

Phase 3 of WFP food assistance prioritisation in Uganda: Community consultation report

Introduction

In **Phase 3** of the prioritisation of WFP’s food assistance in Uganda, a country-wide approach will be implemented in all 13 refugee settlements that will lead to the provision of two different ration amounts to highly and moderately vulnerable households, while excluding self-reliant households from food assistance after a transition period.

Community consultations were held to consult refugees and other key stakeholders to **inform the design of the Phase 3 prioritisation approach**. More specifically, the consultations aimed to:

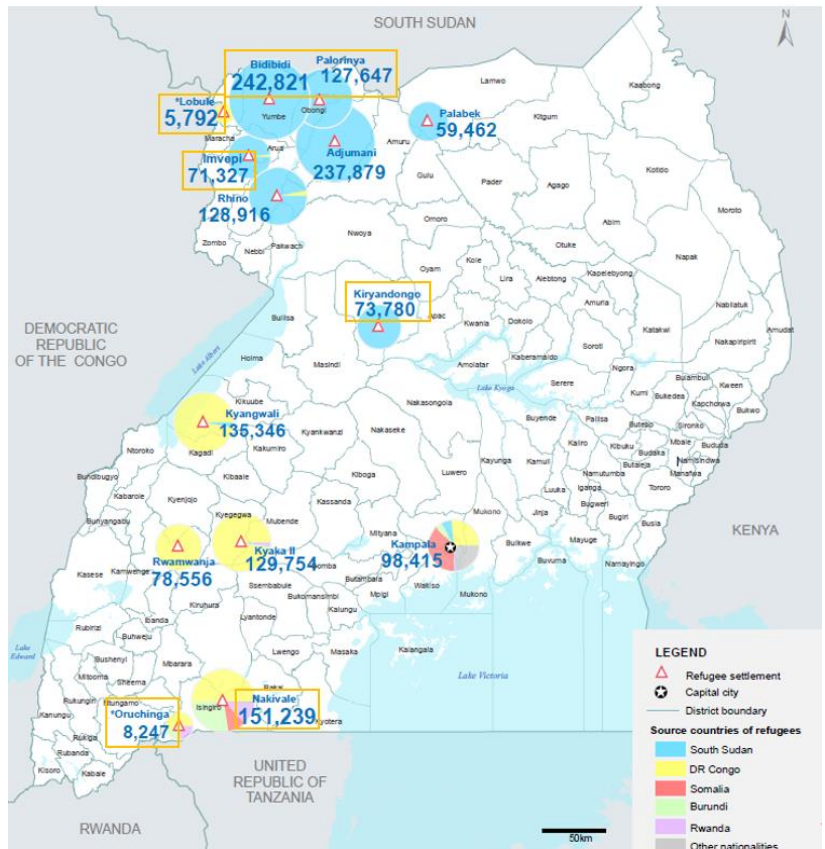
- Collect feedback on which types of refugee households are the **most and the least vulnerable**.
- Identify **potential risks** of Phase 3 of prioritisation and **mitigation measures**.
- Identify refugees’ **preferred channels** for receiving key information and sharing questions, feedback, complaints and appeals.
- Initiate the sharing of **key messages** on Phase 3 of prioritisation.

Methodology

Between **7-11 November 2022**, refugees and other key stakeholders were consulted in **7 out of the 13 refugee settlements** in Uganda. The 7 settlements where the consultations took place were Bidibidi, Palorinya, Imvepi, Lobule, Kiryandongo, Nakivale and Oruchinga.

These settlements were selected considering the Ebola outbreak going on at the time, which meant that the settlements Kyangwali, Kyaka II and Rwamwanja had to be avoided, while also taking into account other planned field-level activities including distributions, as well as logistical constraints.

In total, **104 consultation sessions** including **59 focus group discussions (FGDs)** and **45 key informant interviews (KIIs)** were conducted in close collaboration between UNHCR, WFP, the Joint Hub and NGO partners. There were **851 participants** across FGDs and KIIs.



FGD participants included women, men, persons with specific needs, youth and committee members (such as food management committee members, child protection committee members and Refugee Welfare Committee (RWC) members). FGDs were held separately for women and men.

Overall, 58% of FGD participants were female and 42% were male. In terms of age, more than 60% of both female and male participants were between the ages of 25 and 59, while close to 20% were between the ages of 18 and 24, slightly more than 10% were 60 years and older, and the remainder below the age of 18. A majority of 55% of FGD participants was from South Sudan, while 24% were from the DRC, 10% from Rwanda, 7% from Burundi, 1% from Somalia, and 3% from other countries.

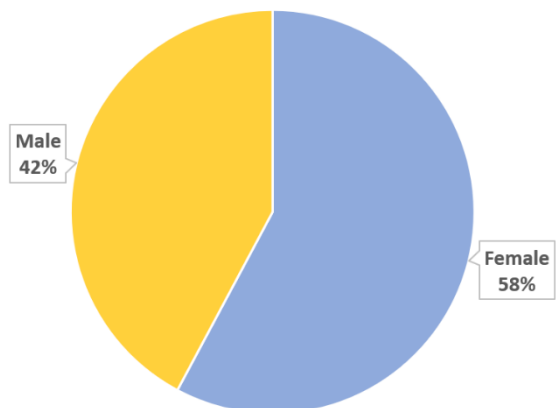


Figure 1: Gender of FGD participants.

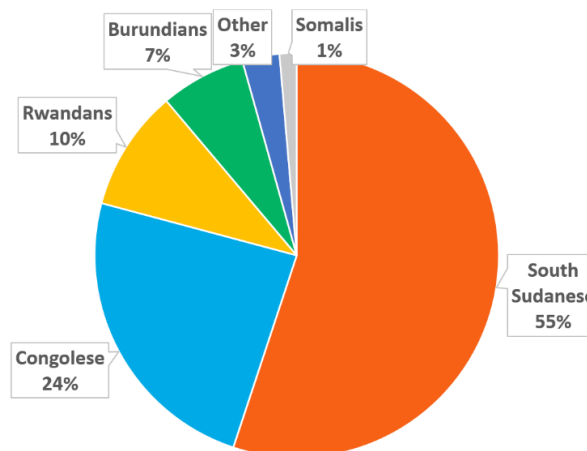


Figure 2: Nationalities of FGD participants.

