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REPORT ON THE COMPREHENSIVE CHILD PROTECTION ASSESSMENT IN BIDIBIDI REFUGEE SETTLEMENT

Bidibidi Child Protection Working Group 2020

ABSTRACT

This report presents the findings of a comprehensive assessment of the situation of children in Bidibidi refugee settlement. The assessment was conducted by the child protection working group to identify protection risks in order to unearth the prevailing risks facing children in Bidibidi as well as identify the priority needs so as to inform the design and implementation of holistic child protection interventions that greatly leverage on the capacities of the community.

ALIGHT

Save the Children

FCA

WAR child HOLLAND

World Vision

Acknowledgement

A coordinating committee was set-up consisting of staff from different agencies within the child protection working group. These were the men and women who diligently dedicated time to ensure this exercise was a success. Upon this, we honour and acknowledge the support from Robert Echima and Solomon Okech from WVI, Swaleh Acidri from Alight, Richard Duuki and John Asiimwe from UNHCR, Martin Okethwengu from SCI, Mariam Nakasango from OPM and Ronald Tabu Ross from WCH for their brilliant ideas which enabled this exercise to come to pass.

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Despite the interruptions of COVID, we were finally able to make this a success. Our thanks to you all for the support.

Compiled by Duuki Richard (Assistant protection Officer- Child Protection) on behalf of the CPWG.

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Prologue

According to ProGres statistics, 66.6% of the Refugee population in Bidibidi Refugee Settlement are children, majority of whom are recognised with specific needs. Since August 2016, 10,032 (5062 boys, 4970 girls) children are identified and registered as unaccompanied, separated and children at risk, of which there are 5,796 (M- 2965, F-2831) open and active cases as of July 31st, 2020. Of these, there are 3,453(1661F; 1,782M) children who either are unaccompanied or separated. Generally, Bidibidi Settlement transitioned from an emergency to sustainable development phase. New arrivals are being relocated to other reception sites in Uganda with exception of a few family reunification cases that are relocated to Bidibidi. This transition also changed the face of the child protection needs and priorities.

Hitherto, various child protection assessments have been conducted in the settlement and germane findings include; Youth delinquency and lack of opportunities, rising cases of teenage pregnancy and early marriage, increased cases of abandonment of children by care givers, lack of inclusive access to services (schools, CFS) for children with disabilities, among others. Following significant contributions from different partners, the look of child protection risks has changed. Many old risks have phased out while new risks have emerged.

The COVID-19 pandemic that fulminated the globe in 2020 and coincidental reduction in food ration to refugee households by the World Food Program (WFP) pointedly impacted on child protection needs and priorities. The ongoing COVID-19 pandemic has uncovered children to new risks, especially as they were unable to go to school, access safe spaces to learn, play and receive psychosocial support and restrictions in movement which significantly lowered individual and household income. This is being mirrored by the rising trend of SGBV, neglect by caregivers, cases of lost children among others. The impact of food ration cuts has continued to hit families hard, with children experiencing the biggest brunt. In the month of June alone, 35 cases of violence against children were registered. This reflected a slight rise from the 34 registered in the previous month of May. Addressing these issues required a holistic and integrated response based on concrete data.

As per goal 1.2 of the UNHCR Framework for Protection of Refugee Children (UNHCR, 2012)[1], it is imperative to Conduct assessments to identify protection risks in homes, schools and the community which consider children at particular risk, and establish systems that collect data, disaggregated by age and sex, to monitor abuse, violence and neglect against children. This assessment hence forth provided a platform to unearth the prevailing risks facing children in Bidibidi and underlying factors as well as identify the priority needs so as to inform the design and implementation of holistic child protection interventions that greatly leverage on the capacities of the community.

[1] https://www.unhcr.org/50f6cf0b9.pdf

Purpose of the assessment

The purpose of this assessment was to gather and analyse up to date data about children in Bidibidi refugee settlement in order to influence the design and implementation of child protection programs and projects that leverage on the capacities within the community.

Objectives of the assessment

The objectives of this assessment were to;

1. Study the scale of child protection needs and risks in Bidibidi Refugee Settlement.
2. Identify the child protection priorities for Bidibidi –including geographical and programmatic areas of priority, from which funding priorities can be agreed.
3. Ascertain how child protection interventions should be configured – including what existing capacities within the community the response can build on.

Scope of the assessment

This assessment was conducted in the 5 zones of Bidibidi Refugee Settlement. The assessment sought to examine child protection risks and capacities in schools, health centres, communities, child friendly spaces, ECD centres, community play centres, homes and any places where children gather to learn, play and interact. Participants to the assessment included, community leaders, religious leaders, children especially between 6 and 17 years of age, parents and care givers, child protection committee members (CPCs) and other individuals having close interaction with children.

The thematic areas assessed includes;

- unaccompanied and separated children (including care for unaccompanied and separated children.
- injuries, harm and physical, sexual and emotional harm to children within the community;
- violence against children,
- teenage pregnancy and child marriages,
- sexual exploitation and abuse and
- psychosocial support and community support mechanism. In addition, a quick survey was annexed to this assessment focusing on the impact of COVID-19 on the community (with greater emphasis on children).

Methodology

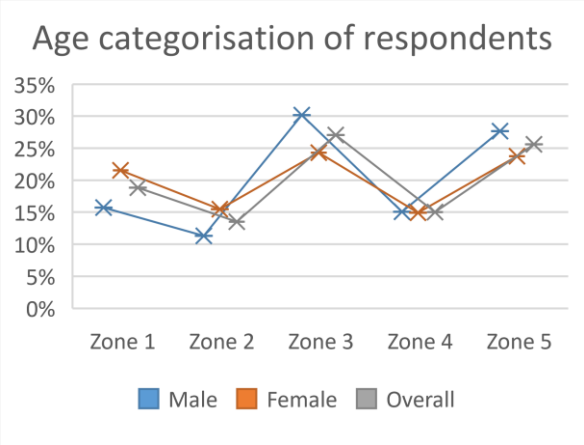
Approach and Design: A mixed methods Approach was applied during the assessment. This is an approach to inquiry that involved collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that involved philosophical assumptions and theoretical frameworks. The mixed method approach guaranteed a more complete understanding of the situation of children in the settlement than either approach alone. Findings from the qualitative and quantitative tools were triangulated accordingly to support precise inferences. Related to this, a descriptive design was applied in this assessment. A descriptive design is concerned with determining the frequency with which something occurs (Bryman & Bell, 2003). A descriptive design was preferred

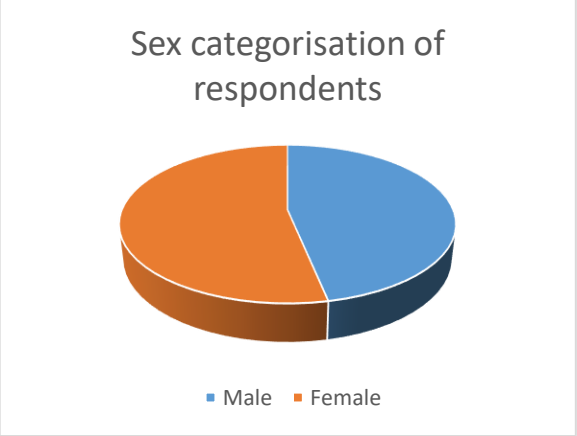
because it enabled the assessment team to study and observe the participants in a natural and unchanged environment,

Sample and Sample Techniques: A total of 399 persons were sampled for the quantitative study based on the study population. Of this only 340 individuals were reached representing 85.2% which is above the 75% reach as defined by Amin and Amin 2005. This sample was developed basing on Sloven's formula[1] for sample size determination. Besides, another 88 individuals were sampled using a purposive and non-scientific method for the qualitative data collection. These included children, Child protection committee members (CPCs), Refugee leaders and parents' groups.

Data Collection: Data was collected through two major methods i.e. sample surveys which targeted participants for the quantitative data and focus group discussions which targeted participants for the qualitative study. The survey questionnaire was uploaded on a Kobo collect tool and administered with the help of trained data collectors. Categories of participants for the focus group discussions included adolescent boys, adolescent girls, CPCs, foster care givers, Refugee welfare council, children with this disability, Village health teams and children in foster care. The participation of children was strongly encouraged in order to ensure that "Children's participation & capacity are integral to their protection" as emphasised by goal 2 of the UNHCR framework for child protection (2012).

DEMOGRAPHIC INFORMATION



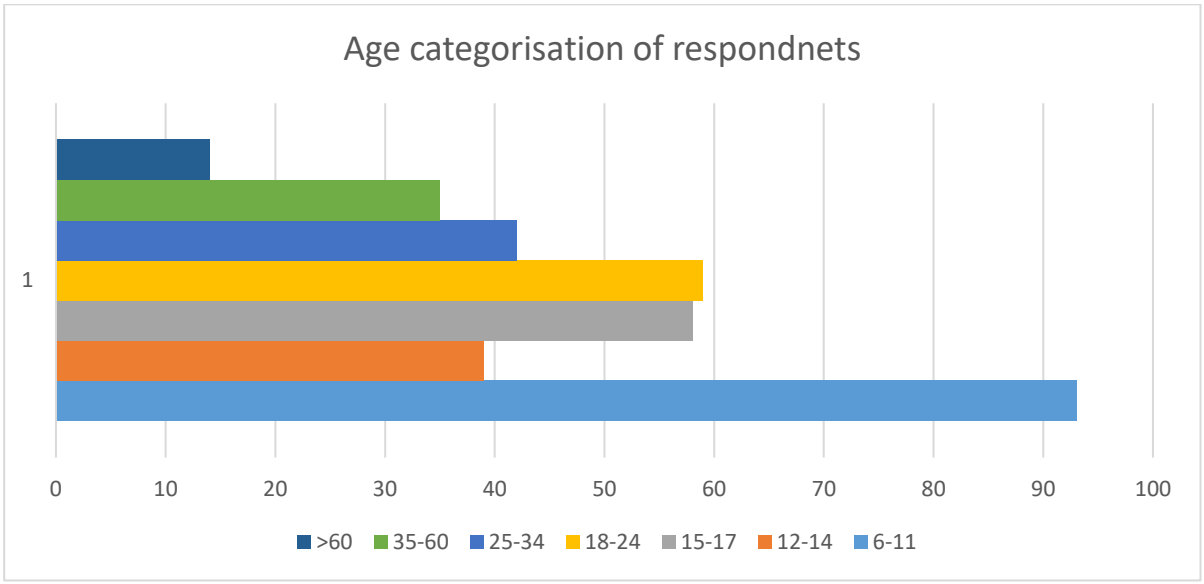


As seen from the charts above, 53% of respondents were females while 47% of respondents were males. More females were selected to participate in this exercise because data provided from OPM indicated that there are more female refugees in Bidibidi than the males. This was aimed at providing proportionate representation of views towards the study.

Besides gender disaggregation, there was almost an equal distribution of respondents across the 5 zones of Bidibidi. There were however more participants from Zone 3 and 5 because of the wide geographical dispersion of the two settlements and the high number of people there.

[1] Sloven's formula for sample size determination is $n = \frac{N}{1 + N(e)2}$

In terms of age categorisation, majority of respondents (56%) were below 18 years with over 27% between the ages 6 and 11 years. While adults (18 years) and above constituted 44% of the respondents to this study. This distribution was arrived at as per the age categorisation of refugee population on ProGres. Only 4% of the respondents were above 60 years of age. This is also a true reflection of the settlement where very few individuals are above 60 years of age. Allowing more children to participate gives them the opportunity to express their views freely in matters that affect the life.



