Situation analysis of children and poverty in Uganda:

Voices of children

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CFPU	Child and Family Protection Unit
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EPRC	Economic Policy Research Centre
FANTA	Food and Nutrition Technical Assistance
FGD	Focus Group Discussion
FY	Financial Year
GBS	Go Back to School Programme
GCNF	Global Child Nutrition Foundation
GDP	Gross Domestic Product (GDP)
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IDP	Internally Displaced Person
IRC	International Rescue Committee
LRA	Lord's Resistance Army
MDG	Millennium Development Goal
MFPED	Ministry of Finance, Planning and Economic Development
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental Organisation
OVC	Orphans and Vulnerable Children
PEP	Poverty and Economic Policy Research Network
PTA	Parent Teacher Association
PTA	Problem Tree Analysis
STD	Sexually Transmitted Disease
UBoS	Uganda Bureau of Statistics
UN	United Nations
UNICEF	UN Children's Fund
UPDF	Uganda People's Defence Forces
UPE	Universal Primary Education
UPPET	Universal Post-primary Education and Training Project
USE	Universal Secondary Education
VHT	Village Health Team
WFP	World Food Programme
WHO	World Health Organization

1 Introduction and background

The UN Children's Fund's (UNICEF's) 'Situation Analysis of Children and Poverty in Uganda' is divided into two parts. The first was carried out by the Economic Policy Research Centre (EPRC), in partnership with the Poverty and Economic Policy Research Network (PEP). This investigated national-level quantitative data to present a picture of child poverty in Uganda based around seven dimensions – education, health, food, water, sanitation, shelter and information .

These dimensions, which conform to internationally agreed standards and conventions, are known as the Bristol Indicators (Gordon et al., 2003). They are threshold measures of severe deprivations that are likely to have serious adverse consequences for children's health, wellbeing and development. They define children living in absolute poverty as facing two or more types of severe deprivation on the seven indicators (PEP, 2010), with measures of 'severe deprivation' considering the following characteristics:

- **Severe education deprivation**: children aged between 7 and 18 who have never been to and are not currently attending school (no professional education of any kind);
- **Severe health deprivation:** children who have not been immunised against any diseases or young children who have recently had an illness involving diarrhoea and did not receive any medical advice or treatment;
- **Severe food deprivation**: children whose height and weight for their age are more than -3 standard deviations below the median of the international reference population, that is, severe anthropometric failure;
- **Severe water deprivation (quality and quantity):** children who only have access to surface water (e.g. rivers) for drinking or who live in households where the nearest water source is more than 15 minutes away;
- **Severe deprivation of sanitation:** children who have no access to a toilet of any kind in the vicinity of their dwelling, including communal toilets or latrines;
- **Severe shelter deprivation:** children living in dwellings with more than five people per room (severe overcrowding) or with no flooring material (e.g. a mud floor);
- **Severe information deprivation:** children aged between 3 and 18 with no possession of and access to radio, television, telephone or newspapers at home.

Using quantitative data, these indicators make it possible to place children on a scale from moderate to severe for each dimension. This is very useful in terms of capturing nationally representative statistics on the poverty situation of children across the seven dimensions. However, such quantitative measures are insufficient to answer important questions regarding a number of issues:

- The challenges children face in accessing basic services related to these indicators;
- The intra-household and social dynamics that can influence children's opportunities
- to overcome deprivation in any of these dimensions;
- The importance children themselves attach to these different dimensions of wellbeing in their lives, depending on their context;
- Children's experiences as a result of the conditions in which they live;
- Children's aspirations and opportunities.

As such, while the first component considered some of the factors that can influence poverty outcomes, such as gender and location, its design did not allow it to capture enough detail about some of the causes of such outcomes. This is where this second component, 'Voices of

Children', comes in – to enable a more in-depth understanding as to why children's basic needs in the seven dimensions are or are not being met, according to children themselves. Rather than measuring quantitative outcome indicators, we used qualitative and participatory research instruments to capture what children had to tell us in relation to each of these dimensions – to understand **if, why and how** they faced deprivations.

In particular, we were interested in whether children experienced one or several of these deprivations, the extent to which they or other children in their community experienced them, how this affected their lives and some of the main reasons – in their view – why such deprivations occurred.

In addition, we asked children how they saw their lives and the circumstances they found themselves in, what priorities and concerns they had, what they felt about poverty based on their own experiences and what they thought needed to happen to improve their situation. We also asked about their aspirations and the opportunities they saw for themselves in their future, as well as what they liked in their lives, which ranged from everyday chores to having their family's support. This information is relevant: not only is it explored more rarely, but also it highlights the aspects of children's lives that need to be supported to foster a favourable environment for them.

The powerful messages children and adolescents communicated, using their voices and their drawings, underlined how important it is to hear what they have to tell us. Policymakers, researchers and agencies working with and for children need to listen to their messages to obtain a deeper understanding of child poverty, which they can use to inform research, policy and programming. Hearing children's voices helps us better understand the challenges they face, their own priorities and how they see themselves contributing to the solutions. In this regard, this report provides a layer of depth to our understanding of the factors with the most significant effects on children, on which other data sources have presented preliminary evidence.

The paper is structured as follows. Section 2 outlines the methodology used in the study. Section 3 reports back on what children said about poverty, with a particular focus on the seven dimensions of deprivation and also a brief look at what children see as the causes and consequences of poverty. Section 4 analyses children's vulnerabilities based on their responses during the participatory research and Section 5 looks at some of the issues children identified as making them happy, as well as their aspirations. Section 6 presents conclusions and recommendations.

2 Methodology

2.1 Research design and tools

Table 1 outlines the vulnerability framework used in designing the data collection tools for the study. By dividing vulnerability into the lifecycle, economic, social and health risks which are factors in the situations children face, the framework highlights some of the main lines of inquiry in relation to both the seven dimensions of deprivation and children's wellbeing as a whole.

Table 1: Child-focused vulnerability framework

Vulnerability	Contributing factors	Child-specific indicators
Economic	• Household income (low wage, unemployment, irregular salary, insufficient income from agriculture, no access to credit) • Intra-household inequality related to social standing in terms of rights, duties and access to land; gender discrimination (access to productive assets, withdrawal of gains)	• Impact on capacity to spend on children's basic needs (school, food, health care, etc.) • Children's adverse coping mechanisms and conceptualisation of children as economic assets: child labour, child sexual exploitation, child trafficking
Lifecycle	• Age-dependent requirements for care and support (infancy to old age)	• Physical and psychological vulnerabilities of children compounded by voicelessness in their household or community • Particular and gendered vulnerabilities experienced in infancy and early childhood as well as at the onset of puberty and adolescence
Social	• Family composition (high dependency, intra-household inequality, household break-up, family violence, family break-up) • Extra-family violence, social upheaval, social exclusion, discrimination • Gender discrimination (unequal access to productive assets, information or capacity-building opportunities) • Social capital (unequal access to networks both within the community and beyond, or to community support and inclusion) • Lack of education, information, literacy	• Family, school and community violence • Diminished quantity/quality of adult care, abandonment • Disparities and discrimination (including by gender, wealth, social standing, ability)
Health	• Age-specific health vulnerabilities (e.g. infancy, early childhood, adolescence, childbearing, old age), illness and disability	• Children under three years especially vulnerable: access to immunisation, malnutrition, reproductive health issues during adolescence, childbearing, sexually transmitted diseases

The study also explored children's life experiences beyond the seven dimensions of deprivation. In particular, it looked at underlying household and community issues, at challenges facing children in different areas of their lives (e.g. family interactions and managing their responsibilities) and at issues related to child protection, as communicated to us by children. These latter issues included domestic violence, the impacts of alcoholism on the household and the community, exposure to conflict, child labour and children's (especially girls') status in the household.