Key informants included Refugee Welfare Committee (RWC) members, religious leaders, government representatives, health workers and protection staff.

Before the consultations were carried out, a half-day online **training of the facilitators and note-takers** was held on 3 November with a total of 68 participants including UNHCR and WFP staff from Sub, Area and Field Offices as well as partners such as ADRA, Alight, Danish Refugee Council, Hunger Fighters, International Rescue Committee and World Vision. The different training sessions, which were facilitated by the Joint Hub as well as UNHCR and WFP Kampala-level focal points, included a recap on Phases 1 and 2 and an introduction to Phase 3 of prioritisation, an overview of the planned consultations including the objectives, methodology and participants, as well as a session on jointly agreed key messages, an in-depth look at the FGD and KII questionnaires, and the use of the digital data collection platform MoDa for notetaking.

Key findings

This section presents the key findings of the consultations. Please note that consultations were only carried out in **7 out of the 13 refugee settlements** and that, while the age, gender and diversity (AGD) approach was used when selecting consultation participants, the consultations were a qualitative exercise and not intended to include a representative sample of the population. These limitations should be kept in mind when interpreting the findings.

Moreover, the percentages that can be seen in the below graphs refer to the share of consultation sessions in which a certain issue was mentioned. For example, in the first graph below on the left side, which shows findings from the FGDs, in 68% out of the total 59 FGD sessions participants mentioned that “Rations are too small”.

Feedback on Phases 1 and 2 of the prioritisation process

All 7 settlements (Groups 1-3)

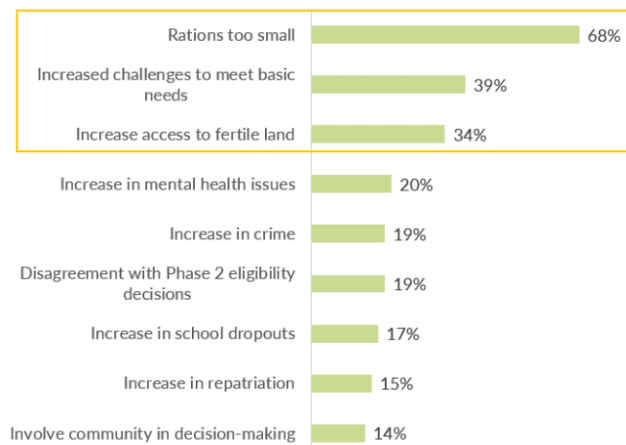


Figure 3: Feedback on Phases 1 and 2 from FGD participants across all 7 settlements. The percentages indicate the share of FGD sessions in which a certain issue was raised.

Nakivale & Oruchinga (Group 3)

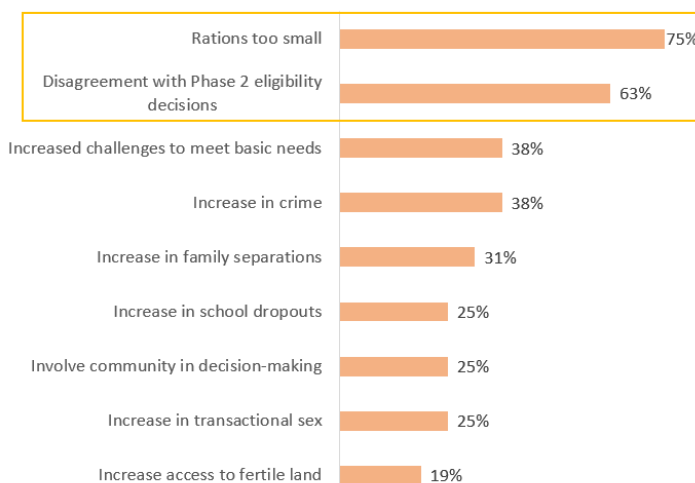


Figure 4: Feedback on Phases 1 and 2 from FGD participants in Nakivale and Oruchinga only. The percentages indicate the share of FGD sessions in which a certain issue was raised.

The two graphs above, which present findings from the **FGDs**, reveal the feedback that consultation participants shared on Phases 1 and 2 of the prioritisation process, meaning the categorisation of the 13 settlements into three groups according to the overall vulnerability levels of settlements since November 2021 in **Phase 1**¹, and the introduction of a second, higher level of food assistance for a share of the most vulnerable households in Group 3 settlements since June 2022 in **Phase 2**².

While the question that was asked to FGD participants focused on Phases 1 and 2 of the prioritisation process, many participants seem to have used this question as an opportunity to share their concerns regarding the **food ration reductions that have been implemented since 2020** (food rations were decreased to 70% in April 2020, and later to 60% in February 2021).

Figure 3, which includes the FGD feedback from all 7 settlements that were included in the consultations, shows that community members' primary concern is that the provided **food rations are too small**, leading to increased hunger and malnutrition³, and especially so in the case of the most vulnerable households and those receiving cash assistance in the context of continued high inflation. Furthermore, FGD participants highlighted **increased challenges in meeting basic needs**, which refers to the fact that WFP food assistance is used to cover other basic

¹ As for the settlements that were included in the Phase 3 community consultations, this means that Bidibidi, Palorinya, Imvepi and Lobule were put in Group 1 (most vulnerable settlements), Kiryandongo was put in Group 2 (less vulnerable settlements), and Nakivale and Oruchinga in Group 3 (comparatively least vulnerable settlements). As a result of Phase 1 of prioritisation, Group 1 settlements started receiving an increased 70% ration, while Group 2 settlements continued to receive a 60% ration, and Group 3 settlements started receiving a lower 40% ration.

² Phase 2 led to a share of the most vulnerable households in Group 3 settlements receiving a higher 60% ration, while the majority of refugees in these settlements continued to receive the 40% ration.

³ A key informant working as a nutrition assistant in a health facility in Bidibidi explained that since food rations were reduced in 2020, cases of malnutrition of children below the age of 5 had gone up steadily. While in 2020 the facility had received 437 cases of severe acute malnutrition, in 2021 there were 617 cases, and in 2022 (by end of September) there were already 699 cases.

needs⁴ such as school fees⁵, the cost of grinding grains, the renting of additional land for cultivation, medicine, and other essential items.

