do with your extra time?-*Women Responses*

	Baseline				Endline				Diff-in-Diff (D-i-D)		
Activity	Control	P.O.W.E.R	PO	WER	Control	P.O.W.E.R	PO	WER	P.O.W.E.R	PO	WER
More leisure time/sleep/personal care	35.09	26.09	29.35	32.21	48.42	33.33	40.27	37.58	-6.09	-2.41	-7.96
More income-generating work	40.70	50.17	46.42	44.63	31.93	42.00	35.15	37.92	0.6	-2.5	2.06
More agriculture	14.04	15.05	10.92	10.07	10.88	15.67	16.38	13.76	3.78	8.62	6.85
Provide better direct person care (e.g. children)	3.51	2.68	4.44	5.03	3.16	3.00	2.39	1.34	0.67	-1.7	-3.34
Engage in community activities or social life	0.00	1.00	1.02	1.68	0.35	0.67	0.00	2.35	-0.68	-1.37	0.32
Help neighbours/friends	0.35	0.67	0.34	0.00	0.00	0.33	0.00	0.00	0.01	0.01	0.35
More education/training	1.05	0.67	3.41	1.34	1.05	1.00	2.39	1.34	0.33	-1.02	0
More religious activities	4.56	3.34	2.39	2.68	3.16	2.33	1.71	4.36	0.39	0.72	3.08
Other	0.70	0.00	1.37	2.35	1.05	1.33	1.37	1.01	0.98	-0.35	-1.69
I don't know	0.00	0.33	0.34	0.00	0.00	0.33	0.34	0.34	0	0	0.34
Total	285	299	293	298	285	300	293	298			

Notes: The simple contigency presentation of the D-i-D estimates should be interprented not in significance terms but in levels and direction of change.
Source: EPRC's computations using Endline Surve Dataset, 2024

Annex Table 3: Perceptions on task performance- Women's perceptions

	Baseline (1)				Endline (2)				Diff-in-Diff (3)		
Tasks	Control	P.O.W.E.R	PO	WER	Control	P.O.W.E.R	PO	WER	P.O.W.E.R	PO	WER
Panel (a): Are there tasks that women are naturally better at than men											
Meal preparation	97.86	95.52	94.93	94.77	97.15	97.24	97.10	95.82	2.44	2.89	1.76
Planting/harvesting crops	24.56	23.10	24.64	24.04	17.44	20.00	18.48	19.86	4.01	0.96	2.94
Cleaning the house or compound	71.17	73.10	67.75	72.47	73.31	67.24	69.57	69.34	-8.00	-0.32	-5.27
Drying/processing an agricultural product	4.27	10.34	6.52	5.57	6.41	9.31	6.52	6.27	-3.17	-2.14	-1.44
Caring for children	77.94	84.14	82.25	77.70	79.00	74.83	75.72	77.00	-10.38	-7.59	-1.76
Carpentry/making furniture	1.07	1.38	1.45	0.70	1.07	2.41	0.00	0.70	1.03	-1.45	0.00
Caring for elderly, ill or disabled	11.74	15.86	11.96	8.36	8.90	7.59	5.07	8.36	-5.43	-4.04	2.85
House construction/repair	1.78	1.72	1.45	1.05	2.49	2.07	1.81	0.35	-0.37	-0.35	-1.41
Fuel or water collection	32.03	40.00	35.51	30.31	26.33	27.93	25.00	23.69	-6.38	-4.81	-0.93
Selling products/trading	7.47	7.24	7.61	8.01	5.69	5.52	5.43	5.57	0.06	-0.39	-0.66
Taking care of farm animals	3.20	8.62	8.33	5.23	8.54	6.55	4.35	3.48	-7.41	-9.32	-7.08
Washing, ironing, mending clothes	70.46	80.00	65.58	71.43	80.07	65.52	69.57	69.34	-24.09	-5.62	-11.70
Others	3.56	1.72	3.62	3.14	0.36	0.69	0.72	1.39	2.17	0.30	1.46
N	*281*	*290*	*276*	*287*	*281*	*290*	*276*	*287*			
Panel (b): Are there tasks that men are naturally better at than women											
Meal preparation	0.84	1.20	2.39	0.78	0.84	1.99	1.20	0.39	0.80	-1.20	-0.39
Planting/harvesting crops	19.33	34.66	39.04	32.16	33.61	44.22	45.02	32.94	-4.72	-8.31	-13.50
Cleaning the house or compound	2.52	6.37	7.57	9.41	8.40	9.56	13.15	10.59	-2.70	-0.30	-4.71
Drying/processing an agricultural product	15.97	14.74	14.34	18.04	31.93	13.15	17.53	18.04	-17.56	-12.78	-15.97
Caring for children	7.14	4.78	4.38	2.35	7.14	3.19	5.58	3.14	-1.59	1.20	0.78
Carpentry/making furniture	52.52	63.35	52.19	51.37	54.20	36.65	37.45	47.45	-28.37	-16.42	-5.60
Caring for elderly, ill or disabled	0.84	3.98	4.78	2.75	4.20	0.40	2.79	1.96	-6.95	-5.35	-4.15
House construction/repair	77.31	76.89	69.72	71.76	64.71	49.40	52.59	60.78	-14.89	-4.53	1.62
Fuel or water collection	17.65	24.30	21.12	23.14	23.95	29.48	29.88	29.02	-1.12	2.46	-0.42
Selling products/trading	29.83	43.82	27.09	31.76	21.85	23.90	19.52	22.75	-11.94	0.41	-1.04
Taking care of farm animals	55.88	59.36	59.76	53.73	67.23	61.75	64.14	62.35	-8.95	-6.96	-2.72
Washing, ironing, mending clothes	1.68	1.59	1.59	1.57	3.36	1.59	0.80	0.39	-1.68	-2.48	-2.86
N	*238*	*251*	*251*	*255*	*238*	*251*	*251*	*255*			