For the oldest age group involved (adolescents aged 14 to 17 years old), specific lines of inquiry covered gender dynamics and relations with the opposite sex, risky behaviours (such as unprotected sex or substance abuse), unemployment, early marriage, adolescent pregnancy and participation in decision making about their own lives.

The study also asked children what differences they saw between girls and boys, between urban children and rural children, between children living in poverty and better-off children and

between children with disabilities and able-bodied children. We sought to capture the voices of particularly vulnerable children (such as orphans and children with disabilities).

Given the variety of respondents and lines of inquiry necessary, the team recognised the need to use different tools in engaging with different groups and individuals. As a result, the study used a range of in-depth qualitative and participatory instruments to hear and capture the voices, opinions and recommendations of different Ugandan children and adolescents. The methodology drew on a range of complementary methods to work with girls and boys of different ages, of varying levels of literacy, from diverse family situations, from different areas (urban or rural) and at different levels of education (including out-of-school youth). Most information related to the seven dimensions was captured in thematically semi-structured instruments – such as problem tree analysis (PTA), in-depth interview (IDI) or time use analysis. Relevant insights also came from open-ended instruments, which included focus group discussions (FGDs) on disparities and inequalities, FGDs with mothers of children under five years old, participatory video and photography, drawings, letters and stories. Appendices 1 and 2 give more details about these instruments.

Participatory research consists of open-ended questions or thematic discussions with children which allow them to respond with their own thoughts and ideas. As a result, the information captured – particularly on the seven dimensions of deprivation – varied depending on the relevance of the particular issue to the children's lives and, correspondingly, what they spoke more or less about. For example, the majority of respondents spoke about school as being central to their lives (and those not attending school identified this as a gap), but few children had much to say about access to information. When we used semi-structured instruments, we used prompt questions to obtain information about issues that children did not discuss initially and to go deeper into some of the issues they had raised. These aspects of the questioning process were separated out to ensure a clear distinction between the more participatory and the more qualitative (i.e. semi-structured) dimensions of the research.

2.2   Selection of research sites

The study took place in five different sites, with a 'site' meaning two or three villages or communities with similar livelihoods and geographic and demographic characteristics which are close to each other within the same district. According to Uganda's 2010-2015 National Development Plan, while the share of the population living below the poverty line had decreased to approximately 31% in 2005-2006, there are important differences in poverty between regions. For example, in the northern region, between 60% and 80% of the population is poor. There is also a disparity between rural and urban income levels: the mean consumption of the richest area (Kampala) is 2.5 times that of the poorest rural area (which is in the north) (Government of Uganda, 2010).

Recognising these differences, three of the sites chosen were rural, the fourth had a mix of rural and urban populations and the fifth was a slum area in urban Kampala. Another reason sites were chosen in different regions was to capture information about differences in livelihoods, poverty levels, factors contributing to vulnerability, culture and language.

Table 2: Research sites

District	Localities	Region	Characteristics of locality
Kampala	• Central division • Rubaga division	• Central	• Urban poverty • Water/sanitation problems • Child labour • Some services for vulnerable children available
Kitgum	• Akwang sub-county • Matidi sub-county	• Northern • (Acholi • sub-region)	• Returnee households/children • Post-conflict investment in infrastructure • Early pregnancy • Rural livelihoods • Ex-child combatants
Moroto	• Nadunget sub-county • Rupa sub-county	• Northern (Karamoja • sub-region)	• Out-migration of children • Child labour • Community violence linked with cattle raids and robbery • High levels of poverty • Karamojong population
Mayuge	• Kityerere sub-county	• Eastern •	• Rural livelihoods • Subsistence farming • Child labour including in stone quarries • HIV and AIDS deaths and resulting orphanhood and vulnerability
Bundibugyo	• Bundibugyo town council • Harugali sub-county	• Western	• Difficult access • Urban and rural livelihoods • Child labour in cocoa and coffee plantations • Early marriage

In each region or sub-region, data collection was carried out in one district and one or two sub-counties (known as divisions in Kampala) within each district. While the number of children participating varied in each locality because the number in each group exercise varied, on average, using the various research tools, the study captured the voices of 100 children of different ages in each district. This means that close to 500 children participated in the study in total. While this sample is not representative of children in Uganda, it does capture a variety of voices of children with different characteristics and life experiences, given its coverage of different regions and of children with a mixture of characteristics.

2.3   Selection of respondents

Most of the respondents in the research were children, although we also included a number of key informants, mainly local government officials and teachers, to provide us with information to complement what the children shared and to allow us to contrast the perspectives of children with those of some adult decision makers.

Selection of children was mainly random, although some criteria were followed – mainly based on age and gender, as well as on the dimensions in the vulnerability framework. The selection included:

- Different sexes (a balanced number of girls and boys);
- Different stages of the lifecycle, as reflected in four age groups (0-5 (through their mothers), 6-10, 11-14 and 15-18).[1]
- Children living in households or on their own, with diverse livelihoods (agriculture, cattle raising, petty trading, commercial activities, construction work);
- Children in and out of school;
- Children facing specific vulnerabilities, including children with disabilities, adolescent mothers, internally displaced children, orphans and child labourers.

Most children came from specific primary and secondary schools in the area. School authorities helped to facilitate the study, and distributed and collected consent forms in schools. This enabled the team to select children from the different age groups randomly, allowed selected children time away from classes to participate in the exercises and provided teams with space to carry out the research.

Identifying children with particular vulnerabilities, including out-of-school children, children with disabilities, orphans and children in particularly difficult circumstances (e.g. ex-child combatants and child labourers) was more challenging. This process was carried out with the support of community mobilisers – volunteers in the community who usually provide support to local officials and non-governmental organisations (NGOs) to reach households in the community – but the outcome sometimes depended on the prevalence of different types of children in the community. In Moroto and Bundibugyo, for example, it was not difficult to find primary-age children who were out of school, whereas in Kitgum and Kampala most primary-age children attend school (albeit often irregularly). However, research teams made every effort possible to talk to the different types of children, according to the research plan. In the case of out-of-school children and adolescents, the research teams distributed consent forms directly once the group or individuals had been identified.

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[1] Although 18 year olds are no longer classified as children, we included some in discussions with the oldest group, as they were could refer to their recent life experiences.

3 Children's perceptions of deprivation

In this section, analysis of each of the seven thematic areas is presented by theme. Each subsection first highlights the key issues children raised, using a gender lens as appropriate. It then discusses both the positive perceptions and experiences children shared with us as well as some of the obstacles that children living in a context of poverty see as hindering their access to services related to the seven dimensions of deprivation. Section 3.8 takes a look at how children experience poverty in a more multidimensional manner.

3.1 Education

Education is one of the important things [...] If I had the opportunity, I might be able in future to get education. That would be very good. If that thing fails, if the opportunity of education fails, then I would love to do a business.'