KEY FINDINGS FROM THE STUDY

1. Unaccompanied and separated children

1.1 Occurrence of separation in Bidibidi

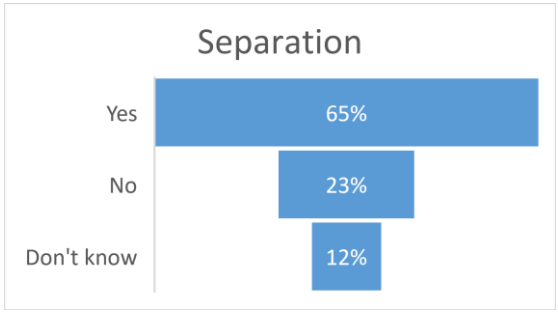


Figure 1: Respondents knowledge of child separation in last 1 year

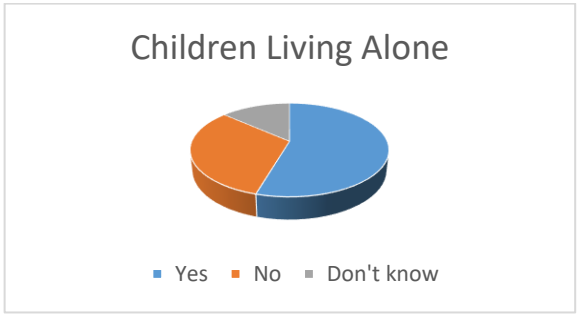


Figure 2: Child headed households

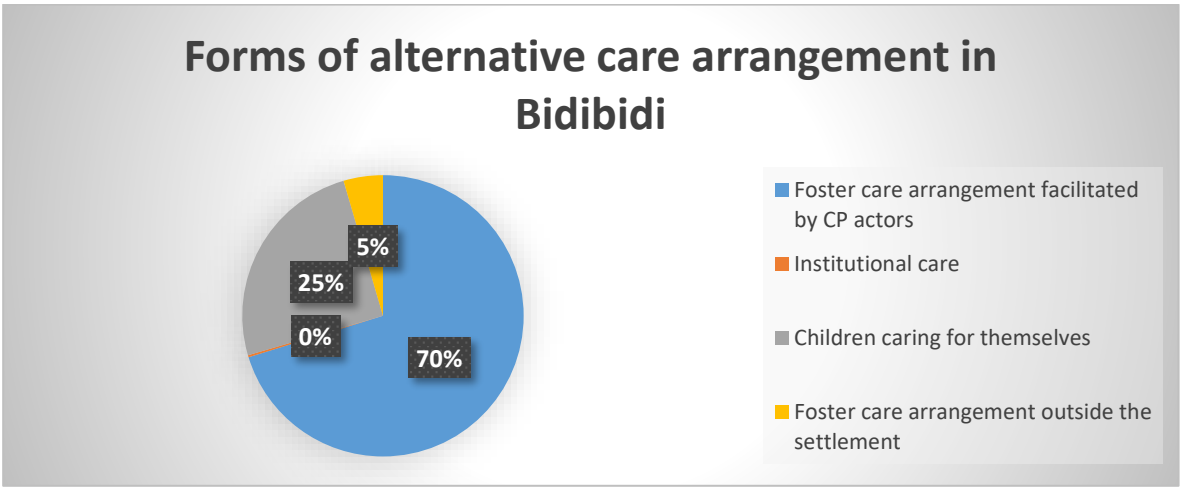
As seen from the chart above, 65% of the respondents are aware of children who separated from their biological parents or primary care givers since the last one year. Only 23% of respondents were not aware and 12% were not sure if separation took place in the last one year. The major reasons for separation included; death of parent or caregiver (135), children arrived into the country without parent or caregiver (65), parent or caregiver being stuck in other settlement or location and parents or care givers sending children to work in other locations within Uganda (24). Majority of the separated children are above 5 years, with the category of 5 to 14 years dominating at 36%. A small number of unaccompanied children are below the age of 5 years. The study found out that there are very rare cases of separation for infants

with only 23% of respondents having known children below 2 years who have been separated from their parents or customary care givers. From the FGDs, participants observed that the trend of displacement has reduced in the last one year as compared to the period following the emergency. This reduction is being achieved due to realisation of some level of stability in families. They have noted that some new cases of separation have continued to surface. Interestingly, the reasons for separation identified during the FGDs coincide with what was earmarked during the survey, with exception of returns to Country of origin which was the most dominant cause of separation according to participants during the FGDs.

1.2 Care for unaccompanied children: In terms of care for unaccompanied children, the study found out that majority (70% responses) of separated children are living within foster care arrangements within the settlement while the others are either living alone (25%) or in foster care outside of the settlement (4%) or in institutional care arrangement (1%). It is justifiable that majority of the children are living in foster care arrangement within the settlement due to the strong emphasis by the government to encourage home based care as opposed to institutional arrangement while designing care arrangements for children. It is further important that this was possibly achieved due to the strong emphasis/contribution from humanitarian actors to strengthen capacities of community-based structures in the care and protection of children. Participants during the FGDs alluded that, they have a very supportive community-based system where children are seen to be for the entire community rather than for the biological parents or close relatives. This accordingly explains why it has been easy to support children attain a suitable care arrangement within family settings.

1.3 Children living without adult care giver (CHH): It is important to further note that 55% of the respondents are aware of children who live alone while only 32% are not aware. The study further found out that majority of these (43%) are 14 years or older. The study further found out that there is no clear difference between girls and boys who are living without adult caregivers.

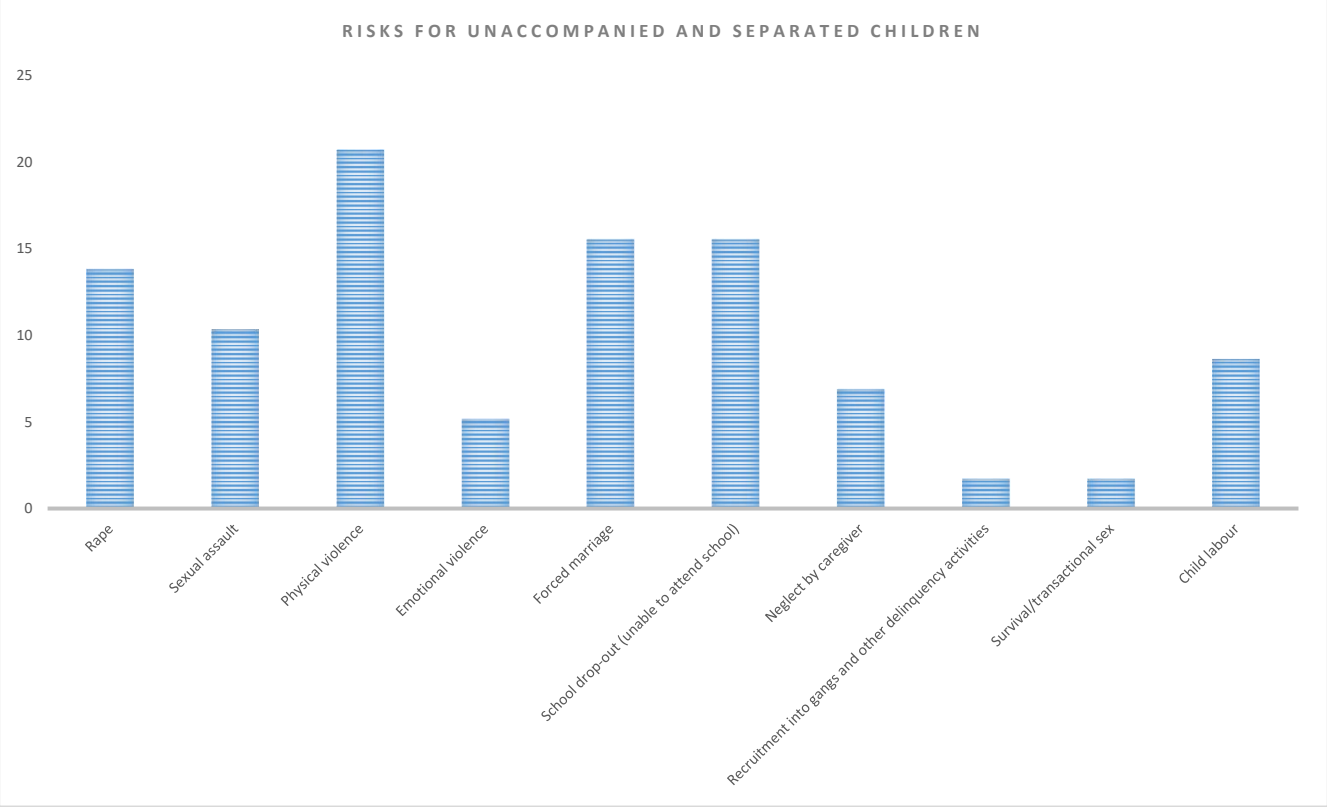
1.4 Care for unaccompanied and separated children.



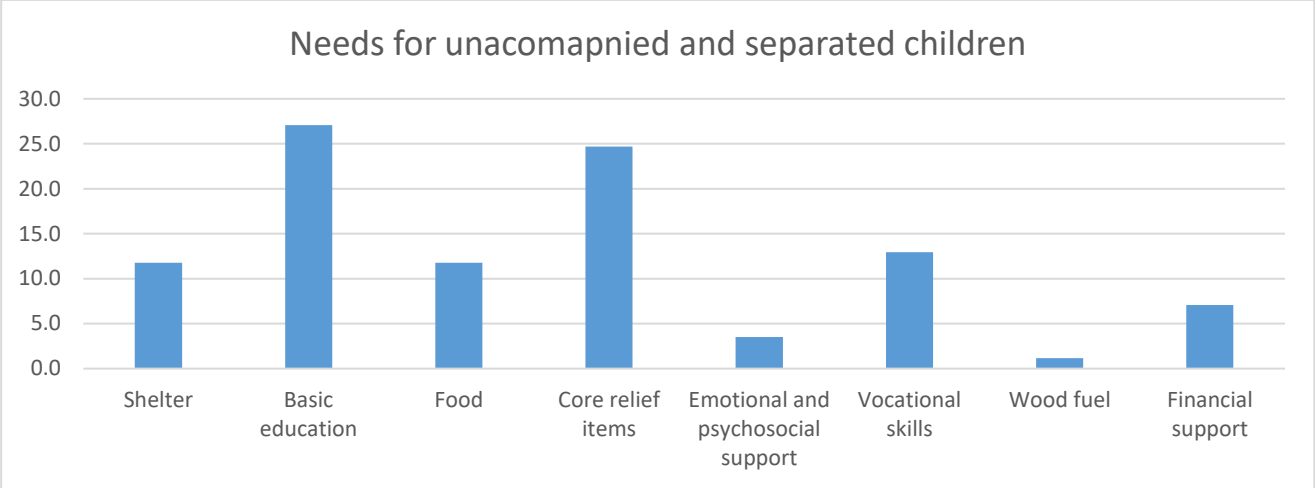
This study established that foster care facilitated by Cp actors is the most form of care practiced in Bidibidi refugee settlement. As seen from the chart above, 70% of respondents believed that UASCs are living in foster arrangements that is facilitated by CP agency, 25% believed that unaccompanied children are living independently while only 5% believe that these children are living in foster care arrangement outside of the settlement. No children are known to be living in institutional care arrangement, though 8% of respondents indicated that there are institutions within the community which offer residential care for children. Accordingly, the main services offered in these facilities include access to education especially

for disabled children, day care services, residential care which is linked to education service and recreational facilities.

The study further established that children in alternative care face risks that are peculiar to their situation, majorly being instigated by the situations of displacement and subsequent separation from care givers. As reflected in the chart below, physical violence, forced marriage, school dropout and rape/defilement are the main risks that unaccompanied and separated children face in Bidibidi refugee settlement. While other risks like sexual assault, emotional violence, neglect, recruitment into gangs and delinquency activities and survival sex are occurring within the community, their incidence is low. For child engagement in delinquency, participants from FGDs indicated that this engagement is not only targeting unaccompanied children but rather the adolescent boys in general. They indicated that while the gangs are still in existence, their scale of activities have reduced. Most of these are now engaged in bullying and petty theft. For survival sex, a group of RWCs during FGDs in zone III indicated that this is being practiced by girls between 16 and 18 years in the quest to obtain material needs like clothes, airtime, body lotion and other personal effects.