Source: EPRC's computations using Endline Survey Dataset, 2024

Annex Table 4: Perceptions on task performance- Men's perceptions

	Baseline (1)				Endline (2)				Diff-in-Diff (3)		
Tasks	Control	P.O.W.E.R	PO	WER	Control	P.O.W.E.R	PO	WER	P.O.W.E.R	PO	WER
Panel (a): What are the tasks that women are naturally better at than men?											
Meal preparation	96.69	97.36	97.00	91.64	97.43	99.25	99.63	98.18	1.15	1.89	5.81
Planting/harvesting crops	20.22	18.87	19.48	15.64	10.66	15.85	11.61	16.36	6.54	1.69	10.29
Cleaning the house or compound	72.43	70.19	62.17	67.64	66.91	60.00	60.67	57.82	-4.67	4.02	-4.30
Drying/processing an agricultural product	4.78	7.17	3.00	4.00	6.25	6.04	4.12	2.91	-2.60	-0.35	-2.56
Caring for children	87.50	84.15	83.52	77.09	77.94	78.11	75.66	75.27	3.52	1.69	7.74
Carpentry/making furniture	0.74	0.38	0.00	1.09	0.37	0.38	0.37	0.36	0.37	0.74	-0.36
Caring for elderly, ill or disabled	13.24	14.34	8.24	10.18	9.19	7.92	5.99	9.82	-2.37	1.80	3.68
House construction/repair	0.74	1.13	0.37	1.09	0.37	0.38	0.75	0.00	-0.39	0.74	-0.72
Fuel or water collection	32.35	36.98	34.46	29.45	19.12	25.28	23.60	17.82	1.54	2.37	1.60
Selling products/trading	5.88	4.15	4.12	7.64	6.25	4.53	4.87	4.73	0.01	0.38	-3.28
Taking care of farm animals	4.04	4.91	6.74	8.36	2.21	1.51	1.50	2.18	-1.56	-3.41	-4.34
Washing, ironing, mending clothes	61.40	71.32	60.67	65.09	76.47	53.58	62.92	66.55	-32.81	-12.83	-13.62
N	272	265	267	275	272	265	267	275			
Panel (b): What are the tasks that men are naturally better at than women?											
Meal preparation	0.79	0.78	0.79	0.79	1.19	1.57	1.58	4.33	0.39	0.40	3.15
Planting/harvesting crops	20.16	36.86	39.13	37.01	43.48	44.31	48.62	41.73	-15.87	-13.83	-18.60
Cleaning the house or compound	1.98	7.84	7.91	9.45	9.09	13.73	13.04	9.45	-1.23	-1.98	-7.11
Drying/processing an agricultural product	17.00	15.29	15.42	23.23	31.23	18.04	21.34	23.62	-11.48	-8.30	-13.84
Caring for children	5.53	4.31	3.56	5.51	7.51	4.31	3.95	5.51	-1.98	-1.58	-1.98
Carpentry/making furniture	53.36	62.75	54.94	50.79	52.57	39.22	37.15	40.55	-22.74	-17.00	-9.45
Caring for elderly, ill or disabled	1.58	4.71	4.74	3.15	1.98	0.78	2.37	1.97	-4.32	-2.77	-1.58
House construction/repair	82.21	77.25	73.52	70.47	65.61	49.80	51.78	55.51	-10.85	-5.14	1.64
Fuel or water collection	19.37	21.96	21.74	28.35	23.32	30.59	28.85	25.98	4.67	3.16	-6.31
Selling products/trading	24.11	44.71	31.23	27.95	20.95	27.06	17.79	23.23	-14.49	-10.28	-1.56
Taking care of farm animals	59.68	63.53	58.50	57.09	70.36	64.31	67.59	63.78	-9.89	-1.58	-3.98
Washing, ironing, mending clothes	0.40	1.18	0.79	0.79	3.56	2.35	0.79	3.15	-1.99	-3.16	-0.80
N	253	255	253	254	253	255	253	254			