(Girl, 16, out of school, adolescent mother, PTA, Kitgum)

Key issues:

- Most children in all research sites speak positively about school. The overwhelming majority who attend school enjoy it and identify it as one of the things that makes them happy. Those unable to attend are generally saddened or frustrated by this.

- Some children like school because it gives them an opportunity to learn and to spend time with their friends. Others value it because they see education as a stepping stone to being able to achieve a better life.

- The main obstacle that children face in attending school relates to school-related costs and household income poverty. This leads to many children in urban and rural localities dropping out of school.

- Many gender-related challenges make it more difficult for girls to remain in school, including socio-cultural attitudes towards girls' education and early marriage.

3.1.1 Overview of education in Uganda

Universal Primary Education (UPE) was introduced in Uganda in January 1997. President Museveni made an initial political commitment to the government meeting the cost of primary education for four children per family, but this was soon extended to cover all people who wanted to access primary education. Under this commitment, the government in principle abolished all tuition fees and parent teacher association (PTA) charges, with complementary financing measures to support the programme resulting in an increase in total education expenditure from 2.1% of gross domestic product (GDP) in 1995 to 4.8% of GDP in 2000. Following the introduction of UPE, gross enrolment in primary school increased from 3.1 million children in 1996 to 7.6 million in 2003, with particular increases among the rural and urban poor (Juuko and Kabonesa, 2007).

Table 3: Selected education statistics

Education	
Primary school enrolment ratio 2005-2009, net, male	96%
Primary school enrolment ratio 2005-2009, net, female	98%
Primary school attendance ratio 2005-2009, net, male	83%
Primary school attendance ratio 2005-2009, net, female	82%
Survival rate to last primary grade 2005-2009, admin data	32%
Survival rate to last primary grade 2005-2009, survey data	72%
Secondary school enrolment ratio 2005-2009, net, male	22%
Secondary school enrolment ratio 2005-2009, net, female	21%
Secondary school attendance ratio 2005-2009, net, male	16%
Secondary school attendance ratio 2005-2009, net, female	15%

Note: Data refer to the most recent year available during the period specified.

Source: UNICEF country statistical information.

Despite the dramatic increase in enrolment, there is evidence pointing to a significant dropout rate from the primary education cycle. Of the 2.16 million pupils enrolled in P1 in 1997 (when UPE was introduced), only 485,703 (23%) reached P7 in 2003 (Bategeka and Okurut, 2005). As Figure 1 shows, in 2008 only 53% of girls and 54% of boys who started primary school completed the primary school cycle. Further, the 2006 Uganda Demographic and Health Survey (DHS) (UBoS and Macro International, 2007) reveals that nearly one in four girls aged six years or older has never been to school, compared with 12% of boys. Meanwhile, the likelihood of never having attended school increases dramatically as wealth decreases. This indicates persisting elements of gender- and income-based inequities.

Figure 1: Persistence to P7 of those who enrolled in P1 (%)
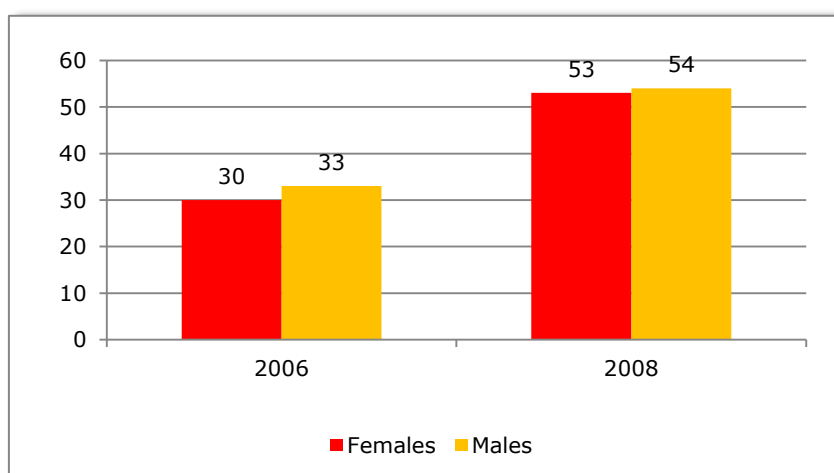
Source: World Development Indicators.

Among the main challenges identified in the UPE programme is the fact that primary education was not made compulsory and is not in fact entirely free. Parents are still expected to pay for pens, exercise books, clothing and school meals and to contribute towards the cost of the construction materials required for school buildings (McGee, 2000). In practice, then many students pay different contributions – including PTA fees - to their school. Meanwhile, girls are still constrained by institutional/environmental factors, including a lack of proper sanitary facilities in schools, social-cultural factors and practices, such as the assigning of domestic tasks to girls, and the dangers of sexual abuse (Juuko and Kabonesa, 2007). This study confirmed that some of these factors weigh negatively on children's schooling.

In 2007, Universal Secondary Education (USE) was introduced. This was part of the Universal Post-primary Education and Training Project (UPPET), which had the aim of ensuring quality options for the increasing numbers of students completing primary education and seeking a secondary education. It also intended to provide additional and better-trained teachers. The USE programme operates along similar lines to the UPE programme and has helped to increase transition rates between primary and secondary – from 51% in 2006 to 55% for girls and 58% for boys in 2008 (see Figure 2). Nevertheless, the level of progression to secondary school remains low.

Figure 2: Progression to S1 as a proportion of previous year's P7 students (%)
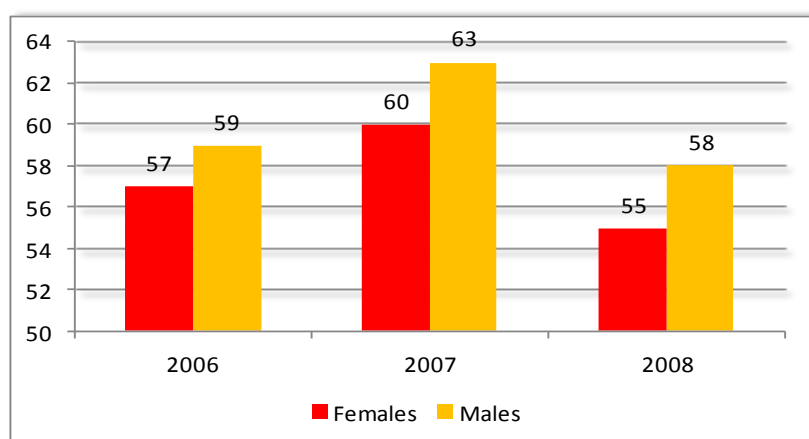
Source: World Development Indicators.

According to the 2010-2015 National Development Plan (Government of Uganda, 2010), the introduction of USE/UPPET has increased secondary school enrolment by 25%, from 814,087 in 2006 to 1,165,355 students in 2009, with girls constituting 45.6% of total enrolment. However, the programme has weaknesses similar to those in the UPE. Despite significant funding from the World Bank and other development agencies, additional facilities (classrooms, science laboratories, libraries, improved water and sanitation), qualified teachers, textbooks and other learning materials and supporting management and supervision services are still lacking. Further, some evidence indicates that not all children attending target secondary schools benefit from free education, either because they joined before the programme was in place or because resources received by the school have been insufficient to cover costs for all students.