Consultation participants also pointed out that **access to fertile land for cultivation** should be increased in the face of continued reduced rations. Other challenges that were mentioned across the 7 settlements included a perceived **increase in mental health issues** (including increases in stress, depression, suicide, drug abuse, etc.), an **increase in crime**, an **increase in school dropouts** as well as an **increase in voluntary repatriation** (or increased intentions thereof).

Figure 4, which filters out the FGD feedback from **Nakivale and Oruchinga**, two settlements that have gone through not only Phase 1 but also **Phase 2**, shows that in 63% of FGDs, participants raised **concerns with how households were selected for the higher 60% ration**, perceiving as unfair that some less vulnerable households were selected for the higher ration, while more vulnerable households were seemingly missed. FGD participants suggested that home visits should be carried out to confirm households' vulnerability levels⁶, and that refugee leaders should be closely involved in the process.

Other key protection concerns that were highlighted by FGD participants included perceived increases in **family separations, domestic violence, child abandonment, child labour, gender-based violence** and **early marriages**.

While **key informants** gave very similar feedback, they additionally highlighted a perceived increase in tensions between community members over the past years (mentioned by 13% of key informants), and underlined the importance of transparent and timely community engagement when making changes to refugees' assistance (also mentioned by 13% of key informants).

⁴ Either by using the cash assistance or by selling part of the in-kind assistance.

⁵ Schools are also asking for food items for each pupil.

⁶ Note that a joint appeals mechanism has been set up for Phase 2, and that home visits are carried out by protection case workers as part of appeals follow-up.

Most vulnerable types of households

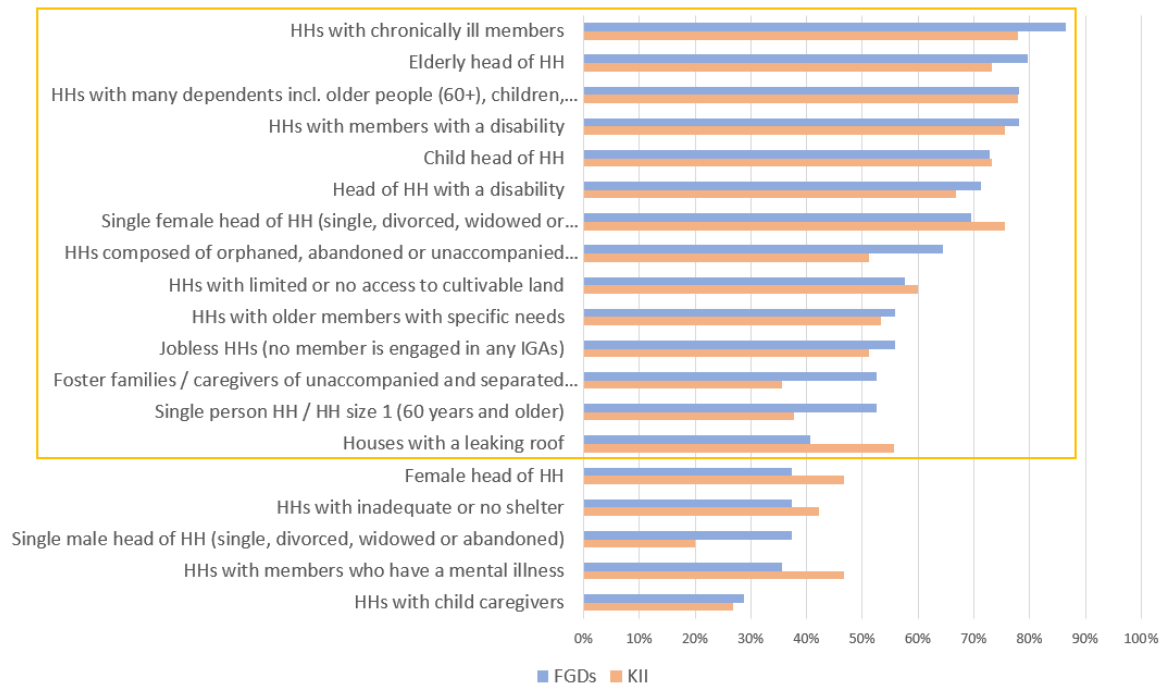


Figure 5: Most vulnerable types of households mentioned by FGD and KII participants. The percentages indicate the share of consultation sessions in which a certain type of household was mentioned.

Both FGD participants and key informants were asked to describe the most vulnerable types of households in their respective settlements. The above graph (figure 5) shows the feedback coming out of the FGDs and the KIIs in one single graph. The most vulnerable types of households are ordered from most mentioned to least mentioned based on the FGD findings (see the blue bars). The findings from the KIIs (see red bars) have been added to this same graph to show how FGD participants and key informants differed in their assessments.

Households with chronically ill members were mentioned in almost 90% of FGDs as being among the most vulnerable types of households. Other highly vulnerable types of households which were often mentioned include **households headed by an older person**, **households with many dependents** including older people, children, persons with disabilities and/or ill members, **households with members who have a disability**, **households headed by children**, **by persons with a disability** or **by single women**, etc.

Overall, the feedback from FGD participants and key informants overlapped closely. Highly vulnerable types of households that didn't make the above graph but were mentioned frequently by **key informants** included households with no productive assets (mentioned in only 25% of FGDs but by 47% of key informants), new arrivals (FGDs: 20%, KIIs: 44%), households with pregnant women (FGDs: 25%, KIIs: 36%), and households with no access to credit (FGDs: 14%, KIIs: 33%).

Note that these results will be used to review and adapt the **draft index-based prioritisation model for Phase 3** (see the Recommendations section below for more information).

Least vulnerable types of households

Consultation participants were also asked about their perceptions of the least vulnerable types of households.

The graph on the right (figure 6), which presents the feedback from **FGD participants**, reveals that households that are perceived to be better off include those that have members who are **business or shop owners**⁷, those that have access to **sufficient fertile land for cultivation**, households with **many able-bodied members**, **employed refugees** (NGO workers, and casual labourers engaged in carpentry, construction, farming, tailoring, hair dressing, etc.), and households receiving **livelihoods assistance** or **remittances**. It is important to note that **employed refugees** working for NGOs as volunteers (receiving a small stipend) or engaging in casual labour are generally perceived to be receiving only small and unstable incomes.