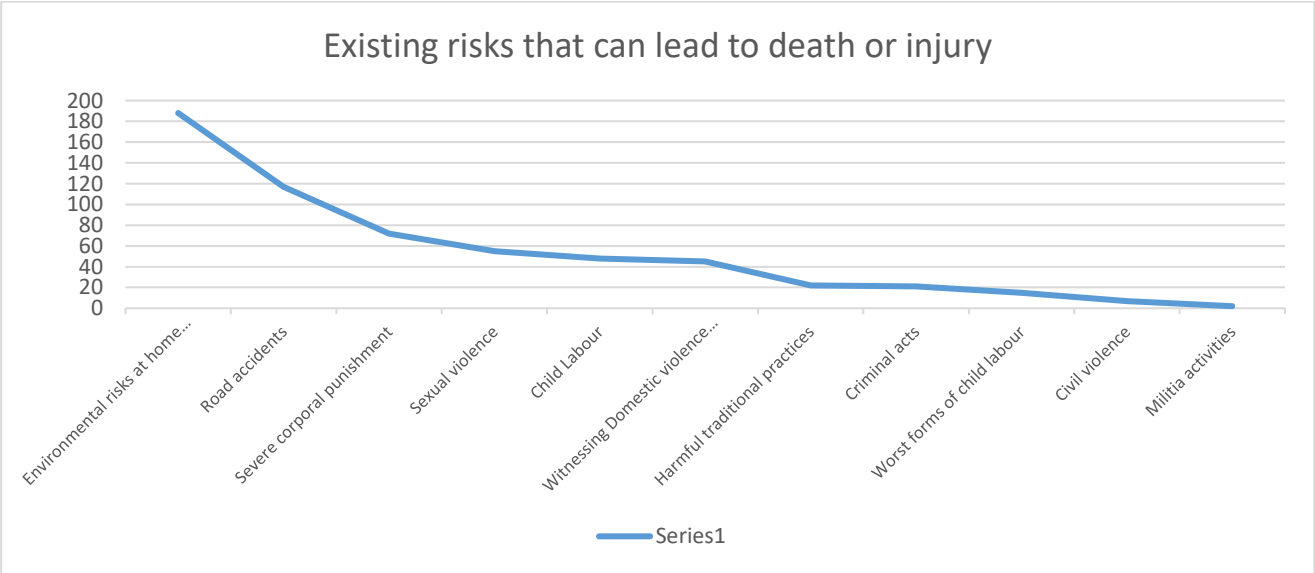


1.5 Needs for unaccompanied and separated children: As seen from the chart below, the study established that basic education, core relief items, vocational education and shelter are the main needs for unaccompanied children. Participants during the FGDs indicated that the issue of shelter stands out as a very serious need for unaccompanied children. Participants emphasised that the situation gets worse during the rainy season when most of the temporary shelters erected for the children get washed away by heavy rains. In addition, unaccompanied children during the FGDs indicated that the lack of financial support is a big challenge for them. They indicated that most of the foster care givers are willing to support them. However, due to the limited capacity, it has not been possible for the foster care givers to provide for their basic needs.



2. Dangers and Injuries; Physical Violence; and Other Harmful Practices

This assessment established that environmental risks (Freq 188), road accidents, severe corporal punishment, sexual violence, witnessing domestic violence and harmful traditional practices are the common risks children face in Bidibidi refugee settlement. These as per the study are perpetuated within the home, in the settlement but outside of the home and at firewood collection point. Rarely are these incidences being committed in school, on the way to school and on the way to the market. This corroborates with information from the focus group discussions in which participants emphasised that most harm children face is being perpetuated at home by parents, care givers and other family members. Participants alluded that most of the settlement is very rough and unsafe for children. Many times, when children go to play around, they are exposed to hard objects that can cause injury. They added that the common believe in physical beating as a form of punishment further puts children at risk of injury by parents or care givers.



2.1 Child neglect: Child neglect is observed as a common occurrence in Bidibidi Refugee Settlement. 62% of respondents agreed that child neglect is a common occurrence while only 38% of respondents stated that child neglect is not occurring in the settlement. The study further established that alcoholism and

drug abuse (42%), domestic violence (21%), lack of parental skills (20%) and polygamy (10%) are the main causes of child neglect in the settlement. Indeed, from child protection situational reports, it has been observed that child neglect is one of the main forms of violence against children in Bidibidi. From focus group discussions, participants indicated that as a result of stress caused by displacement and loss of livelihood, many parents and caregivers have resorted to alcohol consumption as a coping mechanism. With deeper immersion into alcohol consumption, they forfeit their responsibilities to care and nurture children. This has serious negative consequences on the growth and development of the child.

A study by Harvard University (2020) has revealed that young children who experience significantly limited caregiver responsiveness may sustain a range of adverse physical, and mental health consequences that produce more widespread developmental impairments than overt physical abuse. These can include cognitive delays, stunting of physical growth, impairments in executive functions and self-regulation skills, and disruptions of the body's stress response[1].

2.2 Child involvement in crime and delinquency activities: The study further found out that children are being engaged in criminal and gang activities across the five zones of Bidibidi refugee settlement. From the survey, 45% of respondents indicated that children are being engaged in some criminal and gang activities while only 41% indicated that children are not being engaged in gang activities. This study coincides with a 2017 assessment of youth and adolescent situation in Bidibidi which observed that youth and adolescent engagement in gang activities is a common concern and that "*Members of these groups are mostly aged between 14 and 25-year-olds. Some groups are formed along ethnic lines, while others are multi-ethnic. They are armed with sticks and pangas, and source of fear and protection concerns within the communities* "[2]. However, participants from the focus group discussions observed that there has been a great decline of gang activities across the five settlements, which they attributed to increased policing by Uganda Police and the neighbourhood watch. The major criminal activities that children are engaged in range from petty theft (32%), alcohol and other substance abuse and bullying. Gang activities declined from being the biggest criminal activity to the least. Other forms of criminal activities children are engaged include; inter-ethnic violence, sexual assault, looting/pillage and recruitment of other children into gang activities.

2.3 Witnessing Violence at home; 88% of respondents indicated that children witness some form of violence within the homestead. From focus group discussions, participants indicated that common forms of violence children witness include intimate partner violence, severe punishment of other children and conflict among spouses in polygamous setting. The study further established that such acts can not be easily shielded from the children due to the set-up of the settlement where sometimes parents share rooms with children, without utmost privacy. A 2016 study by Australian Bureau of Statics similarly observed that "*Children and young people can rarely be protected from the knowledge that domestic violence is occurring. That 61%) of men and women who had experienced violence by a previous partner had children in their care during the relationship, while 49% of people who reported experiencing violence by a current partner said they had children living with them*[3] ".

It is important to note that witnessing violence has far reaching implications on children's emotional wellbeing as well as their holistic development. According to Leah K Gilber, Compared to those who reported no adverse childhood exposure (ACE/violence), the adjusted odds of reporting myocardial

[1] https://developingchild.harvard.edu/science/deep-dives/neglect/
[2] https://data2.unhcr.org/en/documents/download/63286
[3] https://www.abs.gov.au/ausstats/abs@.nsf/cat/4906.0

infarction, asthma, fair/poor health, frequent mental distress, and disability were higher for those reporting one to three, four to six, or seven to nine ACEs[1]. In addition, children who experience violence are more susceptible to becoming violent than those who do not.

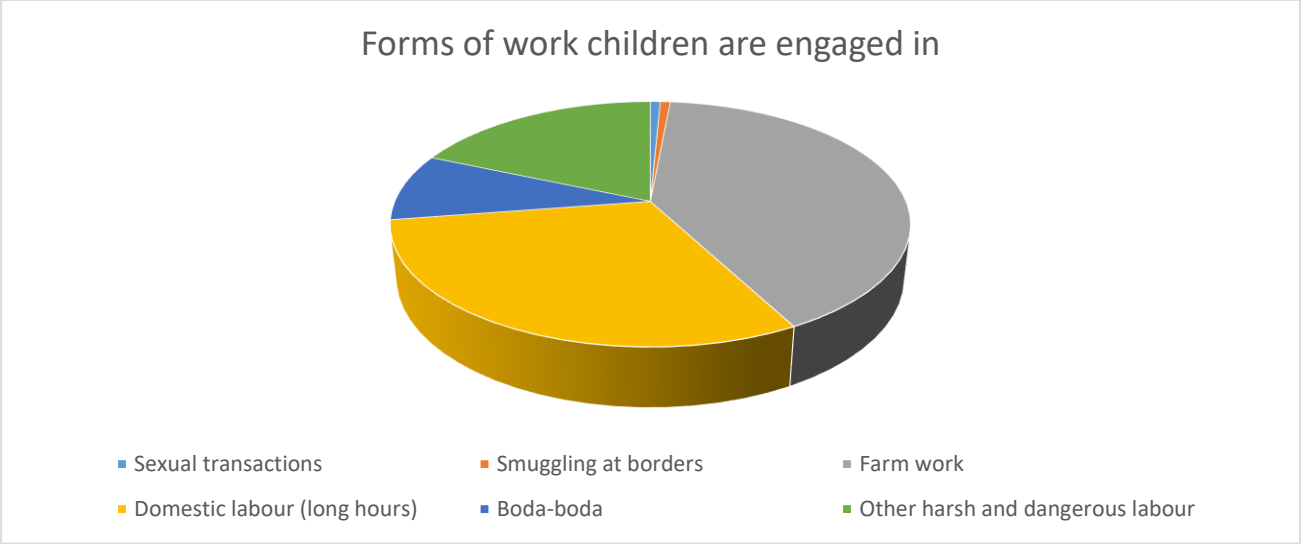
2.4 Violence as a punitive action: This study further found out that most parents use physical violence as a punitive measure against children. 71% of respondents believed that parents use physical violence as a punitive measure while only 29% believed that parents do not use physical violence as a punitive measure. Accordingly, this act stems from lack of parental skills there by making parents believe that acts of physical violence are the only ways through which children can refrain from bad acts or indiscipline. A parent alluded during the FGDs that sometimes children get accustomed to the act to the extent that when a parent communicates without either raising the voice or advancing physical violence, the child does not understand the urgent need for the required action. Majority of the respondents believed that this trend has not changed due to the COVID-19 pandemic. Only 46% of respondents believed that the COVID-19 pandemic has exacerbated trends of violence as a punitive measure.

From a parental cognitive perspective, many parents use physical punishment because they think it works. Parents observe the child's reaction in the short term—the child is upset and stops the behavior—so, they conclude it is an effective teaching tool. Parents also believe that the punishment promotes effective child socialization because it teaches the child what not to do. However, the research evidence (Gershoff & Grogan-Kaylor, 2016) indicates just the opposite: physical punishment model aggression and children who are punished in this way are more likely to show a variety of developmental problems in the future. Although many parents believe in physical punishment to an end, when they use it, they are typically stressed, frustrated, or angry with their child[2].

2.5 Child labour: Child labour is a dominant activity undertaken in Bidibidi refugee settlement. From the study, 54% of respondents believed that children are engaged in forms of work that are harmful to their wellbeing. As seen from the chart below, the most common forms of child labour include; long hours of domestic work; farm work and transporting people (bodaboda). Other forms of child labour include sexual transactions and smuggling people at boarders. Findings from FGDs indicate that majority of these children are between 12 and 17 tears of age.

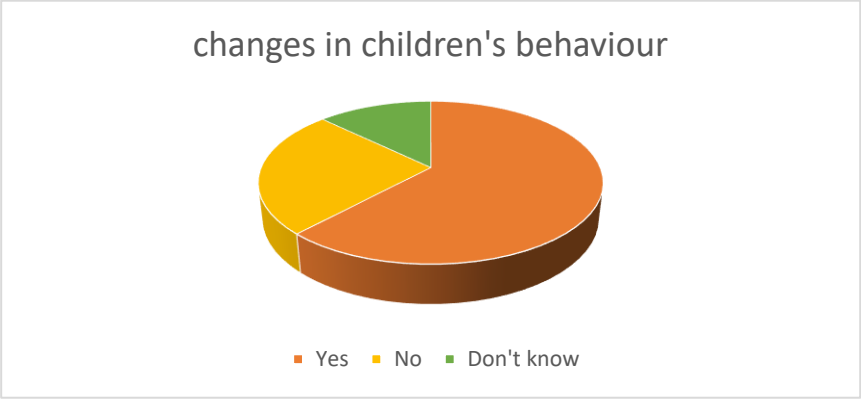
Regarding transportation of goods or people, participants from FGDs indicated that, this is a common practice during food distribution days as some community members (from refugee and host community) provide motorcycles to some children in order to transport refugee food from the distribution point to their homesteads. This is usually done at a cost and the benefits are shared between the child and owner of the motorcycle. One participant during the FGDs indicated that people prefer to work with children because they are cheaper and able to work flexibly unlike adults. Unfortunately, most of this activity takes place during school time. As such, children are not able to continue with their learning. It is important to further note that 49% of respondents believe that these children are working voluntarily to support themselves or their families while 39% believe these children are being sent to engage in such work by their caregivers. The rest believe that these children are being sent to work by other people other than their caregivers or taken to work by kidnappers. All respondents believed that there are no children engaged in worst forms of child labour and forced recruitment into armed groups in the settlement. They further confirmed that there are no recruitment activities taking place within the settlement.