A factor that has had an impact on quality of learning, despite the increase in access, is a lack of clarity regarding the language of instruction and examination. Although the Constitution provides for the use of any official local language (alongside English and Swahili) as a medium of instruction, there is no consistent government policy on this (Juuko and Kabonesa, 2007; Kabananukye and Kwagala, 2007). This is a particular problem in the UPE programme, where the emphasis lies on enrolment and attendance numbers rather than consistent teaching in either English or local languages. Meanwhile, many children in Uganda who either drop out or complete only their primary cycle are said to be unable to read, write or speak 'good' English (e.g. Learning from the Poor, 2000), which is particularly problematic because the examination language is English. Second-language learners are often those suffering socioeconomic deprivation: they tend to come from backgrounds of poverty, have parents with low education levels and attend schools that are plagued by limited resources, insufficient numbers of certified teachers and poor physical structures (Brock-Utne, 2001).

3.1.2 Children's perceptions of school

'The knowledge I get from school is better than my friends – because if you stay at home they tell you to raid. Other option is to stay at home like a woman and you can even get killed if you do that. Another friend of mine was convinced to go raiding and he became very successful doing this, having many cows, but because he was so rich even his friends killed him.'
(Boy, 12, in school, IDI, Moroto)

'Parents tell us to come to school since it's useful [...] when you come to school you can get employment, get money and drive cars ourselves.'
(Girl, 11-14 year olds' PTA, Bundibugyo)

Education is one of the important things [...] If I had the opportunity, I might be able in future to get education. That would be very good. If that thing fails, if the opportunity of education fails, then I would love to do a business.'
(Girl, 16, out of school, adolescent mother, PTA, Kitgum)

Children in all the research sites, both urban and rural, said that school was a very important part of their lives. They said that they enjoyed going to school, often citing it as one of the things that made them happy. Those who were unable to attend school saw it as something that was lacking in their lives and which they aspired to do.

Responses from children about why they liked education varied. Some children linked schooling to the potential to get a good job when they grew up. Younger children in school saw it as a way to become a teacher, doctor, nurse, policeman/woman or lawyer:

'The main reason to go [to school] is to get knowledge; [once in school] you can study up to higher level and become a teacher; knowledge brings unity so [going to school] leads to good existence because you get to know how to handle conflicts.'
(Girls, in school, 11-14 year olds' PTA, Moroto)

Several children who have continued to secondary school had a clearer idea of the types of opportunity they could aim for with better education, and they tended to see it as a means to achieve a better life. For example, one secondary school pupil explained that he wanted to become,
'[…] medical personnel, to reduce corruption and ensure that I help the community. In order to do so I need to concentrate on sciences.'
(Boy, 16, in school, disparities exercise, Kitgum)

Children also liked school for the time spent with their peers – playing in the case of the younger children, having conversations with friends in the case of the older ones. For many, it was a respite from daily domestic work; for some, from paid labour.

'My friends at school, when I'm with them I feel so happy I even forget the problems I have at home.'
(Girl, 14, in school IDI, Moroto)

Drawing of 'what I like' by 11-year-old girl in Kampala.

When she described her drawing, she mentioned,
- School is good – it can accommodate big numbers
- Cars are good for transport
- Dormitory for sleeping
- Flag for beauty
- Tree to tie a bell for ringing
- Boy talking to a girl so that he can meet her later
- Football – missing the goal

Drawing of 'what I like' by 10-year-old boy in Bundibugyo.

When describing his drawing, he said he liked his school, which has room for all the different classes and is surrounded by trees

In group discussions in Bundibugyo, Kampala and Moroto children made reference to other children in the community who were not interested in school because they already worked to earn money, which they thought was more useful than going to school. This was also mentioned during a key informant interview in Bundibugyo:

> *'Child labour is another challenge we have here. Most of people depend on growing and selling cocoa to raise income. So, some children don't go to school but remain in the village working in cocoa gardens/plantation. Children here think that it is easier to get money from selling cocoa than going to school – which takes a long time. For instance, most schools enrols about 100-150 children in P1 but only around 32 children are able to finish P7. It's still challenging for us as to where the rest of the children go. Some go to work in cocoa gardens.'*
> *(Chief administrative officer, Bundibugyo district local government)*

However, none of the children interviewed during the research spoke about actively choosing or preferring to work rather than attending school. In all localities, those who worked and were unable to attend school as a result spoke with sadness about this.

Mothers of 0–5 year olds spoke in FGDs about the need to send young children to school. However, some recognised that having many children meant that some of these children would not be able to attend or complete school, mainly because they could not afford to pay school-related expenses for all of them.

3.1.3 Enrolment, attendance and dropout

The majority of younger children (aged approximately 6-12 years) in the research sites were enrolled in school, despite inconsistent levels of attendance and completion. However, there were important differences between sites. Primary school enrolment was much more generalised in Kitgum and Kampala, whereas in Bundibugyo, Mayuge and Moroto more children in this age group were not attending school. In the latter sites, education authorities interviewed recognised that there was a problem with the number of children out of school.

Meanwhile, in all sites, approximately half of those in the 15-17 age group interviewed for the study were out of school. More adolescents in Kampala attended school, as schools were more accessible than in the other four localities (including urban Bundibugyo). In all localities, we found that girls drop out at secondary level much more frequently than boys, particularly as they grow older, and that the number of girls in secondary schools is significantly lower than the number of boys. For example, Kitgum Matidi Secondary School has 49 girls and 271 boys enrolled. These gender disparities go against national-level statistics, which show gender disparities in progression to secondary school as small.[2]

Reasons for differences in levels of enrolment in different sites, at primary level in particular, relate to the following:

- Number and accessibility of schools (in Kitgum, after the conflict ended in the early part of the decade, numerous primary schools were constructed; in Bundibugyo, the mountainous terrain makes schools less accessible);
- Efforts by local education authorities to promote UPE;
- People's livelihoods (pastoralist communities in Moroto are less inclined to partake in formal education than urban populations in Kampala);
- Levels of household and individual poverty (more children in Mayuge and Moroto than in Kitgum or Kampala spoke about being unable to afford school fees and having to work to support the household); and

[2] Education enrolment statistics by region in the situation analysis's first component provide an overview of trends using statistically representative samples.

- Socio-cultural pressures on and economic opportunities for children (adolescent marriage and children working in cocoa plantations, for example, are more common in Bundibugyo than in Kampala).

This subsection now explores children's voices in relation to school enrolment, attendance and dropout by looking at what the different age and gender groups identified as the main obstacles to their going to school.

School-related costs

> *'Sometimes when they send me back for school fees I go and dig for people so that they can pay me money and I pay my own school fee. At times I get into the lake and fish so I can pay for my own fees.'*
> *(Boy, 13, letter, Mayuge)*

> *'The only thing that makes me happy is that I am now healthy. I can work and get money to pay my PTA [fee].'*
> *(Boy, 16, IDI, Kitgum)*

> *'Our parents are poor, they do not have money for school fees, and they do not have cows to sell. They go to burn wood and sell charcoal – but the money they get from town is used to buy food. That is why there is no money for school fees.'*
> *(Boy, 11-14 year olds' PTA in school, Moroto)*

> *Q. 'What do you do?'*
> *A. 'I am just seated at home,'*
> *Q. Have you ever gone to school?*
> *A. 'I stopped in P4,'*
> *Q. What happened thereafter?*
> *A. 'I failed to get books, uniform and school fees.'*
> *(Girl, 15, IDI, Bundibugyo)*

Despite UPE and USE, and the fact that school attendance in the five research sites is reported (by local key informants, including head teachers) to have increased, school-related expenses were found to be a major obstacle to school enrolment and/or attendance in all five sites.