Most households have only **limited access to fertile land for cultivation**. However, long-term refugees in settlements such as Kiryandongo and Nakivale who have been able to hold on to their original plot sizes, are perceived to have sufficient land in order to be self-reliant (as there is a continued stream of new arrivals in Uganda, refugees who originally received large enough land plots were later asked to share their land with new arrivals).

The second graph on the right (figure 7) presents the feedback from **key informants**, who highlighted that households that include members who are business/shop owners or employed refugees, and households that have access to sufficient cultivable land or are receiving livelihoods assistance are among the least vulnerable types of households.

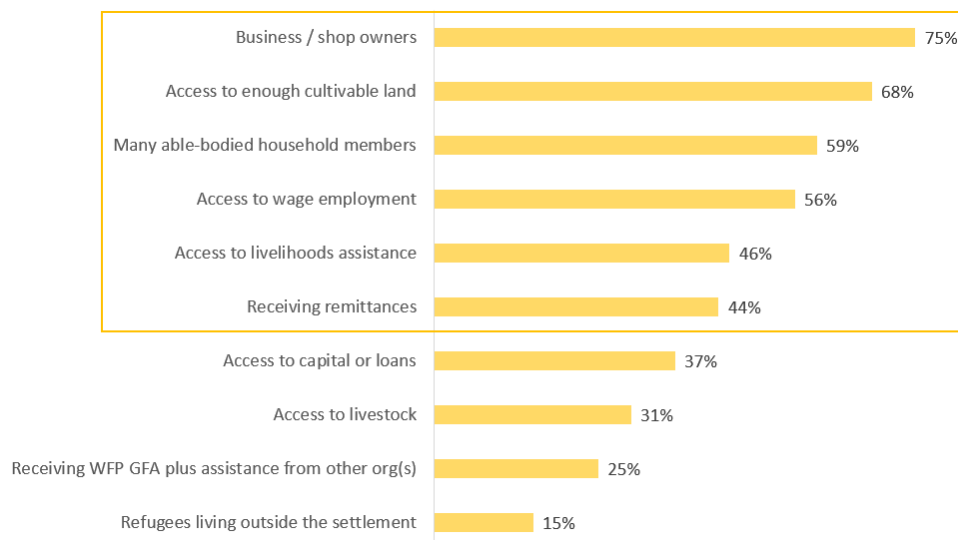


Figure 6: Least vulnerable types of households mentioned by FGD participants. The percentages indicate the share of FGD sessions in which a certain type of household was mentioned.

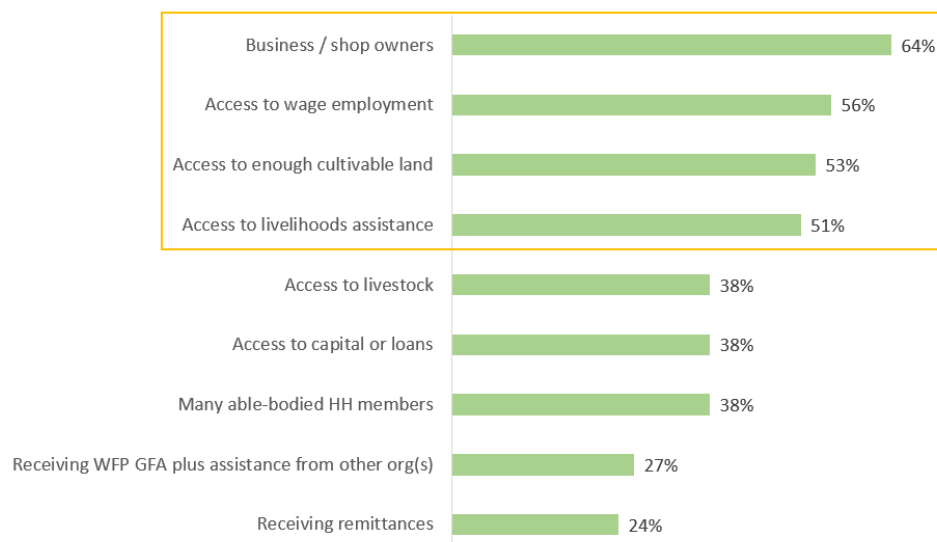


Figure 7: Least vulnerable types of households mentioned by KII participants. The percentages indicate the share of KIIs in which a certain type of household was mentioned.

⁷ In Nakivale and Oruchinga, business/shop owners were mentioned in 100% and 88% of FGDs, respectively.

Livelihoods and self-reliance support needs

FGD participants indicated that refugees' primary support needs in terms of livelihoods and self-reliance included an **increased access to financing** (e.g. in the form of cash grants), **fertile land** from host communities, **skills and entrepreneurship development**, **farming inputs** (such as the timely distribution of seeds, or hoes) and an increased access to **livestock** (see figure 8 on the right).⁸

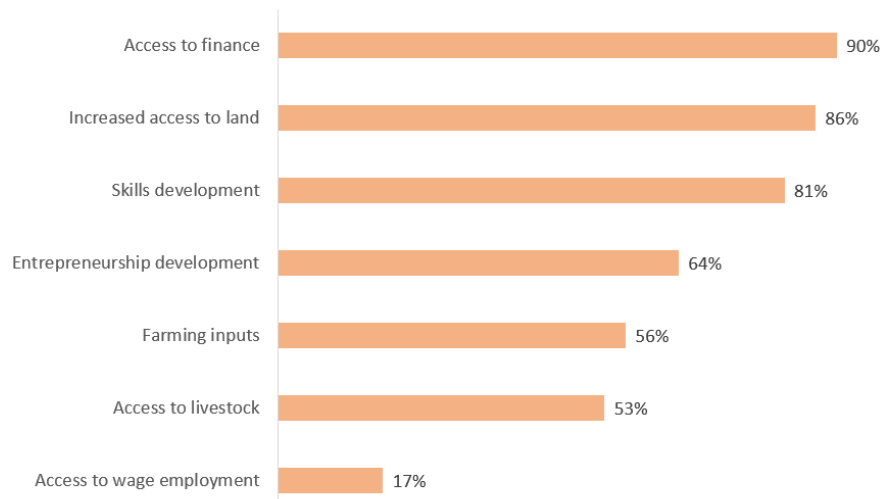


Figure 8: Livelihoods and self-reliance support needs mentioned by FGD participants. The percentages indicate the share of FGD sessions in which a certain issue was raised.