[1] https://pubmed.ncbi.nlm.nih.gov/25300735/
[2] Gershoff, E. T., & Grogan-Kaylor, A. (2016). Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology, 30*, 453-469. doi:10.1037/fam0000191



3. Psychosocial Distress and Community Support Mechanisms

3.1 Changes in Children's behavior:

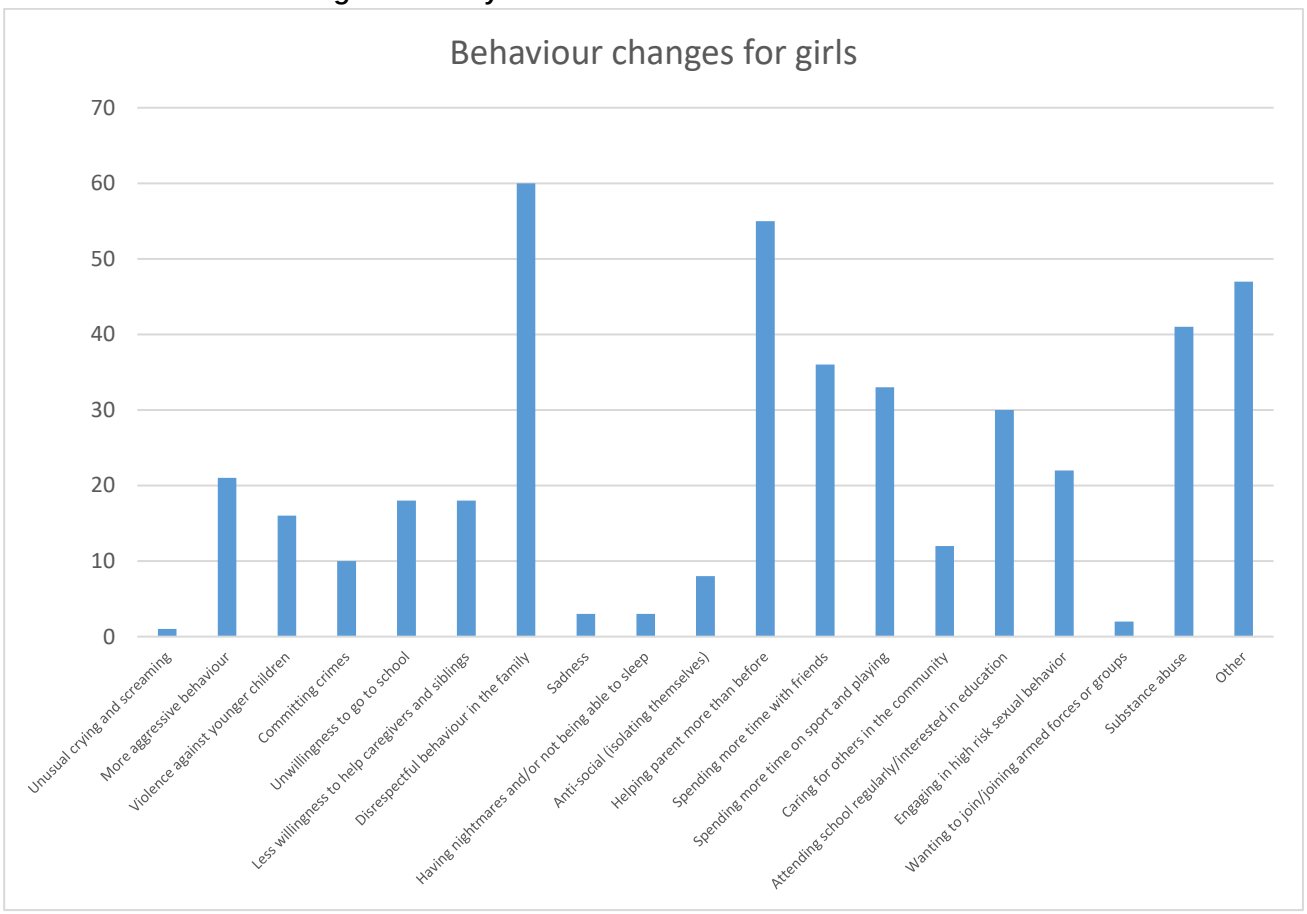


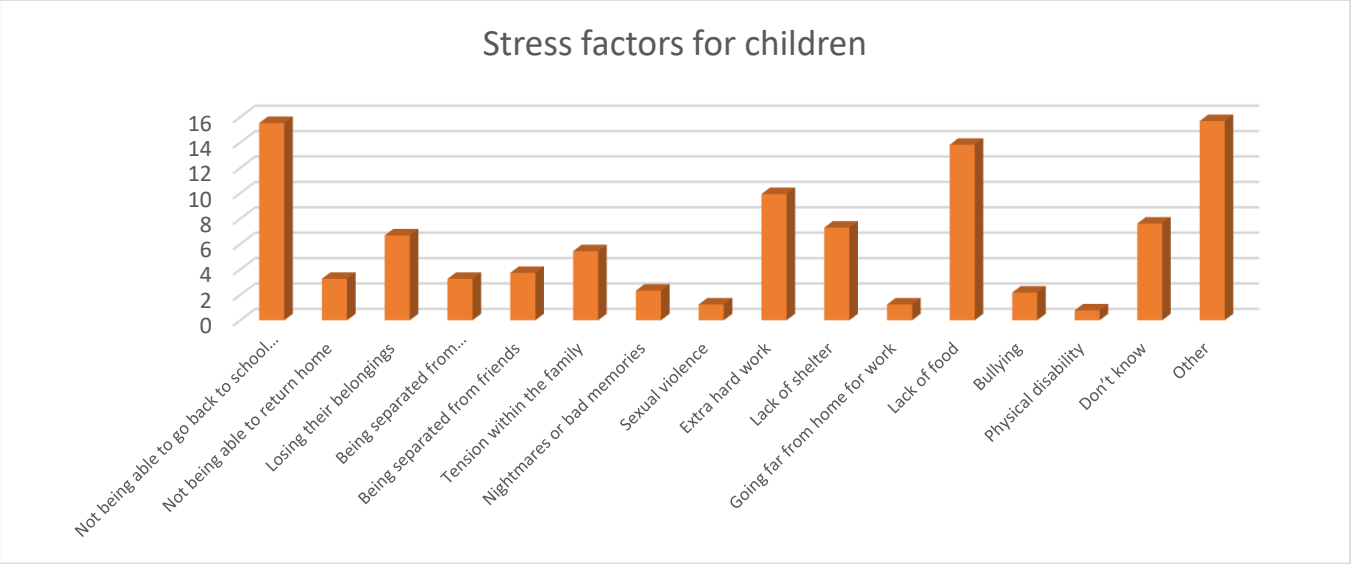
As seen from the chart above, majority of respondents (62%) confirmed having noticed changes in children's behaviors especially during the last one year. Only 25% stated not having noticed changes in behavior while the rest do not know if there are such changes. Most of the behavior changes noticed are positive behavior changes. These include attending school more regularly, greater desire to support parents with domestic work, spending more time playing and spending more time with friends. Amidst this, there are other negative behavior changes that have been observed among children in Bidibidi refugee settlement. These include; becoming disrespectful to parents or caregivers, developing more aggressive behavior and violence against younger children. In terms of gender disaggregation, there is no significant difference in behavior change between boys and girls as most of the behavior traits witnessed with boys are visible among the girls. According to children who participated in the FGDs, the main causes for the positive changes include; increased care and support from parents and caregivers, presence of recreational facilities that support healing and peer to peer support mechanisms from which they are obtaining more hope for the future as they forget about the bad experiences they had from the country of origin. This trend has further been enhanced by increased access to services like health, education, water, food and nonfood items and social protection. 93% of the respondents agreed to the fact that children have access to most of the essential services within the settlement.

In contrast, children mentioned that the causes of the negative changes include the restrictions arising from COVID-19 pandemic, lack of play centers and other social facilities where they can play and interact, separation from parents or previous care givers, peer influence and lack of material needs.

3.2 Stressors for boys and girls: It is important to note that different conditions culminate into stress for boys as compared to girls. As seen in the comparative graphs below, the leading causes of stress for boys in order of priority include; not being able to go to school prior to COVID-19, lack of food, extra hard, tension within the family, loosing their belongings and being separated from family and friends while those for girls in order of priority include; lack of hygiene kits, extra hard work, not being able to go to school, lack of food, lack of shelter and tension within the family. It is interesting to note that these stressors have direct linkage to traditional gender roles expected of men and women. While girls are more worried about lack of hygiene kits for instance, which are vital for the management of their menstrual lifecycle, boys are thinking about being able to continue to accomplish their education in order to meet the societal expectations of a provider. Any mismatch between what they have and what they expect to have can trigger some emotional or psychological distress.

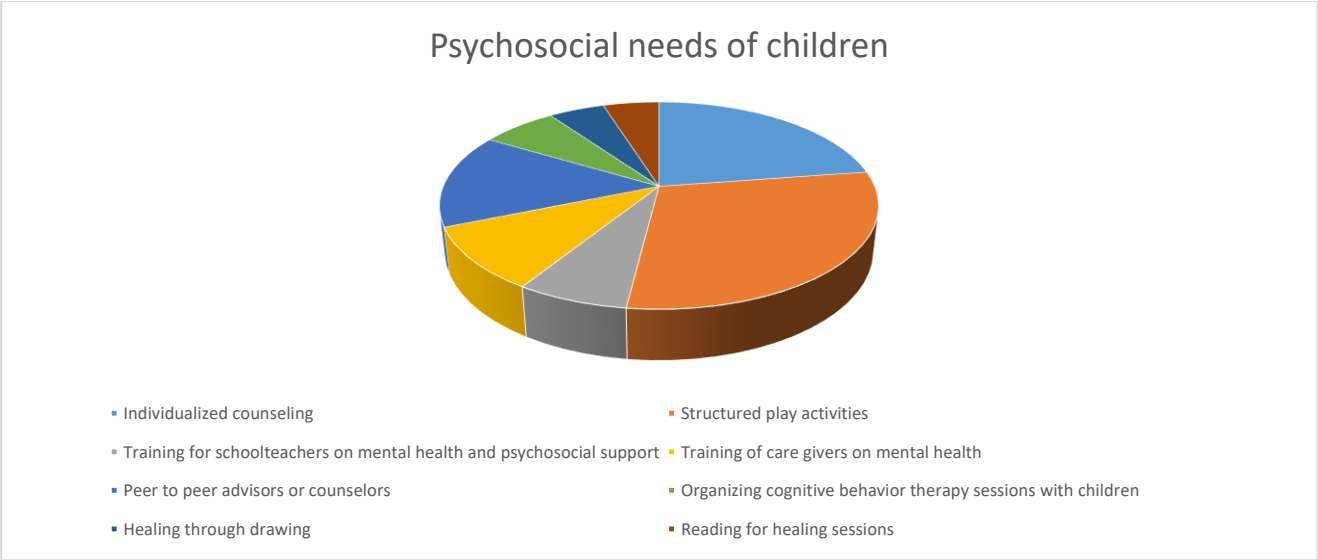
3.3 Different stressors for girls and boys





3.4 Psychosocial needs of children: As seen from the chart below, this study established that structured play activities, individualized counseling and training of parents on mental wellbeing of children are the main needs of children regarding psychosocial wellbeing. Other services should include; organizing cognitive behavior therapy (CBT) for children, peer to peer advisors and training of schoolteachers on mental health and psychological wellbeing of children. Parenting skills focusing on child mental health, positive disciplining and communication with children is particularly important noting that most forms of violence highlighted in this report are mostly associated to those perpetuated by parents or caregivers. Empowering parents on mental health and psychological wellbeing for children will go a long way in curtailing such.

It is further important to note that, the study identified key interventions that will supplement the actions. These include provision of livelihood support to care givers, life skills training for adolescents and youths and vocational skills for adolescents and youth. The life skills training should for instance cover a broad range of issues including sexual and reproductive health, peace building, resilience building and leadership. This will build the confidence and ability of children so that they are able to make informed decisions.



3.5 Emotional wellbeing of caregivers: Like for children, the study further established some behavior changes among parents and care givers. 52% of the respondents indicated that they have witnessed some behavior changes among parents, 31% stated not having noticed any changes while 17% do not know whether such changes have occurred. The most common positive changes witnessed among parents include; paying more attention to children's needs, spending more time with their children and ensuring children have more access to recreational activities. The negative changes witnessed among parents and caregivers include; force or encourage children to marry at young age, paying less attention to children's needs, spending less time with their children and developing more aggressive behavior towards the children. These behavior changes have been influenced by; lack of shelter, fears about children's safety, lost livelihood source, loss of property and ongoing conflict in the country of origin. Repots from the monthly GBVIMS report has indicated a marked increase in cases of intimate partner violence in the settlement and this is closely linked to the aspects of lost livelihood resulting to inability to provide for the basic needs of the family.

It is important to note that the emotional wellbeing of parents has a direct impact on the wellbeing of children. According to Dollard et al's[1] Frustration aggression theory, frustration causes aggression within an individual. However, when the source of the frustration cannot be challenged, the aggression gets displaced onto an innocent target. In such instances, when parents get distressed due to inability to make a living or the ongoing conflict in the country of origin, a level of frustration builds within the individual. Far and large, children become susceptible to having this aggression displaced on them. This explains why this same study observed high incidence of child neglect, children witnessing violence within the family, increased use of physical violence as a punitive measure against children and rising cases of physical violence (not necessarily as punitive measure). Addressing this issue will require a holistic mode that directly confronts the root causes and builds the resilience of individuals in order to meet their household demands.