Dear my Brother Lomer:

I am in Nadunget Primary school.
I come me back from school. Because of
money For School Peace. I because of
the cows. Enamis grazing. But I not
have money for buying uniform. Give
you have some money from there you
can bring I here.

Lowiit

Letter written by a boy in school, 11–14 age group, Mayuge

Dear my friend,

How are you? I have written letter to inform
you I have the following reasons to you we
need something I want to pass P7 as [an
accident is] responsible [for] what I have been
done. If I go home parents do not have money
to educate me in Seania and he punished me. I
don't have time for revision for her work.

Help us to give me the following thing if you
want to educate me, did not a need in our
community or family.

Every day he came to school, if [?] [...] want at
school he need to educate at Makerere
University have being finished to eduate must
help her parents from village to town and gave
them jobs tell her educate is good if have be
birth.

I have peace. He help the honourable people in
the community and gave a place you done I
want to go to USA and visit different places to
see England [...] For me want as president of
Uganda gave them peace of Uganda.

Wandegeya

Letters written by boys in school, 11–14 age group, Moroto

Dear Dady

How are over there, but for me I
am not okey because I am unlacky
The main reason I am writing these
piece of paper is that the books
which you bought for me in the be-
ginning of the year they are filed
up and also the pens which you
bought they are finished.

Dady! Dady please if you have some
money you can led me and I used
for buying thing which I have men-
tioned above. The amount of money
I need well be 20 000.

Your lovely son

John

Children spoke about different types of expenses, which varied according to the locality. For example, in Kampala, children said they did not have to pay school fees but they found it hard to afford examination fees, which prevented many of those in their last year of primary or secondary school completing their education. In Kitgum, children spoke about school fees and PTA fees. Interviews with school authorities in Kitgum (in both primary and the secondary schools) indicated that, although school fees as such were not charged, it was necessary to charge students PTA fees, given that government transfers did not flow regularly and were insufficient to cover school-related costs. In Bundibugyo, children spoke about school fees as well as about not being able to purchase school materials, supplies, books and uniforms. In Moroto, school fees were less commonly cited as a barrier, but costs identified included the need to pay for cooks at school, school supplies and examination registration.

The challenge posed by school fees and other school-related expenses is more problematic in secondary school than in primary school, as expenses are higher and there is a greater opportunity cost to families with children who attend secondary school: as children get older many families consider their time would be better spent working than studying. This is one of several reasons why the transition rate between primary and secondary school is low (see Figure 2). In Kitgum, for example, many 15 and 16 year olds remain in primary school as they have no money to pay the primary examination fees or secondary school fees to allow them to make the transition.

'Non USE students pay 45,000 shillings and USE students pay 25,000 shillings. The school administrators say this money is for lunch but since we started this term they have never served us lunch at school.'
(Girl, 15-17 year olds' PTA, Bundibugyo)

'I stopped going to school in P3 just last year. It was the second time and like my grandma used to help me out but she got into a bad situation. She had to cut a lot of money so she couldn't help me out any more and I dropped out.'
(Girl, 11, IDI, Kampala)

'I used to go to school, but when I was in P5 my mother didn't have enough money and asked me to stay at home for some time until when she gets more money and takes me to school. So they promised me that when they get money I will go back to school when I am in P6. So when I wake up in the morning I pray, greet my parents, wash utensils, wash clothes, clean the house and cook food. In the afternoon after lunch I sleep for some time. Then, in the evening I read a book and then play with friends [...] The book I read is the one I used to have in school. So I keep reading to keep myself informed.'
(Boy, 11, out of school, IDI, Kampala)

Paying school-related costs is particularly challenging for orphans (those who have lost one or both parents). On average, a third of participating children had lost (or been abandoned) by at least one parent. Children reported parents dying from diseases such as HIV and AIDS (Kitgum and Mayuge), dying during the war (Kitgum) and having been killed by cattle rustlers (Moroto). Orphans did not always have the economic support of their caregivers (usually family members such as aunts, grandparents or stepparents) to continue in school, or had been left in such a condition of poverty as a result of the death of or abandonment by their parents that they could not pay school-related costs.

In a context where mothers tend to be directly responsible for providing food, school fees and clothes (albeit often with income earned by the father), a frequent complaint by children who had lost their mother and lived with their father and stepmother was that the stepmother refused to provide them with economic support. This was either because they favoured their own children or because they did not feel a responsibility towards them. These types of responses were common in Mayuge, Kitgum and Bundibugyo – less so in Kampala and Moroto. This indicates that there are socio-cultural norms whereby stepmothers are not expected to support stepchildren, even if they live in their household, although there were exceptions to this (some children in Moroto and a disabled child in Kitgum recognised that their stepmother had been particularly supportive). For the many who children live with and are supported by caregivers who are not their parents, lack of support for everyday life, including failure to pay school-related costs, poses an important challenge, rendering them even more vulnerable.

'I am 10 years, I've never gone to school because my parents deserted me. I stay with my grandmother who cannot afford my school fees and requirements. Two of my brothers and sisters go to school though they keep chasing them for school fees. Last year I also went but I was chased for fees. Since then I am at home.'
(Boy, 10, IDI, Mayuge)

Q. 'Why did you drop out of school?'
'My father who was paying the school fees died.'
'My mother died and abandoned us.'
A. 'Father died, mummy abandoned me, I actually do not know her.'
A. 'My parents died.'
A. 'My parents do not care.'
'My parents died, I stay with aunt who does not care.'
(Boys, out of school, 11-14 year olds' PTA. Mayuge)

'I live with my step-mother. My mother is away, but my father has died in the war in 2004. I don't know where my mother is now [...] but this time when my father is not there, the stepmother whom I am staying with is treating me bad. I struggle. Last time I told that I was growing cotton to pay for my PTA, now there is no way. But this time I have not yet paid.'
(Boy, 16, IDI, Kitgum)

In addition to dropping out of or not being enrolled in school, children frequently mentioned absenteeism and irregular attendance as problems. The majority of children in this situation said it was not their preference to be absent, but rather they were forced into not attending. Reasons for absenteeism included being 'chased out' of school for the period of time for which fees could not be paid; having to stay at home to support parents in domestic chores or caring for younger children; having to stay at home during the planting and harvesting seasons to work on their household farm (e.g. in Bundibugyo); or having to work outside the home for some days to earn money.

Girls have to stay at home to take care of domestic work more often than boys do. This was found to be common across age groups, but was more widespread in rural than in urban areas. On the other hand, although dropping out of secondary school is common among girls, absenteeism is less frequent for the minority of girls aged 15-17 who are enrolled in secondary school than for boys. Although girls did not reflect on this, it would seem that those who manage to make it to secondary school are taking advantage of the opportunity and in general have the support of their household to do so.