The issue of **land access** was raised in 100% of FGDs in Bidibidi, Palorinya, Imvepi and Lobule, while it was mentioned in 78% of FGDs in

Kiryandongo, 75% of FGDs in Nakivale and 50% of FGDs in Oruchinga. In the West Nile settlements of Bidibidi, Palorinya, Imvepi and Lobule, it was often mentioned that the land is rocky and not ideal for crop farming, not allowing the reliable cultivation of beans or cassava, for example.

Moreover, FGD participants in West Nile settlements repeatedly mentioned the **lack of respect by some host community members for land agreements** that have been established (e.g. host community land owners renting out land to other community members before refugees can harvest what they have grown on these rented lands, or host community farmers letting their cattle graze on land rented by refugees).

The **unreliable first rainy season** of the year was also pointed out as a challenge by refugees in West Nile, which often leads to crop losses, especially since there is a lack of irrigation infrastructure. This point and the other issues mentioned above led some consultation participants to suggest that refugees should be relocated to other parts of Uganda where access to more fertile lands can be provided.

Key informants primarily highlighted skills development (mentioned by 84% of key informants), access to finance (76%) and access to fertile land (67%) as priority support needs to strengthen refugee households' livelihoods and self-reliance.

When raising the importance of **skills development**, FGD participants and key informants were referring to skills for tailoring, carpentry, the production of soap, construction, livestock rearing, craft production, hair dressing, etc. Entrepreneurship development was often linked to the development of a business plan and increasing financial literacy.

⁸ Note that no significant gender differences were observed between female and male FGD participants in terms of the livelihoods and self-reliance support requested.

Community acceptance of Phase 3

Before each consultation session, participants were informed about WFP’s intention to start providing **two different levels of food assistance to different refugee households based on their level of vulnerability** in all 13 settlements, and that a small number of **households that are assessed to be self-reliant, and no longer in need of food assistance, would be removed from food assistance.**⁹

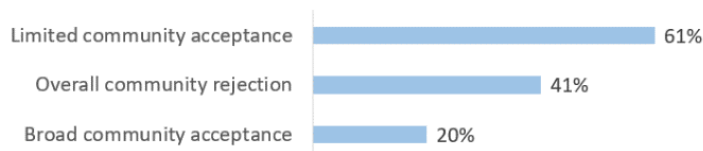
Consultation participants were asked what communities’ overall reaction or views would be regarding this prioritisation approach.

In more than 60% of FGDs and KIIs, participants indicated that there would be **only limited community acceptance** of this approach.

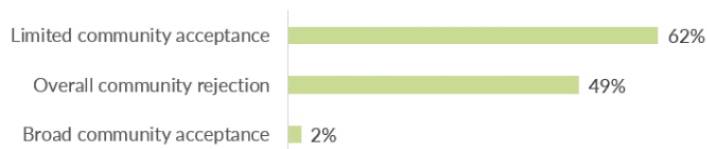
In more than 40% of FGDs and KIIs, participants mentioned that the proposed prioritisation approach might be rejected by communities.

The next section shines some light on why the reaction of consultation participants was overall quite negative.

Focus group discussions



Key informant interviews



Figures 9 and 10: Community acceptance of Phase 3 as indicated by FGD and KII participants. The percentages indicate the share of consultation sessions in which a certain response was mentioned. Note that the percentages do not add up to 100% since participants often didn't settle on one single viewpoint.

⁹ It is important note that refugees in Nakivale and Oruchinga were already receiving two different levels of food assistance at the time of the consultations. Consultation participants in these two settlements likely shared their views on a continuation of this approach, while also considering the fact that self-reliant households would be removed from food assistance as part of the next phase of the prioritisation process.

Potential protection risks of Phase 3 implementation

FGD participants highlighted a significant number of potential protection risks that might accompany the implementation of Phase 3 of the prioritisation process (see figure 11 on the right).¹⁰

Among the most mentioned risks were a **potential increase in tensions between refugees** (due to jealousy, hatred, division, isolation of those receiving a higher level of assistance, conflict etc., as community members explained; including potential threats against refugee leaders, particularly from those who will

be removed from assistance) as well as an **increase in theft and robberies between refugees**, especially so from the households that will receive the higher food ration.

Furthermore, FGD participants highlighted potential increases in **family separations**, **mental health issues** (including increases in stress, depression, suicide, drug abuse, etc.), increased **theft and robberies from the host community** by refugees, increases in **voluntary repatriation** even if the situation in the country of origin is not safe, increased **challenges in meeting basic needs**, and an increase in **early marriages**.

Female FGD participants saw higher risks of increases in **transactional sex** (mentioned in 55% of FGDs with female participants but only in 31% of FGDs with male participants) as well as in **begging** (FGDs with female participants: 41%, FGDs with male participants: 23%).

Key informants particularly highlighted the risk of increased tensions between refugees (mentioned by 76% of key informants), increases in theft and robberies between refugees (64%), increased challenges in covering basic needs (60%), and an increase in family separations (60%).