4. Access to Services and Excluded Children

4.1 Access to services: From the study, 78% of respondents believed children can access recreational facilities within Bidibidi Refugee Settlement. Of these, 41% believed that there are specific groups of children who are being excluded from services than others. In terms of sex aggregation, the study found out that there are more girls than boys who have been excluded from services within Bidibidi Refugee Settlement. The FGDs with refugee leaders further established that most parents confine girls within the homestead in order to support with domestic work while boys can "roam around", attend education and engage in play activities.

From the FGDs with parents, it was observed that, girls are being confined as a way of protecting them from sexual abuse within the community. Many participants from the FGDs believed that allowing girls to go and interact freely with boys in play centers, church activities and other service points pre-exposes them to early intimate relationship which may also lead to teenage pregnancy and early marriage. They asserted that it's rooted in traditional cultural practice and traditional gender division of roles that boys' work is outside of the homestead while the girl is maintained within the homestead. This finding correlates with findings from the 2019 Participatory Assessment by UNHCR which established that "communities believe girls end up getting married and benefitting other families hence no need of paying for their education". It further found out that "boys are a source of security and more valuable compared to the girls. This was attributed to males being capable of doing more manual labor hence assumed to be wealth creators within a household whereas the females get married off[2]".

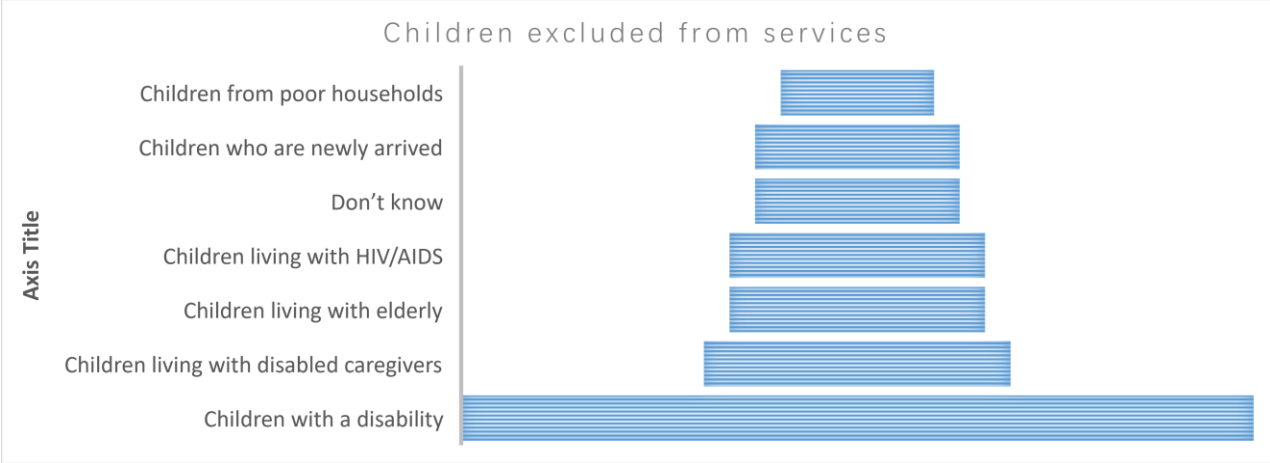
[1] Dollard, J., Doob, L., Miller, N., Mowrer, O., & Sears, R. (1939). Frustration and aggression. New Haven, CT: Yale University Press.
[2] Uganda - Participatory Assessment 2019 National Report- Draft

Taking education as an example, this trend can be observed from the enrolment ratios across all education levels. While 68,225 boys in 2018 and 50,648 boys in 2019 were enrolled in primary, secondary and Early childhood education (ECD) levels, only 44,474 girls in 2018 and 43,432 girls in 2019 were enrolled in ECD, primary and secondary education levels yet the settlement population figures indicate that there are more females registered in proGres than males. The situation is even worse moving higher on the education ladders. While almost an equal number of boys and girls are enrolled in ECD classes, the number continues to dwindle in primary and secondary education levels. For instance, in 2019, 8,699 boys and 8,144 girls were enrolled in ECD across the settlement while only 1,566 girls against 4,080 boys were enrolled in secondary education. This marked disparity can be associated to the low investment levels for girls as reflected above. Therefore, confronting norms and believes that hinder meaningful access to services for girls is a top priority intervention if we are to achieve an equal access to services for boys and girls in all spheres.

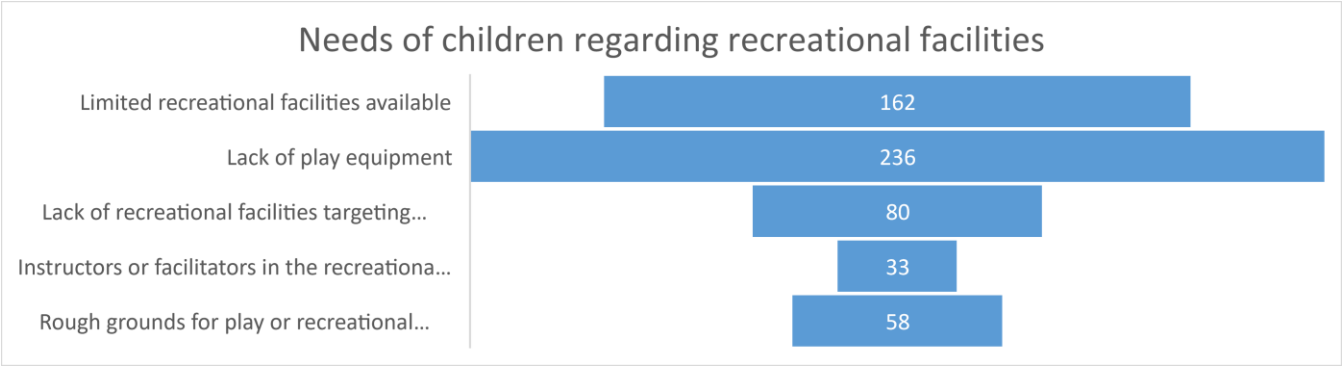
In terms of general categorization and as seen from the table below, the study established that children living with disabilities are the most excluded children regarding access to services ranging from health, education, recreational facilities and food distribution points. From the focus group discussions, it was established that majority of the children with disability lack the requisite assistive devices like wheelchairs, auxiliary and elbow crutches, visual aids and hearing impairment to enable them access services. Even for those who may have access to these devices, the study established that there are other factors which hinder the ability of CWDs from equally accessing services. These range from lack of specialized services for children with disability, limited social support, including a dedicated family member who can assist persons with disability to access service points and poor terrain of the settlement which hinder mobility especially for children with physical impairment. The study observed that, while humanitarian actors have invested much in creating ramps in schools, play centers and health facilities, there has not been careful consideration for meaningful access as partners consider access within the premises without looking at access to the premises.

Another paradigm which was noted from the FGDs is that most parents consider children with disability as a curse imposed upon them. As such, the love and affection necessary to support their holistic development is lacking. Participants from the FGDs further alluded that many parents do not see hope in children with disability. As such, they do not invest a lot in their future. This correlates with findings from the 2019 participatory assessment which established that persons living with disabilities were also discriminated against while seeking access to services.

4.2 Other categories excluded from services: Other categories of children with limited access to services include children from poor households who are unable to acquire basic requirements to access services, children living with elderly and chronically ill parents or care givers, children living with disabled caregivers and children living with HIV/AIDS. Children living with chronically ill caregivers and care givers with disability most times assume the care giver role and are not therefore able to engage in play, education and other services meant for children. One participant from the FGD with children indicated that, when “I come back from school, I must support my sick mother with fetching water, collecting firewood and cooking food because I am the oldest child while other children go to play”. She added that “I cannot remember the last time I played with my friends because most times I have to support my mother with domestic work”.



4.3 Needs of children regarding recreational facilities: This study established that the key needs of children regarding recreational facilities include the lack of play equipment which are age, gender and diversity appropriate, including specific play equipment for children with disabilities, limited recreational facilities compared to the number of children in need of recreational facilities and lack of recreational facilities targeting children with disabilities. In order to achieve this, respondents recommended establishing more play or recreational centers, diversifying the range of activities in the centers, training of animators or facilitators to man the centers, involving children and community in designing activities at the center, enhancing safety by removing harmful objects and installing play equipment within the recreational centers as the strategies to improve access to recreational facilities.



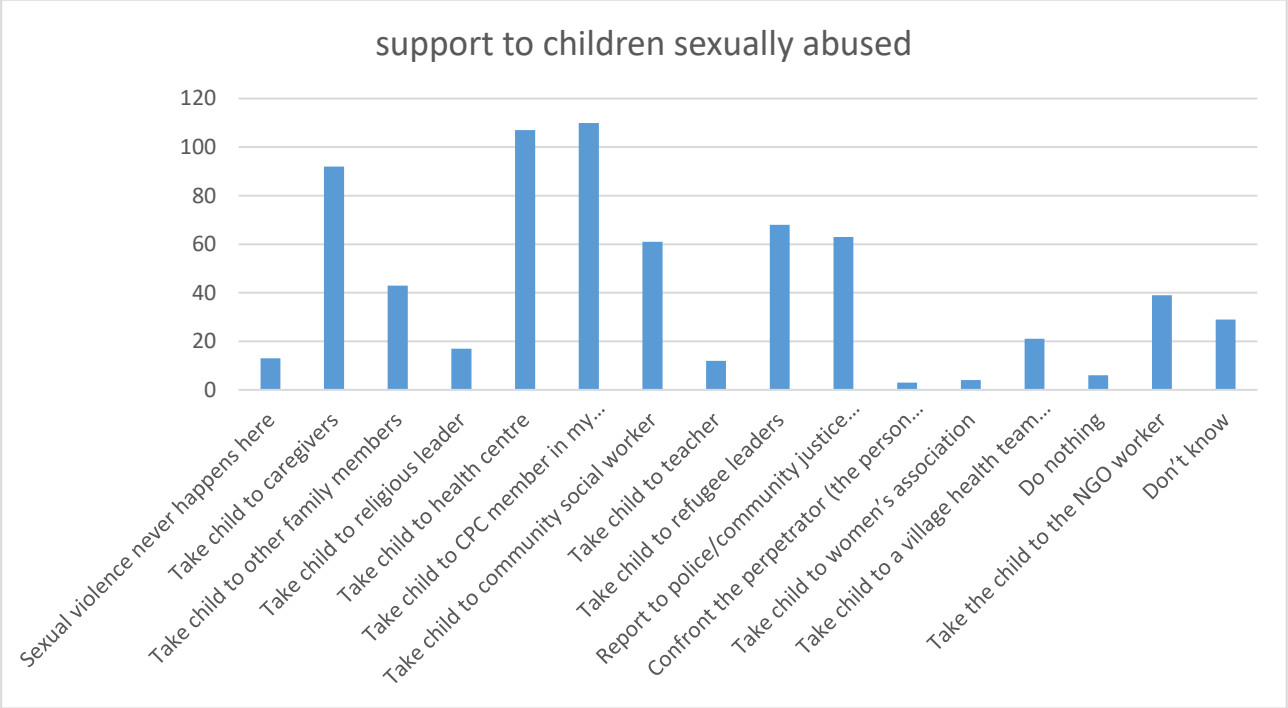
5. Sexual violence

5.1 Prevalence of sexual violence: Findings from the study indicate that incidences of sexual violence have not increased in the last one year. According to Refugee welfare Committee members (RWCs) who participated in focus group discussions, while more cases are being reported, the trend has remained the same. They opined that these cases were occurring, but communities were not free to report. This gave an impression that there was nothing taking place while the reality is more cases of sexual violence are being perpetuated against children. The study further found out that more girls (72%) than boys (5%) are being affected by sexual violence. Of these, majority (70%) are children who are 14 years or older. The most common places where sexual violence occur include at home, while collecting firewood, at water collection points and while playing around the settlement.

5.2 Access to services for survivors of sexual violence; Most participants were able to mention key services they would refer children to, incase they are sexually abused. The most common services mentioned as

reflected in the chart below include health center, police, community-based social worker, take the child to CPCs, NGO workers and taking the child to the parent or care giver. Only 6 respondents mentioned that they would do nothing in case they find a child who is sexually abused.