Notes: The simple contigency presentation of the D-i-D estimates should be interprented not in significance terms but in levels and direction of change.
Source: EPRC's computations using Endline Survey Dataset, 202

Table 5: Poisson impact of intervention estimates on time use for women and men by activity (no covariates)

	Women						Men					
	(1)	(2)	(3)	(4)	(5	(6)	(7)	(8)	(9)	(10)	(11)	(12)
VARIABLES	care work	paid work	leisure	educate	community	others	care work	paid work	leisure	educate	community	others
	marginal effects						marginal effects					
T1(P.O.W.E.R)	1.080+	-0.581	-0.137	-0.646**	0.192	-0.503**	0.546**	-0.399	0.349	-0.0290	-0.0665	-0.450*
	(0.0812)	(0.103)	(0.582)	(4.29e-05)	(0.366)	(0.00323)	(0.000511)	(0.442)	(0.556)	(0.523)	(0.583)	(0.0109)
T2 (P.O.)	1.094+	-0.619	-0.301	-0.646**	0.196	-0.335	0.371	-0.134	0.290	0.0339	-0.264*	-0.390
	(0.0854)	(0.272)	(0.407)	(3.67e-05)	(0.195)	(0.283)	(0.106)	(0.814)	(0.658)	(0.463)	(0.0216)	(0.278)
T3 (W.E.R.)	0.270	-0.0791	0.112	0.0597	-0.100	-0.0778	-0.127	-0.203	0.388	-0.593**	-0.162	0.138
	(0.672)	(0.890)	(0.804)	(0.259)	(0.592)	(0.756)	(0.765)	(0.796)	(0.573)	(1.32e-07)	(0.203)	(0.636)
time (CONTROL)	0.454	-0.180	-0.337	0.140*	0.139	0.00851	0.140	0.0174	-0.112	0.0682**	-0.0109	-0.000
	(0.208)	(0.541)	(0.189)	(0.0108)	(0.324)	(0.972)	(0.128)	(0.947)	(0.701)	(0.00577)	(0.781)	(1.000)
DDT1 (P.O.W.E.R*time)	-1.521**	0.513	0.446	0.591**	-0.104	0.694+	-0.598**	0.258	-0.406	0.0334	0.129	0.603+
	(6.99e-05)	(0.157)	(0.154)	(0.000205)	(0.709)	(0.0628)	(0.00839)	(0.618)	(0.377)	(0.398)	(0.219)	(0.0521)
DDT2 (PO*time)	-0.916	-0.472	0.583	0.610**	0.169	0.485	-0.354	-0.415	-0.0565	-0.0201	0.487**	0.293
	(0.103)	(0.459)	(0.154)	(4.02e-05)	(0.291)	(0.128)	(0.103)	(0.221)	(0.882)	(0.688)	(2.85e-05)	(0.487)
DDT3 (WER*time)	-0.617	-0.271	0.367	-0.114+	0.320	0.162	0.00224	0.430	-0.466	0.566**	0.276+	-0.269
	(0.291)	(0.461)	(0.422)	(0.0648)	(0.155)	(0.570)	(0.996)	(0.193)	(0.346)	(9.46e-07)	(0.0769)	(0.357)
Observations	2,380	2,380	2,380	2,380	2,380	2,380	2,266	2,266	2,266	2,266	2,266	2,266