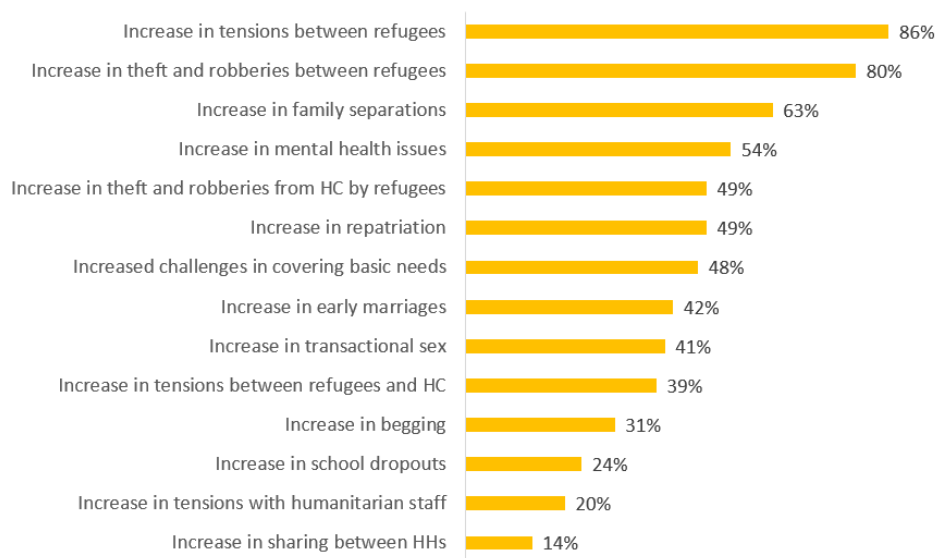


Figure 11: Potential protection risks of Phase 3 as indicated by FGD participants. The percentages indicate the share of FGD sessions in which a certain issue was mentioned.

¹⁰ During the consultations, no clear information on the expected Phase 3 rations amounts was shared with participants as this information was not available yet at the time. The potential protection risks presented in this section were highlighted by consultation participants based on a vague future scenario in which different levels of food assistance would be provided to different households based on their level of vulnerability.

Suggested risk mitigation measures

Consultation participants were also asked about possible measures to mitigate the protection risks mentioned in the previous section.

FGD participants underlined the importance of **strengthening livelihoods** as a key mitigation measure, through an increased access to fertile land for cultivation, start-up capital, farming inputs, as well as other livelihoods opportunities (see figure 12 on the right side).

Moreover, they also highlighted **transparent and timely communication with community members** in close collaboration

with refugee leaders as well as ensuring a **transparent and accurate prioritisation approach** as essential risk mitigation measures, especially with regard to the potential risks to social cohesion.

Key informants agreed that access to livelihoods opportunities should be increased (mentioned by 69% of key informants), that transparent and timely communication with community members should be prioritised (67%), and that an accurate prioritisation approach should be ensured (56%).

When FGD participants and key informants spoke about ensuring a **transparent and accurate prioritisation approach**, they mentioned that community acceptance of Phase 3 would be higher if those refugee households that are perceived to be most in need receive a higher ration, while less vulnerable households receive a lower ration. Consultation participants suggested that this could be achieved by carrying out home visits to accurately establish households' vulnerability levels, and that refugee leaders should be closely involved in this process.

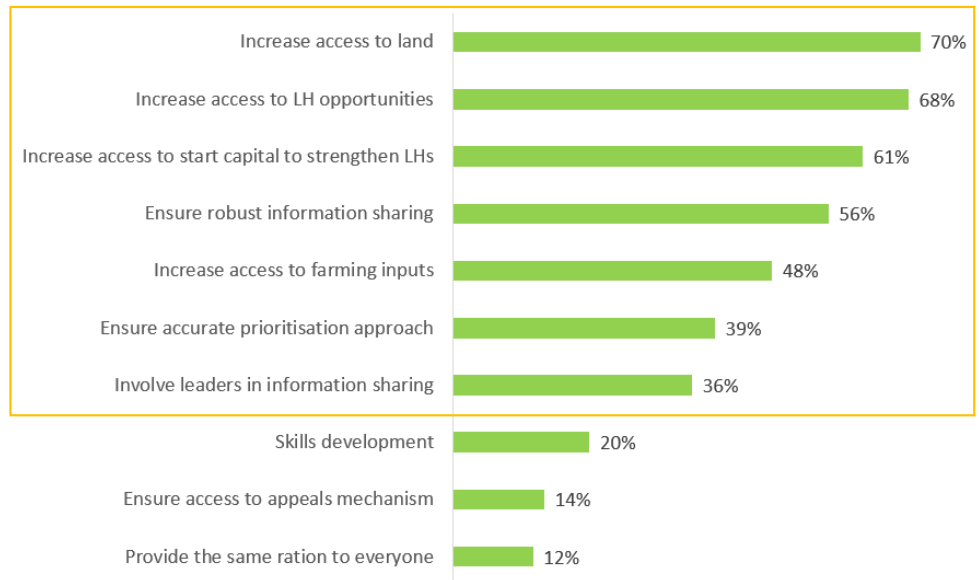


Figure 12: Risk mitigation measures suggested by FGD participants. The percentages indicate the share of FGD sessions in which a certain issue was mentioned.

Preferred communication channels

FGD participants indicated that their preferred channels for receiving key information about their assistance included community meetings, mobile loudspeakers (mounted on vehicles), refugee leaders (such as RWC members), community structures (including women’s groups, youth groups, etc.), radio, and others (see figure 13 on the right).¹¹

Key informants particularly highlighted community meetings (mentioned by 87% of key informants) and refugee leaders (71%).

Consultation participants were also asked about their preferred channels for sharing questions, feedback and complaints. As figure 14 on the right shows, FGD participants explained that community members prefer the WFP hotline, refugee leaders, community structures, protection desks, the interagency FRRM helpline and the WFP partner help desks.

Female FGD participants showed slightly stronger preferences for the protection desks, the FRRM helpline and WFP partner help desks, while male participants indicated stronger preferences for office walk-ins, suggestion boxes and SMS (however, note that SMS were mentioned in only 12% of FGDs with male participants).

Key informants underlined the importance of refugee leaders (mentioned by 71% of key informants) and community structures (58%).