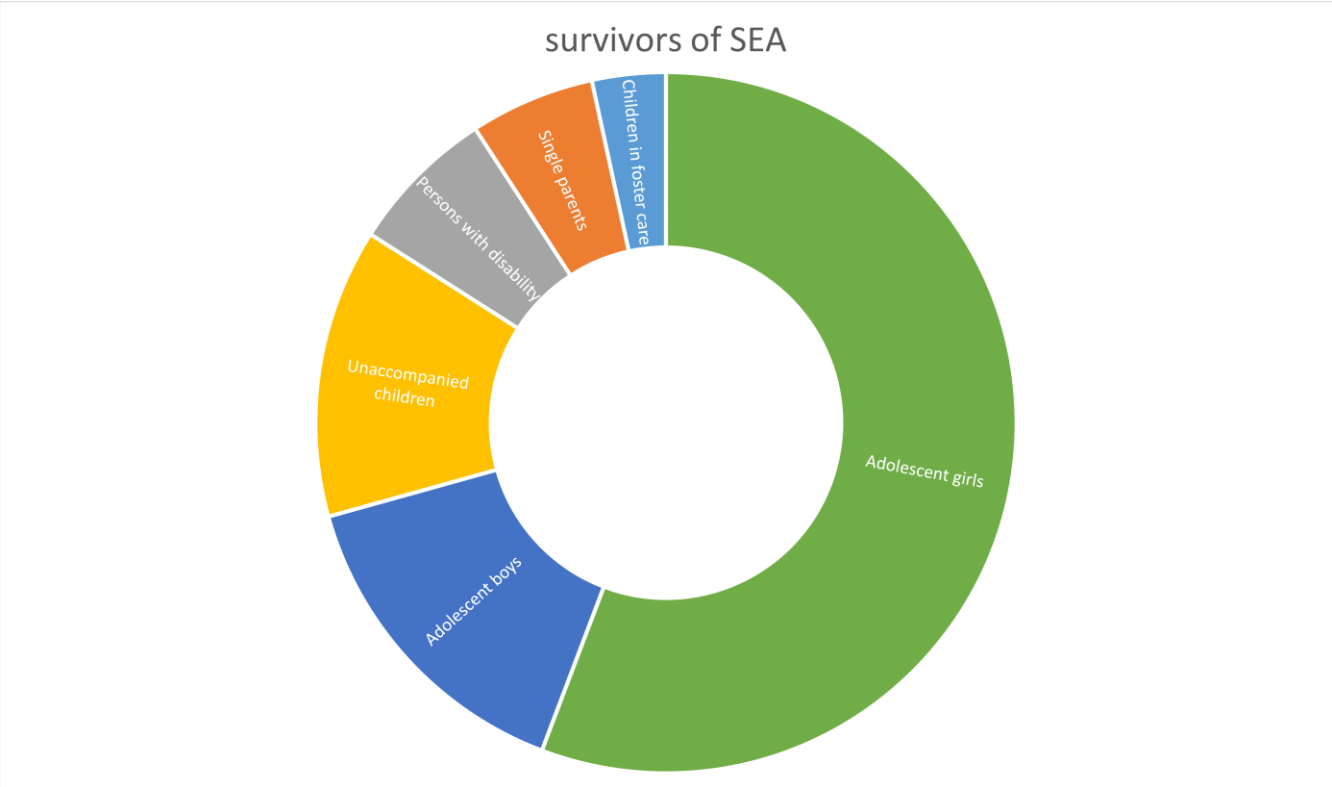
It is important to note that 65% of respondents further agreed that a child who is sexually abused can freely access services without hinderance while 23% do not know whether children can freely access services and 12% believed that a child can not freely seek for services. Major reasons that hinder children from accessing services include tendency by community to sort cases of sexual violence at family level, there by blocking children from accessing medical care, justice system and social worker, fear among children in accessing services and lack of information among younger children regarding what services are available for them when they are sexually abused. Additionally, 79% of respondents believed that there are places within the community where persons who are sexually abused can seek help. The range listed during the focus group discussions include; women centers, protection houses, police posts, medical care, psychosocial support and social work. It is further important to note that 93% of respondents believed that children can also seek help in these service points. However, participants from the FGDs alluded that some constraints within the justice system including delays in investigations and prosecutions, bureaucracies and unwillingness of police to effect arrest on perpetrators usually discourage some community members from seeking for help.



6. Sexual exploitation and abuse

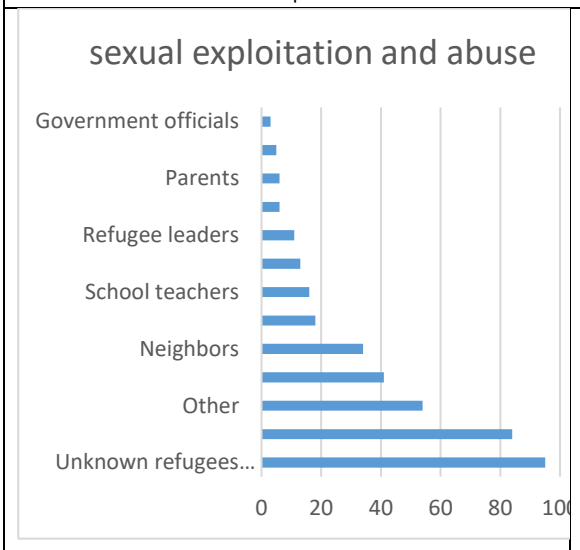
6.1 Occurrence; findings from the study revealed that sexual exploitation and abuse of children is not a common practice within Bidibidi Refugee Settlement. 61% of respondents believed sexual exploitation and abuse is not occurring within the settlement while only 39% believed that the vice is occurring. From the FGDs, RWCs indicated that it is very difficult to establish whether such acts are occurring within the community since it is done under mutual agreement between the victim and the perpetrator and usually outside the settlement. Participants added that the only moment they get to know about such cases is when the child is pregnant and there is a need to act.

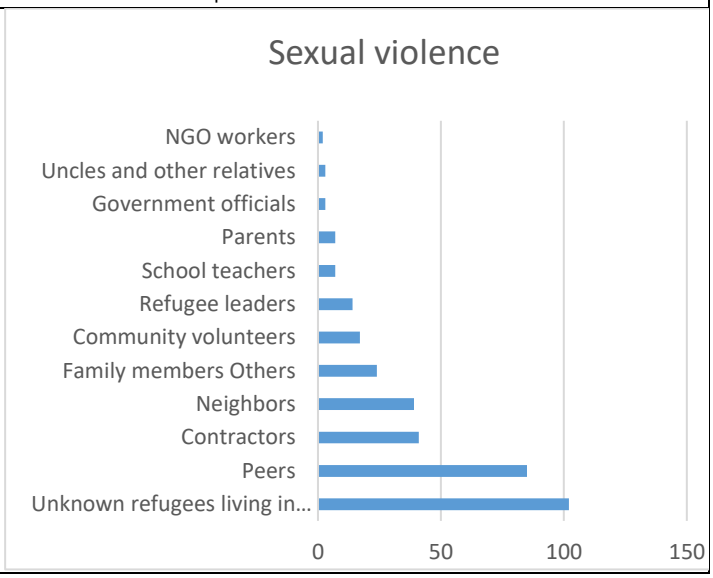
6.2 Survivors of SEA: the study found out that adolescent girls, unaccompanied and separated children and adolescent boys are the main survivors of sexual exploitation and abuse. Other category of children at heightened risk include children with disability and children living with single parents.



6.3 Perpetrators of SEA: this study established that there is no significant difference between the perpetrators of general sexual violence against children as compared to perpetrators of sexual exploitation and abuse against children. As reflected in the comparative graphs below; unknown persons living in the settlement, neighbors and contractors are the main perpetrators of sexual exploitation and abuse while unknown persons living in the settlement, peers and contractors are the main perpetrators of sexual violence against children.

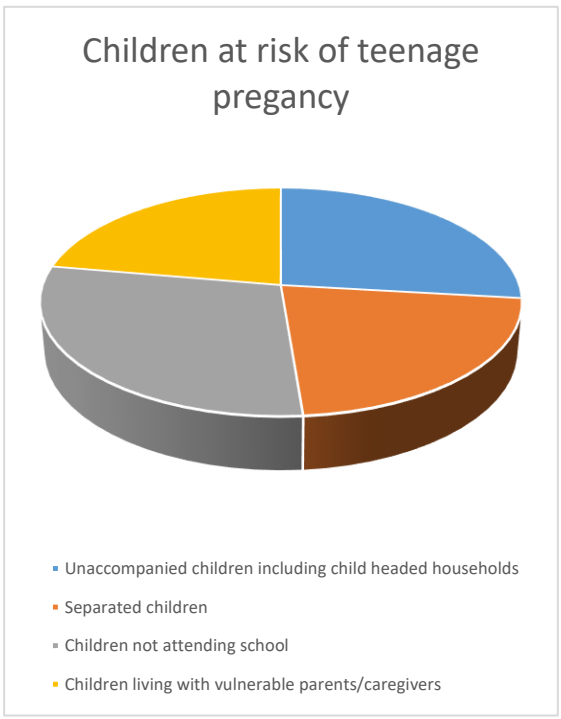
Perpetrators of Sexual violence and sexual exploitation and abuse

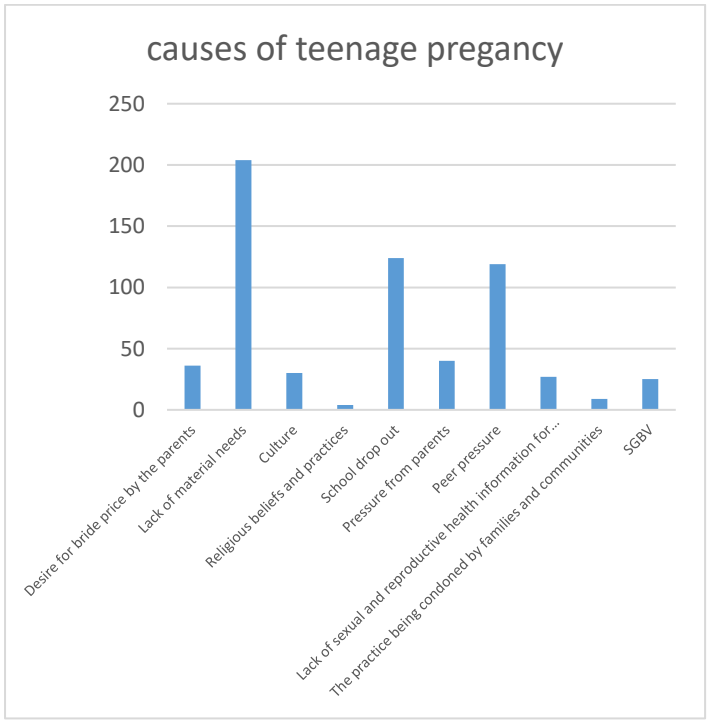




7. Child marriages and teenage pregnancy

71. Children at risk of teenage pregnancy and child marriage:





Findings from the study revealed that children not attending school, unaccompanied and separated children and children living with vulnerable care givers are at higher risk of getting married early as well as teenage pregnancy. Participants from FGDs revealed that for unaccompanied children and particularly those heading households, they are exposed to the household responsibilities at early age and are not able to concentrate in schooling. As such, they resort to marriage to get a life partner with whom they can share such responsibilities. Besides, children living under independent care arrangement lack the requisite parental guidance on sexuality and sexual reproductive health thereby exposing them to premarital sex which is a

leading cause to teenage pregnancy. For children living with vulnerable parents, participants from the FGDs mentioned two conditions that increase their vulnerability to teenage pregnancy and child marriage. Firstly, children who live with caregivers who are unable to meet the basic needs of the family resort to external support to meet their basic needs like lotion, sanitary pads, clothes and under wear. A participant during FGDs with parents indicated that it's the desire for a girl to look nice. Sometimes when girls are not able to meet this within the homestead, they get this support from boys and men who are engaged in some work. Since these boys or men support them greatly, these girls become so vulnerable that they can not negotiate for safe sex. Secondly, extremely vulnerable care givers see these girls as source of bride wealth, and thereby influence them to get married early so as to raise some income.

7.2 Causes of child marriages: As highlighted in the chart above, the study found out that, lack of material needs, school dropout, peer pressure and pressure from parents are the leading causes of teenage pregnancy in Bidibidi refugee settlement. Other causes of teenage pregnancy and child marriage includes; desire for pride price, cultural beliefs and practices, lack of sexual and reproductive health information for adolescents, SGBV and the practice being condoned by society. During an FGD with refugee leaders, it was alluded that most of the child marriages are being sanctioned or approved by parents and caregivers. In most cases, parents quietly organize marriage without the involvement of people whom they think are opposed to the practice. Accordingly, parents do this for many reasons including the desire to get bride price, getting relieved of the responsibility to provide for the needs of the children and pressure from their peers.