Interview with district education officer, Bundibugyo district local government

'Recently we launched a GBS programme.' What is GBS? 'It is Go Back to School programme. In this programme, we are encouraging children to start going to school when they are six years of age. We are also encouraging those children who had earlier dropped out of school to go back to school and those children who are over six years of age but not yet in school to start schooling. Implementation of this programme started in Karugutu sub-county because it was the worst hit sub-county with high rates of child labour. In Karugutu, young children below 10 years were found selling water in bottles and were selling each bottle at 100 Uganda shillings.

'We have a high dropout rate of children from school especially girls. This is due to early exposure of girl children to sex — for example most girls here aged 13-14 years already knows how to play sex. These children might have learnt these behaviours from their parents during the armed rebellion between the Allied Democratic Forces and government forces. During this war some parents used to sleep in one room with their children.

'Poverty is another reason that explains high dropout rate of girls from school. For example, when I visited a school [Butoogo Primary School] near the border [(Uganda and Democratic Republic of Congo (DRC)], I realised that the number of girls' enrolled in the school were reducing. When I asked why, some children and local community there told me that they normally see young girls coming from the small houses in nearby army barracks belonging to UPDF [Uganda People's Defence Forces], meaning that these girls were having sex with the soldiers.

'Culturally, in this district most parents tend to marry off their daughters early. Most parents tend to hide defilement cases of their girl child and prefer out of court negotiation with men (defilers) for small things such as goats among others. The enforcement of the law is still weak here.'

Gendered attitudes to education

'Parents tend to prefer paying [school fees] for boys than girls. They feel that girls "spoil" education if they get married or have children but boys don't "spoil" education.'

'Not all parents refuse to pay girls' school fees, some just don't have money.'

'Some are ignorant and don't support girls' education because their parents didn't support them.'

(Girls' perspectives on reasons for gender disparities in education, 15-17 year olds girls' FGD, Kitgum)

'Parents neglect girls' education: most parents tend to involve girls in domestic work and this makes girls to have irregular attendance to school. This leads to poor performance of girls in examinations.'

'Pressure put on the parents by some community members to marry off the girl – that she has grown up, so she doesn't finish school.'
(Boys' perspectives on challenges faced by girls in relation to education, 15-17 year olds in school boys' FGD, Kitgum)

'Ideally, both boys and girls should go to school so they can help their parents when we get older and they can also learn how to speak English.'
(Mothers of 0-5 year olds, FGD, Kampala)

Community and parental attitudes towards girls' education were mentioned as a very common reason for girls stopping going to school, often as young as 12 or 13. Female and male respondents in all sites explained how, for many parents, the education of girls was less important than the education of boys. They said many parents felt that money on girls' education was wasted, as girls will marry and not put their education to any use, becoming young mothers and, in many cases, providing for their husband's family. School authorities in Kitgum and Bundibugyo agreed that this was a major hindrance to girls' progress in school. In addition, some girls spoke about their parents forcing them to marry early so they could obtain a dowry. During the research, we did not encounter any girls who were still in school after marriage.

The majority of girls out of school, particularly those from the ages of 12 or 13 onward, spoke about a loss of parental support to their continuing in education. Given the poor quality of primary education in many schools – particularly in rural areas – this means that girls who leave school at this age are barely literate (in all rural localities, researchers came across girls attending primary school who were unable to write). They are as a result likely to continue to have very limited livelihood options, beyond working on their farm or engaging in petty trading. At the heart of this problem are traditional social attitudes towards the role of women, who are still seen – particularly in rural areas and poorer communities – in terms of their reproductive functions. In a few exceptions, mainly in Kampala and Kitgum, girls said that poverty and school costs, rather than traditional gendered attitudes, were keeping them from school.

For example, mothers of 0-5 year olds in Kampala were asked what they would do if they had to choose between sending a female or a male child to school, if they had no resources to send both. They admitted that they would choose their male child because that this would more likely guarantee them and their family members support in the future. Many of these mothers were single parents.

These perceptions are in sharp contrast with the drive and motivation of girls attending secondary school. Many of these said that they do so in adverse economic circumstances but see their own potential for the transformation of gender roles and for becoming agents in their own change.

Young boys and male adolescent, on the other hand, particularly in rural areas such as Kitgum, Mayuge and Moroto, blamed girls for dropping out of school because they 'allow' themselves to be seduced by gifts from older men or are more concerned with marriage than education. These perceptions seem to emanate from dominant traditional attitudes towards girls which boys to adopt such positions from a young age. This risks adolescent boys becoming complicit in the negative treatment of girls, including by engaging in premature sex without contraception.

'Some girls think that they are old enough and ready for marriage.'

'Some of them are deceived by small gifts such as money given to them by some men.'

'Some girls say that when they stay in school they don't achieve what intend to achieve in life i.e. marriage.'
(Boys responding to a prompting question about causes for school dropout, 11-14 year olds' PTA, Bundibugyo)

These attitudes reflect that many boys do not fully recognise or understand the wider structural norms and social pressures that shape girls' choices (or lack of choices), seeing girls' behaviours as a direct result of their agency, when usually they are not.

However, some attitudes towards girls are changing, particularly those of more educated boys who have seen girls progress through school or who have sisters who have chosen a path other than early marriage. While still in the minority, some boys did express that girls should be allowed the same opportunity to study as boys.

'[This story is] about a man and a woman – the man challenged his wife to give him a child – but if she gave birth to a girl he would kill her, but he would love a boy.
'But then a girl was born and she was certainly killed.
'The second time the woman gave birth to a boy, and he grew to be 14, like myself.
'Later, another girl was born, and the mother said "take the child into the bush".
'But he [the boy] did not want to take the child into the bush, so his mother kept some money aside and gave the child milk helped it run away – and gave it milk.
'When she grew-up to be as much as 14, she put the girl in school, and her brother sold scrap metal to help her in school. When she finished school she became the boss of other women.
'Then she went to their mother, and the father saw her and said "this is my daughter!? we welcome you"
'Then the brother told him that he had double-standards and that they had come to see the mother, not the father, and he told them that they should not throw away children. He also told the father that if we wanted to talk to them, he should first go and fetch the first girl[s] that he had killed/sent away.
'But then his sister said "don't worry, we can forgive them"
'Later, the daughter became President and her father started realising that girls can be blessings too, whereas before he thought only boys could bring back things from raiding.'

Oral story, told by a 14-year-old boy in Moroto, when asked to write a letter or tell a story about anything on his mind

Early pregnancy

Q. 'What happens when girls get pregnant?'
A. 'Oh, they chase you.'
Q. 'Who?'
A. 'Students who get pregnant normally chase themselves before they are chased by the school administration.'
Q. 'Are there students who got pregnant in this school in the last few years?'
A. 'Yes. There are ladies who got pregnant last year. Last year [2010] alone, 16 students got pregnant when they were in S1 and S2. This year from January to March [2011], two students have so far left school due to pregnancy.'
(Girl, 15-17 year old girls' PTA, Bundibugyo)

Adolescent pregnancies are common in all localities, with respondents in Kitgum, Moroto and Mayuge saying this was very frequent, even among girls as young as 13 or 14. Early pregnancy was said to be both a cause and a consequence of school dropout. Adolescent mothers said that school authorities and/or verbal abuse from fellow students caused girls to abandon school while pregnant. Some school authorities corroborated this. For example, head teachers of primary and secondary schools in Kitgum agreed it was not ideal for girls who were pregnant to stay in school, as they were teased and verbally abused by many of their peers. They preferred them not to attend at all.