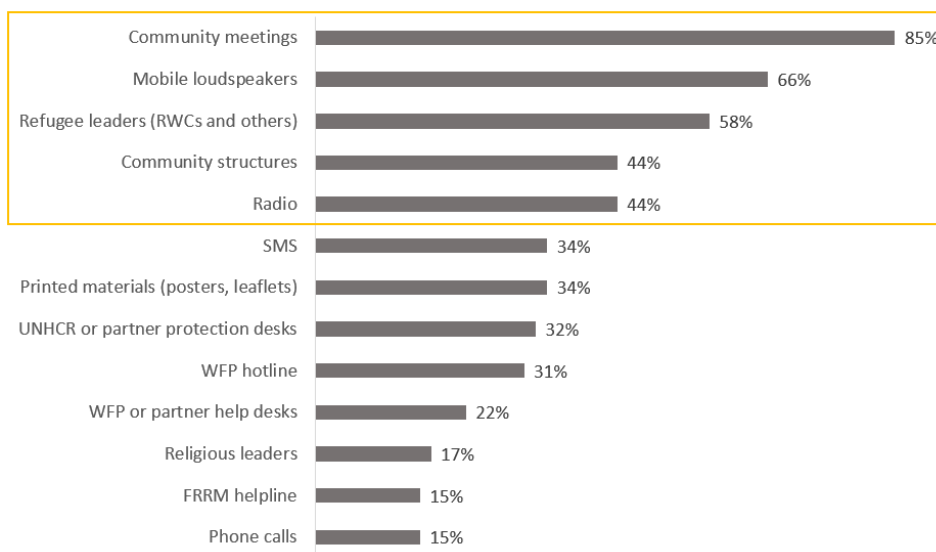


Figure 13: Preferred information channels highlighted by FGD participants. The percentages indicate the share of FGD sessions in which a certain channel was mentioned.

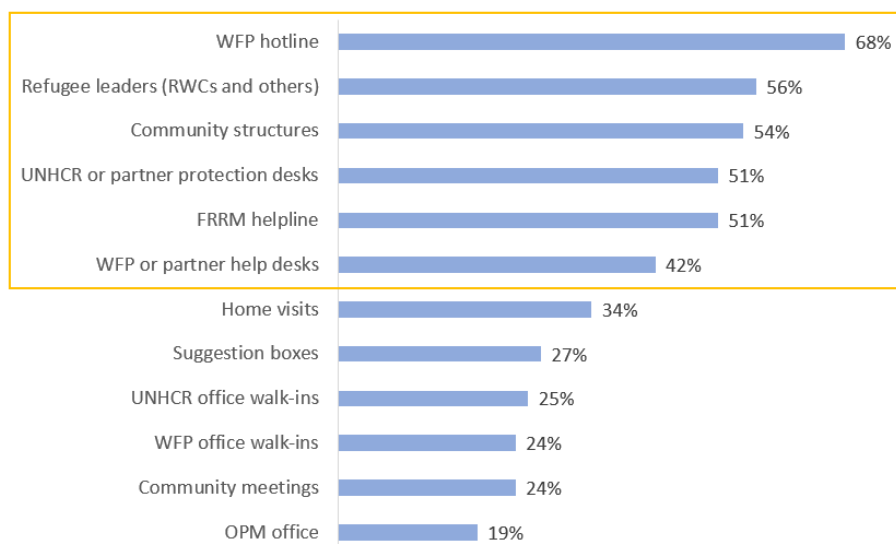


Figure 14: Preferred feedback channels highlighted by FGD participants. The percentages indicate the share of FGD sessions in which a certain channel was mentioned.

¹¹ Note that no significant gender differences were observed between female and male FGD participants.

When a question or complaint received, for example, by a help desk staff member or helpline operator cannot be responded to on the spot, it is referred to other focal points for further follow-up.

Consultation participants were asked how they would prefer to receive a response once that follow-up has concluded.

FGD participants showed a preference for receiving responses through phone calls, refugee leader such as a RWC members, or community structures such as women’s or youth groups (see figure 15 on the right).

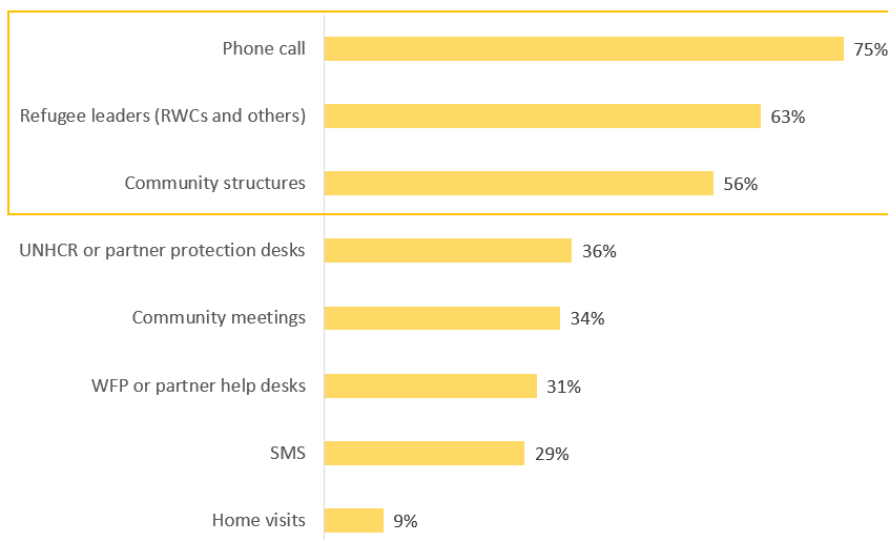


Figure 15: Preferred response channels highlighted by FGD participants. The percentages indicate the share of FGD sessions in which a certain channel was mentioned.

Female FGD participants highlighted slightly stronger preferences for receiving phone calls, refugee leaders and protection desks¹² in comparison to men.

A large majority of 76% of **key informants** indicated that refugee leaders are a preferred response channel.

Feedback on consultation process

At the end of each consultation session, FGD participants and key informants were asked to provide feedback on the consultation process itself.