On peer influence, participants from a focus group discussion with Refugee leaders found out that, "*These girls have formed their groups of social interaction which are so misleading. You will find one girl is coordinating a boyfriend for the other. Your girl will tell you she is going to visit a friend, yet they have arranged for a man to visit in the friend's place.* Participants added that girls who have newly been married present a very positive picture of their life in marriage, thereby motivating their fellows who are in school to get married. One refugee woman added that, some girls who have experienced bitterness in marriage do not want to suffer alone, they encourage those who are not yet married so that they feel the same brunt." A similar study conducted by UNICEF[1] revealed that *"Desire for too much happiness, admiring things they cannot afford, and love for money are some of the things that lead young girls into traps. Some girls who come from rich families are given all they need and girls from poor families admire them and have to find ways to acquire such things and the outcomes are pregnancies and HIV." (FGD Adults - Kiboga). "Those that are not interested compare themselves with their peers who are doing well in marriage they are also compelled to get married."*

7.3 Effects of teenage pregnancy and child marriage: The study established that dropping out of school, risk of contracting HIV/AIDS, difficulty during deliveries, difficulties during pregnancy and inability to provide for the needs of the family are the main effects of child marriage. Other effects highlighted during the survey included; gender-based violence, psychosocial distress, limited options for the child to build a better future, still birth and child poverty.

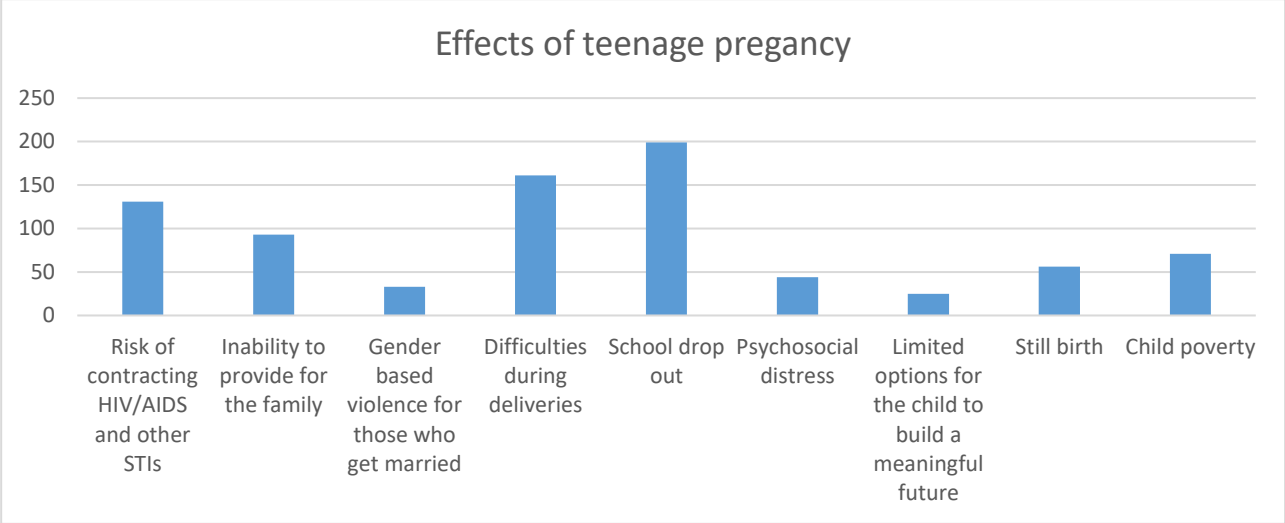
During focus group discussion with parents, a woman who has been a victim of child marriage alluded that, she would not have agreed to get married as a child if given another chance of becoming a child due to the massive negative effects she experienced. She stated that;

> "*These men can act nice and sweet when they are luring you into sex or marriage. They promise you a lot of things, providing for all that you need so that you accept them.*

[1] https://www.unicef.org/uganda/media/3901/file

Once you come to his home, all the good things phase out. I was in primary five when I got married, my friends and classmates who continued with their studies are doing something in the settlement or back in South Sudan, yet I am here in the settlement without any job to do. My husband is married to another woman and has since gone back to South Sudan with the new wife. We now have 5 children, but he does not support me with anything. The only moment he comes to the settlement is when he wants to add me a baby".

Many participants agreed to the fact that child marriage has far reaching negative impacts than the associated positive effects.

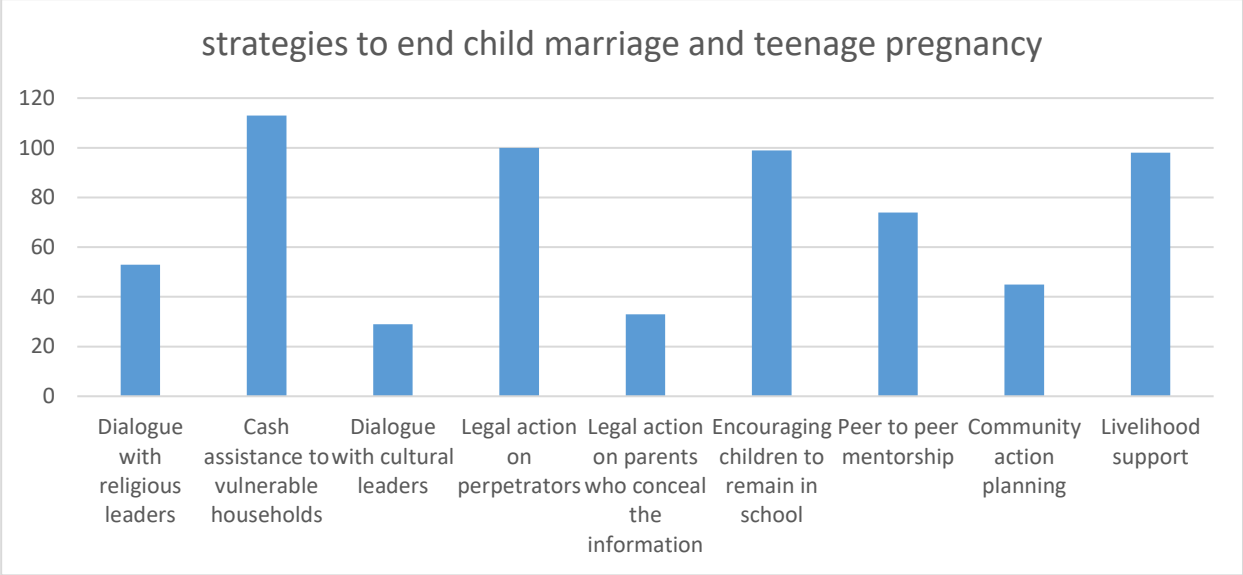


7.4 Strategies to end teenage pregnancy and child marriages: As seen in the graph below, participants highlighted cash assistance to vulnerable families, legal action on perpetrators, encouraging children to go to school and remain in school, advancing livelihood support to vulnerable households and peer to peer mentorship and support as key strategies to ending child marriages and teenage pregnancy. Other strategies proposed included dialogue with religious leaders and cultural leaders, legal action on parents who condone the practice and community-based action planning.

On keeping children in school, participants in the FGDs indicated that, when children are in school, they do not have the time to engage in bad practices that can expose them to teenage pregnancy and child marriage because they build a hope for a better future. Participants further added that education will help children acquire necessary life skills including how to relate with boys and men. This significantly reduces the risk of teenage pregnancy and child marriages.

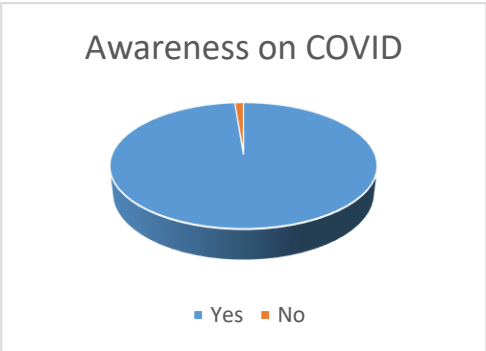
Participants further observed that programs that seek to empower households economically through livelihoods, direct cash assistance and vocational skills training have a higher marginal return as families get empowered and do not see girls as a source of wealth. Families also become capable to provide for the material needs of the children. Economic empowerment also enables parents to more meaningfully invest in their children's education thereby delaying their chances of getting married or getting pregnant at teenage age. Of greater importance to note is that, these approaches work holistically and in synergy. During FGDs with RWCs, it was mentioned that no single approach has the potential to end child marriage and teenage pregnancy in isolation but rather in a collaborative manner.

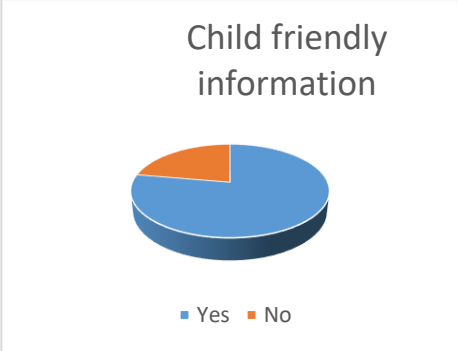
This was the same viewpoint opined by Bantebya et al (2011[1]) in which they observed that programs intended to economically empower vulnerable families to prevent children from child marriage can effectively support in achieving this target. They observed that Organizations such as South-Eastern Private Sector Promotion of Entrepreneurship (SESPEL) based in Mayuge district worked with adolescent girls to build confidence, teach skills and support income-generating activities, savings and loans associations along with sensitization sessions on early marriage. The transformative power of its confidence building efforts, which follow a 'mindset management' approach has made significant impact, as illustrated through several examples. For instance, girls separate from abusive husbands – refusing to submit to beatings or drunkenness. In addition, girls have formed groups including Rays of Hope, Rise and Shine and Bright Future that provide space for girls to share their experiences and support each other.



8. COVID-19 QUICK SURVEY FOCUSING ON CHILDREN

8.1 Awareness on COVID-19:





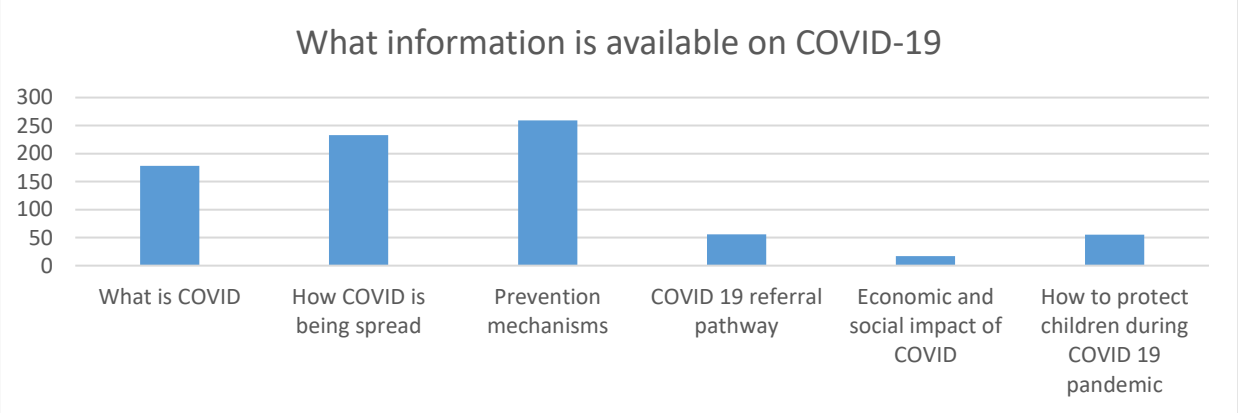
Findings from this study revealed that majority (99%) of the population is aware about COVID-19 pandemic, with only 1% not being aware of COVID. Of these, 78% believed that the information provided on COVID-19 was child friendly while a minority 22% believed that information provided on COVID is not

[1] Bantebya, G. K., Muhanguzi, F. K., and Watson, c. (2014) Adolescent girls in the balance: Changes and continuity in social norms and practices around marriage and education in Uganda. Country Report. Overseas Development Institute. London

child friendly. Participants suggested that for this information to be easily consumed by children, the following needs to be taken into consideration;

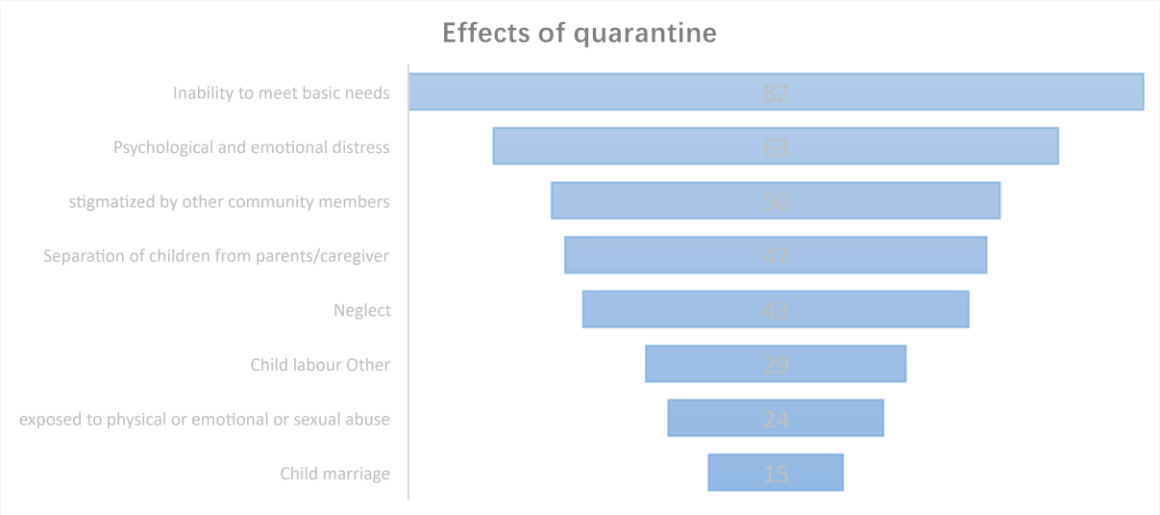
- The information should be disseminated through fellow children;
- Information should be translated into the local languages;
- Information should be made in pictorial format and graphics and;
- That the language should be made simple and precise.