In Bundibugyo, girls agreed that, although the school allowed girls to return after they had given birth, they could remember no one who had actually done so, given the difficulties involved in doing this. Thus, even if there are guidelines for schools indicating that pregnant girls or young mothers should be allowed to stay in school, if these are not supported through sensitisation of students and teachers on how to treat girls, little can be changed.

Although adolescent motherhood was reported as common by key informants, mothers and children in all research sites, three out of the five group discussions that involved adolescent mothers were carried out in Kitgum (the other two were in Mayuge and Bundibugyo), as the phenomenon was identified as being of great concern there. During PTA exercises with out-of-school girls in Kitgum, 80% to 90% of whom were adolescent mothers, half of the girls explained that they got pregnant because they had dropped out of school for other reasons – mainly household economic poverty and lack of money for school fees. Because they had no other aspirations or opportunities, they saw starting a relationship with a man (often older) as a way to gain access to some money – although 10 out of the 12 adolescent mothers participating in a group discussion in Kitgum had subsequently been abandoned to become single mothers.

After this, although several respondents said they would want to go back to school if they could, they found it virtually impossible to do so, as they had to work to support their children and had limited child care options. As such, not only is a lack of resources to pay school fees an obstacle to remaining in school prior to girls getting pregnant, but also, after having a child, most of the little money they earn, given limited livelihood options, is spent on caring for their children rather than returning to school.

Q. 'Why did you leave school?'
A. 'I left school because there was no one to pay my school. When I lost my dad,
there was no one willing to support me, that caused me to drop out from school.'
Q. 'So did you have the babies when you had left school or did you get pregnant
before leaving school?'
A. 'I got my baby after school. When there is no alternative to do [...] there was no
hope to proceed with education.'
(Adolescent mother, out of school, 15-17 year olds' PTA, Kitgum)

'The rules at school don't allow us to continue with school if we are pregnant [...]
We would like to continue with schooling if we could. Schooling would be a better
opportunity to overcome the current problems. I have heard of a programme by
CARE for child mothers, but I don't know very much.'
(Girls, out of school, 15-17 year olds' FGD, Kitgum)

Adolescent girls in two separate PTA group exercises in Kitgum had heard of two NGO programmes to support young mothers, one by CARE and one by EchoBravo, including measures to help them to return to school – although they were not aware of the details. However, these programmes were no longer available in the district, so girls no longer had this opportunity. The girls felt that this lack of provision was a major gap. There was no evidence from respondents in any of the other localities of programmes being implemented to support adolescent mothers to get back into school.

'There used to be [...] opportunities to continue to study, but when that programme started I was still in P6, that is before I delivered the baby. So after, when I had delivered the baby that programme already shifted to another sub-county.'
(Girl, 15-17 year olds' PTA, Kitgum)

Menstruation as an obstacle to attending school
Another important gendered challenge to attending school expressed by girls, particularly in the three rural areas (Bundibugyo (rural), Kitgum and Mayuge) was their inability to buy sanitary pads during their periods, as these are too expensive, or the lack of adequate facilities in school to allow them to change their pads. Many adolescent girls miss school for at least three to five days each month; in some cases, they abandon school altogether, as they see little point in missing school once a month.

'We normally don't eat lunch at school and there is no bathroom to provide with space where we can change our pads when we are in our menstrual periods [...] We just escape and go home and miss school.'
(Girl, 15-17 year olds' PTA, Bundibugyo)

'During menstruation if you are a girl you cannot attend school because you cannot afford sanitary towels.'
(Girl, 15-17 year olds' PTA, Kitgum)

Disability
Researchers sought to speak to one to two children with disabilities in each locality, generally through IDIs. Most of the children interviewed had mobility problems; one had epilepsy. In Kampala, half a day of research was conducted in a hostel for disabled children, most of whom were not attending school anymore. In addition, disparities exercises included requests to children to discuss their perceptions of their disabilities, in particular in relation to school.

'It's because of sickness, that sickness is epilepsy. It started disturbing me when I was still young and then my parents thought I should not go to school because it kept on throwing me down always.'
(Boy with epilepsy, 14, out of school, Kitgum)

'Children with disabilities do not get full education because they are at time laughed at by the others because they are disabled.'

'Children with disabled hands can't study some lessons of computer like typing.'

'Some schools are built with no elevators but only stairs thus making it difficult for disabled children to go for other lessons.'
(Children with disabilities responding to disparities exercise, 10 to 15 years old, out of school, Kampala)

Some children with disabilities in Kitgum and Kampala attended school despite their disabilities, but this was not always the case. Some children's parents preferred to keep them at home, mainly because they were worried about them suffering more at school or because they did not know how to deal with their disability (which had led to several children being institutionalised in the hostel in Kampala). Meanwhile, schools themselves represent important impediments: in rural areas, long distances to schools are a major constraint to access for children with mobility problems. Additionally, schools are not equipped to deal with the special needs of disabled children. Rather than promoting integrated education for able-bodied and disabled children, some special schools for children with disabilities are present in some of the

sites – particularly in Kitgum and Kampala – although these are not common and tend to be in more urbanised centres, making it impossible for rural children to attend.

School violence

Drawing of 'what I don't like' by 11-year-old boy in Bundibugyo.

Madam/teacher beating a student

Q. 'What about things that you don't like here at school or that don't make you happy here at school?'

A. 'Children shouldn't be beaten.'

Q. 'Do they always beat children?'

A. 'Yes, they always beat children. They beat children, if they come late to school.'

Girl, 14 years, IDI, Kitgum
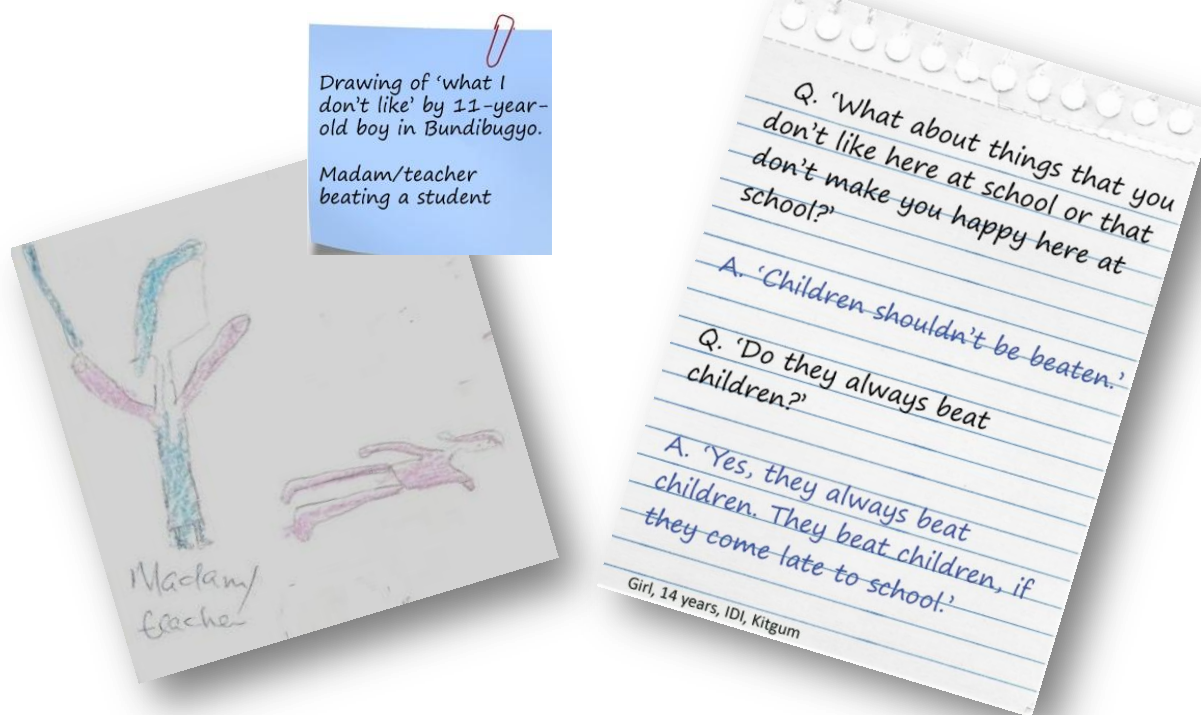
Many children spoke about children being beaten by teachers at school. While they did not cite this as a reason for them to miss school or to drop out – indeed, many accepted it as a normal consequence of bad behaviour or of getting to school late – it was something that made many children, particularly the younger ones, unhappy.