As can be seen in figure 16 on the right, FGD participants made a **strong request to explain to community members how their feedback ultimately influenced decision-making.**

Moreover, FGD participants appreciated being consulted and **recommended continuing regular community dialogues,**

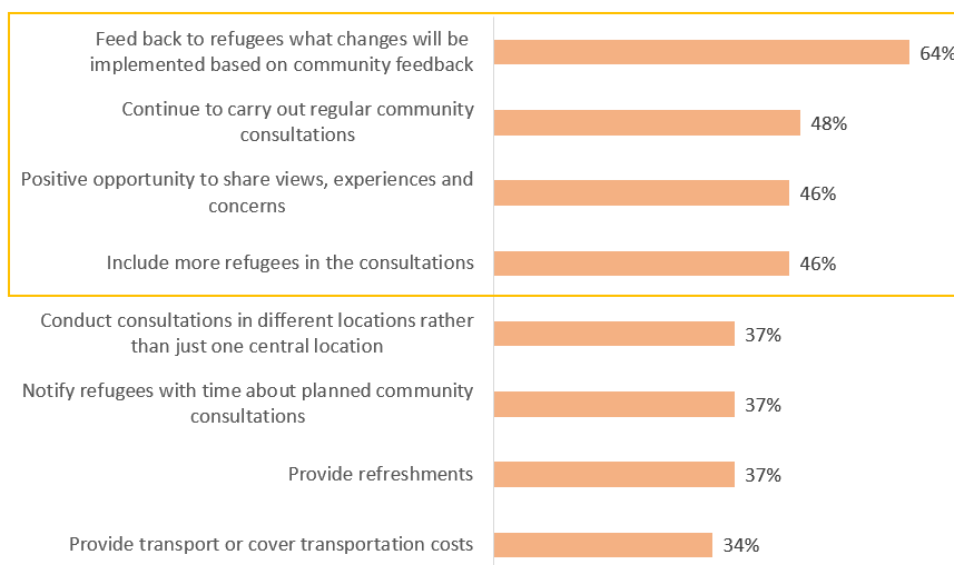


Figure 16: Feedback from FGD participants on the consultation process itself. The percentages indicate the share of FGD sessions in which a certain issue was mentioned.

¹² Receiving a response through a protection desk or help desk usually implies that community members approach the desks to inquire about the response to their issue.

while ensuring a broad and diverse participation of community members.

While feedback from **key informants** overlaps closely with the above, 18% of key informants also mentioned that refugee leaders should continue to be involved in the process going forward.

Other questions, suggestions or concerns

Before closing consultation sessions, participants were asked if they had any other questions, suggestions or concerns. Consultation participants often used this opportunity to repeat some of their most important suggestions and concerns, including:

- That **livelihoods capacities** should be strengthened before food rations are reduced any further (for those households that will start receiving a lower food ration as part of Phase 3), which was mentioned by community members as well as key informants from OPM Bidibidi and OPM Kiryandongo.
- The suggestion that **home visits** should be conducted to establish households' vulnerability levels, closely involving refugee leaders such as RWC members in the process.
- That **community sensitisation** on the upcoming changes to their food assistance should be done early on and be transparent.
- **UNHCR** was requested to resume distributions of **soap and sanitary pads**.
- **WFP** was requested to **clarify why in-kind rations had recently been temporarily reduced** but not the cash assistance (in October and November, the cereals ration, which had already been provided at a reduced level, was temporarily reduced further).
- The importance of supporting **farmland negotiations and agreements** with host communities in close collaboration with the Office of the Prime Minister (OPM) and refugee leaders.
- The suggestion to **reduce food rations only gradually** instead of reducing them in one go from one distribution to the next.

Recommendations

The following recommendations with regard to the implementation of Phase 3 are made based on the community consultation findings:

- The variables that have been included in the **draft Phase 3 prioritisation model based on statistical analyses** reflect some of the community feedback on the characteristics of the most vulnerable types of households, including, for example, households with many dependents, households with members who have a disability, and child-headed households.

Finalisation of the prioritisation model should further **take into consideration community feedback** on other types of highly vulnerable households where these are not yet reflected in the model, such as¹³:

- | | |
|---|--|
| ▪ HHs with members who have a chronic illness | ▪ HHs with members who have a mental illness |
| ▪ HHs headed by an older person | ▪ HHs with child caregivers |
| ▪ HHs headed by a single female | ▪ HHs with pregnant women |
| ▪ HHs with orphaned, abandoned, separated or unaccompanied children | ▪ HHs with limited or no access to cultivable land |

¹³ See the full consultation findings in Excel for a complete list of the most vulnerable types of households mentioned by community members.

- HHs with older members with specific needs
- Single older person HHs (HH size 1)
- Female-headed HHs
- Jobless HHs
- HHs with a leaking roof
- HHs with inadequate or no shelter

Final adaptations of the prioritisation model based on the community feedback should be done through a consultative process with analysis, targeting, protection and programme experts considering:

- 1) The data that is available for the entire refugee population (precluding the inclusion of variables related to land access, unemployment or shelter conditions, for example).
 - 2) Any overlaps between the variables that are being considered for inclusion in the model with the variables that are already part of it.
 - 3) The mitigation of protection risks including the potential creation of negative incentives.
- The planned approach to the **removal of self-reliant households** from food assistance should be reviewed considering the community feedback on the **least vulnerable** types of households.
 - The draft **joint communication strategy** should be reviewed based on the community feedback on their preferred information channels and be finalised once the definite Phase 3 prioritisation approach has been agreed. Explanations that clarify how community feedback ultimately influenced decision-making should be included in the **key messages**.
 - The **joint appeals mechanism SOPs** should be reviewed based on the community feedback on their preferred feedback and response channels.
 - The draft **Phase 3 risk register** should be reviewed based on the risks and mitigation measures highlighted by consultation participants. The expected **limited community acceptance** of Phase 3 and the potential risks in terms of **social cohesion** should be mitigated through:
 - **Transparent and timely joint communication** with community members in close collaboration with **refugee leaders**.
 - A **transparent and accurate prioritisation approach**:
 - Adapting the Phase 3 model based on the **community feedback on the most vulnerable types of households** (as mentioned above).
 - Strengthening the **role of refugee leaders** such as RWC members in the assessment of households' vulnerability levels.
 - Considering the potential risks to social cohesion when deciding the Phase 3 **ration sizes** for highly and moderately vulnerable households in the context of limited resources (e.g. covering a larger share of highly vulnerable households with a slightly reduced ration vs. covering a smaller share of highly vulnerable households with a 100% ration).
 - An **effective joint appeals mechanism**, ensuring sufficient staff capacity for:
 - **Appeals intake** (in close coordination with refugee leaders, e.g. in terms of the referral of appellants to the official appeals channels)
 - Kampala-level **appeals data management and referrals** to field-level focal points for further follow-up
 - Protection **case management** (in close coordination with refugee leaders, e.g. in terms of locating appellant households)
 - **Increased livelihoods opportunities** (i.e. increased access to fertile land for cultivation, start-up capital, farming inputs, referrals to livelihoods partners, etc.).