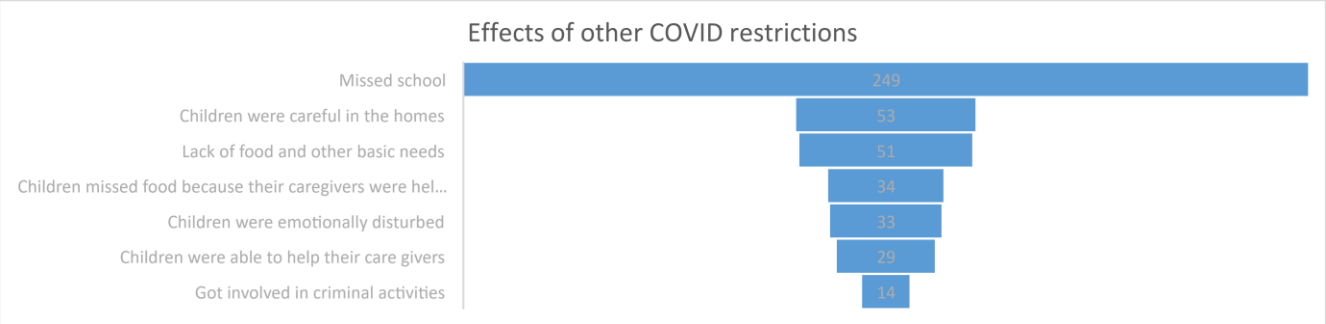
It is also evident as seen from the chart below that information available on COVID centres around what is COVID, how the virus is being spread and what are the preventive measures that can be adopted to curtail the spread. Very little information is being made available on the COVID-19 referral pathway for persons who are suspected to be having COVID, economic and social impacts of COVID and how children can be protected from the COVID-19 pandemic. As child protection actors, this calls for a new approach and re-messaging to ensure comprehensive information is being shared with the community.



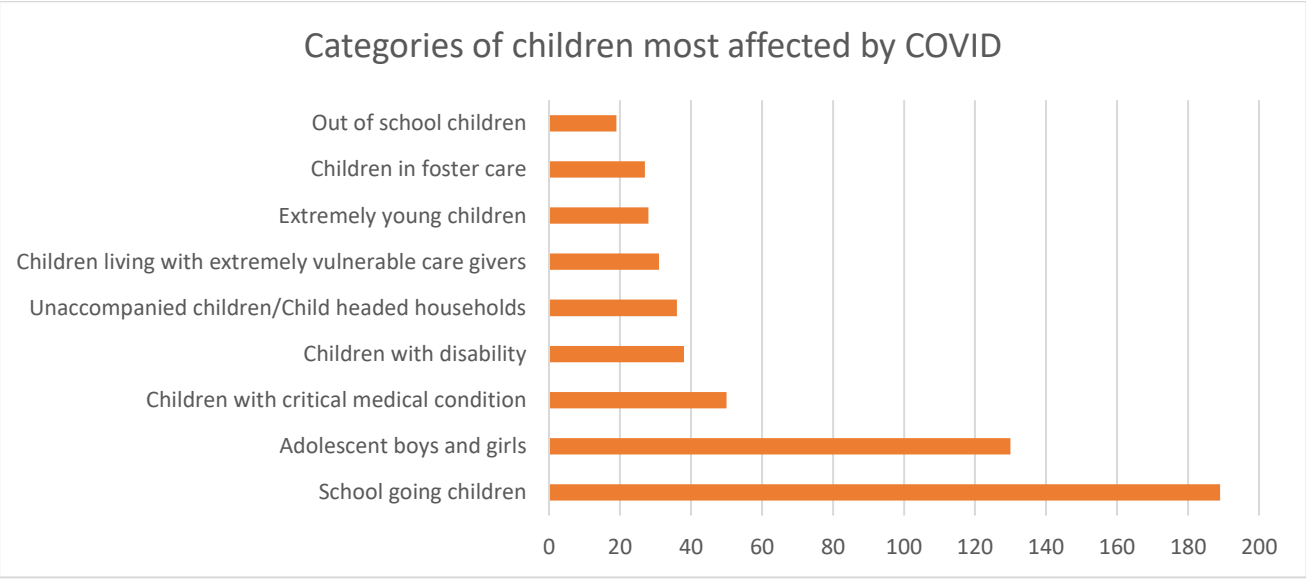
8.2 Impact of COVID-19 on children: Majority of participants agreed that the COVID-19 pandemic has affected the refugee population and more particularly children in one way or the other. While only 43% of respondents indicated that some members of the community were placed into institutional quarantine, the study established that this quarantine had an impact on the children from those households. This impact was widespread including; inability to meet the basic needs, psychological and emotional distress, children were stigmatised by their fellows and separation of children from care givers. Other effects included neglect by those who assumed the temporary care, child labour, exposure to physical, emotional or sexual violence and child marriage. On the general impact of COVID-19, participants indicated that the biggest impact of COVID-19 on children is the inability to go to school. This has in a way created many negative impacts, including the psychological distress, exposure to sexual violence and engagement in criminal activities. Participants also noted a few instances where children were not able to receive their food ration because the parents were stuck outside the settlement due to movement restrictions and separation of children from the primary caregivers as a result of the same restrictions.

Charts showing impact of COVID-19 pandemic





8.3 Categories of children most affected by COVID-19: The study further established that school going children were the most affected category of children by the COVID-19 pandemic. This is mainly because the close of schools meant these children had to adjust to new ways of life which greatly impacted on their social and emotional wellbeing. Other categories of children affected by COVID pandemic included adolescent boys and girls, children with critical medical conditions, children with disability and unaccompanied children and child headed households. As reflected in the chart below, out of school children were the least affected category of children.



9. Summary of Key findings from the study

This study established that gender increases the likelihood of protection risks for girls as compared to boys. Certain gender roles and believes makes girls more susceptible to occurrence of certain protections risks. As such, addressing gender-based biases against girls is crucial in addressing specific risks faced by adolescent girls including access to education, child marriages and teenage pregnancy and sexual violence.

The study further established that information regarding sexual exploitation and abuse is very minimal in the community. With exception of a few refugee leaders, many participants rarely distinguished sexual exploitation and abuse from sexual violence against children. Increasing awareness in the community about sexual exploitation and abuse is very crucial in addressing the iniquity.

The study observed the urgent need to address sexual and reproductive health for adolescents including boys and girls. This includes increasing access to menstrual hygiene kits for girls, increasing access to information on sexual and reproductive health in age and culturally appropriate manner, confronting myths regarding sexual reproductive health and addressing issues of safe sex for adolescents and youth.

The study further established that there are limited programs targeting the unique needs of adolescent boys. While there are specific clubs in place to address specific needs of adolescent girls, such initiatives are not in place for the male counterparts. The study therefore observed that, designing specific interventions targeting adolescent boys is crucial in addressing the unique needs of adolescent boys.

The study observed that addressing child protection concerns requires collaboration with other sectors including education, Sexual and gender-based violence, legal assistance, community services, camp management, livelihoods, WASH, among others as child protection risks are intrinsically linked to these sectors.

The study also observed a huge number of individuals who are not aware about or able to access services for child survivors of sexual violence. This has been attributed to either lack of information about existing services for survivors of sexual violence or limitations to physical access including availability of the services, time required to access the services and distance required to commute to a service point.

The study observed adolescent boys as survivors of sexual exploitation and sexual violence. This is a new trend that has not been unearthed from previous assessments. While there was limited information from the qualitative data on this trend, findings from the quantitative survey observed a good proportion of adolescent boys who have been exposed to sexual violence and sexual exploitation and abuse.

10. Recommendations

Unaccompanied and separated children: separation has been observed to be an ongoing need. There is need to increase awareness in the community on factors that lead to separation including return of care givers into country of origin, sending children to work as house girls and maids in urban centres and sending children to study alone outside the settlement so that the risk can be reduced.

Care for unaccompanied and separated children: Formal foster care is seen as the most effective form of care for unaccompanied and separated children as it provides a safety net for the children to grow in. Efforts should be undertaken by humanitarian actors to strengthen this system through building the capacity of the care givers in order to support the children in the interim. For immediate needs, partners should focus on meeting current needs like shelter, clothing and material support on a need basis, while strategizing on linking the foster families into more sustainable livelihood activities where they are able

to earn income to meet the ongoing needs of the children in foster care as well as those of their biological children.

Dangers and Injuries; Physical Violence; and Other Harmful Practices: It is observed that most violence and harm against children is instigated at the household level. As such, there is need to focus attention on building capacity of parents and caregivers in positive parenting skills so that they can provide proper care and support to children. There is also need to enhance livelihood opportunities for parents and care givers so that they can meet

Psychosocial Distress and Community Support Mechanisms: The study observed higher marginal returns from investing in recreational activities in regarding to emotional wellbeing of children. There is need to focus on improving the capacity of these centers so that they can sustainably address the emotional and psychosocial needs f children. More focus should also be placed on life skills development so that children are can make informed decisions.

Besides, serious behavior changes have been noticed in parents which have a trickle-down effect on children. There is need to address emotional wellbeing of parents and caregivers through skills enhancement, individualized counseling, group therapies and linkage to livelihood so that they are in better mental state to support the children

Access to Services and Excluded Children: the study highlighted a marked disparity in access to services between boys and girls. Therefore, confronting norms and believes that hinder meaningful access to services for girls is a top priority intervention if we are to achieve an equal access to services for boys and girls in all spheres. Regarding access to recreational facilities, there is need to establish more play or recreational centers, diversifying the range of activities in the centers, train animators or facilitators to man the centers, involve children and community in designing activities at the center, enhance safety by removing harmful objects and installing play equipment within the recreational centers to improve access to recreational facilities.

Sexual exploitation and abuse: there is greater need to increase awareness in the community about sexual exploitation and abuse in all its forms so as to increase community vigilance on the vice. Humanitarian organisations coming into contract with private sector, contractors, affiliate work force, consultants etc. should ensure a these persons are taken through a clear child safeguarding policy, a copy of it is signed by all individuals working in the project and establish mechanisms to follow-up the implementation of this policy to reduce cases of SEA by contractors.

Child marriage and teenage pregnancy: there is need to advance cash assistance to vulnerable families, undertake strict legal action on perpetrators, encourage and support children to go to school and remain in school, advancing livelihood support to vulnerable households and peer to peer mentorship and support in order to ending child marriages and teenage pregnancy. Other strategies should include dialogue with religious leaders and cultural leaders, legal action on parents who condone the practice and community-based action planning.

COVID-19: There is need to diversify the range of information availed on COVID-19 to include the available referral pathway, economic and social impact of COVID and strategies to protect children from harm during COVID pandemic as part of the COVID awareness messages.

Finally, it is crucial to enhance collaboration with other sectors like education, SGBV, legal assistance, community leaders, community service, livelihood, health, WASH and camp management and camp coordination to holistically address the risks identified. As an initial step, it is paramount that the assessment report is shared with the concerned sectors.