Notes: Model is a d-i-d using the panel sample; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Table 6: Poisson impact of intervention estimates on time use for women and men by activity (with district covariates)

	Women						Men					
	(1)	(2)	(3)	(4)	(5	(6)	(7)	(8)	(9)	(10)	(11)	(12)
VARIABLES	care work	paid work	leisure	educate	community	others	care work	paid work	leisure	educate	community	others
	marginal effects						marginal effects					
T1(P.O.W.E.R)	1.171**	-0.619**	-0.173	-0.648**	0.194	-0.517**	0.557**	-0.421	0.393	-0.0258	-0.0751	-0.477+
	(0.00195)	(0.000300)	(0.518)	(1.30e-09)	(0.354)	(0.00463)	(7.08e-05)	(0.362)	(0.176)	(0.558)	(0.456)	(0.0585)
T2 (P.O.)	1.158**	-0.643*	-0.330	-0.647**	0.197	-0.346	0.380+	-0.153	0.327	0.0362	-0.271**	-0.413
	(0.00653)	(0.0326)	(0.238)	(1.86e-08)	(0.197)	(0.243)	(0.0811)	(0.738)	(0.392)	(0.411)	(0.00497)	(0.279)
T3 (W.E.R.)	0.344	-0.115	0.0905	0.0559	-0.0993	-0.0869	-0.124	-0.198	0.398	-0.566**	-0.167	0.122
	(0.513)	(0.715)	(0.788)	(0.175)	(0.585)	(0.744)	(0.757)	(0.711)	(0.130)	(6.62e-11)	(0.187)	(0.653)
time (CONTROL)	0.463	-0.195	-0.327	0.139**	0.139	0.00669	0.140	0.0174	-0.112	0.0682**	-0.0109	0.000
	(0.188)	(0.495)	(0.204)	(0.00104)	(0.325)	(0.978)	(0.124)	(0.947)	(0.701)	(0.00524)	(0.781)	(1.000)
DDT1 (P.O.W.E.R*time)	-1.531**	0.528	0.437	0.591**	-0.104	0.696+	-0.598**	0.258	-0.406	0.0334	0.129	0.603+
	(4.54e-05)	(0.132)	(0.163)	(1.36e-05)	(0.710)	(0.0611)	(0.00757)	(0.616)	(0.379)	(0.390)	(0.224)	(0.0552)
DDT2 (PO*time)	-0.920+	-0.464	0.578	0.610**	0.169	0.486	-0.354	-0.415	-0.0565	-0.0201	0.487**	0.293
	(0.0957)	(0.460)	(0.158)	(6.22e-08)	(0.290)	(0.129)	(0.104)	(0.224)	(0.882)	(0.689)	(3.23e-05)	(0.490)
DDT3 (WER*time)	-0.626	-0.259	0.361	-0.114*	0.320	0.163	0.00224	0.430	-0.466	0.543**	0.276+	-0.269
	(0.280)	(0.471)	(0.429)	(0.0265)	(0.156)	(0.567)	(0.996)	(0.194)	(0.347)	(1.50e-09)	(0.0756)	(0.345)
Observations	2,380	2,380	2,380	2,380	2,380	2,380	2,266	2,266	2,266	2,266	2,266	2,266

Notes: Model is a d-i-d using the panel sample controlling for district fixed effects; Standard errors are clustered at the parish level, ** p<0.01, * p<0.05, + p<0.1
Source: EPRC's computations using Baseline and Endline Survey Datasets, 2024

Economic Policy Research Centre
Plot 51, Pool Road, Makerere University Campus
P.O. Box 7841, Kampala, Uganda
Tel: +256-414-541023/4, Fax: +256-414-541022
Email: eprc@eprcug.org, Web: www.eprcug.org