3.2   Health

Key issues:

- Children are very concerned about the health of their parents and caregivers, because of the impact disease and death would have on their life and economic wellbeing and because of the loss of support it would mean throughout their life.

- Costs of health care facilities are still obstacles for many parents wanting to ensure health treatment for their children

- There is great concern about the spread of HIV and AIDS among children and adolescents, several of whom have seen their parents of the epidemic. However, there is little information on how to prevent it, and much incorrect information on its prevention.

- Immunisations are widespread so many children are now protected from early childhood diseases.

- Many children do not sleep under mosquito nets, either because there are none at home or because there is only one and it is used by the mother and newborn children. Many children mentioned malaria as one of the most common diseases among children.

3.2.1 Overview of health care in Uganda

In 2001, the government made it free to use public health services. However, it has been found that patients living in rural areas continue to spend an average of $6 on a private doctor or traditional healer before going to a hospital (Bwanga, 2001). Another study found that, although more people had begun to use mobile health services, the quality of the care had often decreased. In addition, the number of pregnant women going for check-ups or delivering their baby at health centres had not increased (Acaye, 2001). Even though basic health services are supposed to be free, in many cases health workers, who are usually paid very little and cannot afford to pay the costs of running a clinic, often demand money from patients. In addition, many health clinics do not have some of the important medicines in stock, which means that patients often have to buy them from pharmacies or other drug sellers, which can be expensive. It is estimated that at least 9% of household spending goes on health expenses, with 2.3% of households being pushed into poverty because of medical bills (Xu et al., 2007).

In order to improve health access, particularly in remote areas, village health teams (VHTs) have been established as part of a national strategy to ensure community involvement in health. This scheme involves pre-existing volunteer cadres and provides an inter-sectoral approach to monitoring, which has been successful in some of the places where it has been implemented. Challenges include the relatively young age of most of the volunteers and the likely loss of financial support for the activities of the volunteers.[3]

Table 4: Selected health statistics

Health	
Under-5 mortality rate, 1990 (per 1,000 live births)	184
Under-5 mortality rate, 2009 (per 1,000 live births)	128
Infant mortality rate (under 1), 1990 (per 1,000 live births)	111
Infant mortality rate (under 1), 2009 (per 1,000 live births)	79
Immunisation 2009, 1-year-old children immunised against TB	90%
Immunisation 2009, 1-year-old children immunised against DPT	90%
Immunisation 2009, 1-year-old children immunised against polio	59%
Immunisation 2009, 1-year-old children immunised against measles	68%
% under-5s with suspected pneumonia taken to appropriate health-care provider, 2005-2009*	73%
% under-5s with suspected pneumonia receiving antibiotics, 2005-2009*	47%
% under-5s with diarrhoea receiving oral rehydration and continued feeding, 2005-2009*	39%
Malaria 2006-2009*, households owning at least one insecticide-treated net	16%
Malaria 2006-2009*, under-5s sleeping under insecticide-treated nets	10%

[3] www.hrhresourcecenter.org/node/1502.

Malaria 2006-2009*, under-5s with fever receiving anti-malarial drugs	61%

Note: * Data refer to the most recent year available during the period specified.

Source: UNICEF country statistical information.

Figure 3: Infant and child mortality and adolescent fertility rates
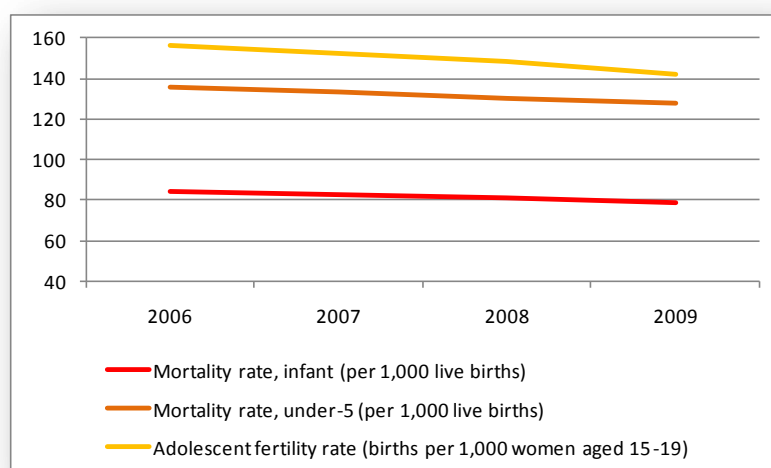
Source: World Development Indicators

According to data from the National Development Plan 2010-2015, the number of women dying in childbirth fell from 527 to 435 per 100,000 women between 1995 and 2006. However, this is still very high. The number of teenagers becoming pregnant (estimated at 25% in 2006) is among the highest in sub-Saharan Africa and contributes a great deal to the number of women dying in childbirth.

Meanwhile, data from the most recent DHS (UBoS and Macro International, 2007) show that, even though 95% of women visit clinics for pregnancy check-ups, only 47% have four or more visits, as recommended. Only 42% of women giving birth have someone trained to help them, and 63% of women living in rural areas give birth at home, compared with 20% of women living in urban areas (ibid.). In short, Uganda is not meeting its 2015 Millennium Development Goal (MDG) target of reducing the number of women dying in childbirth to 131 per 100,000 by 2015.

Data from the 2006 DHS also show that, in the five years before the study (approximately 2001-2005), the infant mortality rate (i.e., the number of children below one year old who die) was 79 deaths per 1,000 live births. The overall under-five mortality rate is 128 deaths per 1,000 live births (ibid.).

Malaria
With 63% of the population currently exposed to high transmission levels, malaria is responsible for more illness and death than any other disease in Uganda. In the 2005-2006 Uganda National Household Survey (UBoS, 2006), half of the population that had fallen sick reported malaria or fever as the major illness. Pregnant women and children are particularly at risk of infection. According to DHS data, only 22% of children under five sleep under a mosquito net (treated or untreated), 13% under an ever-treated net and 10% under an insecticide-treated net (UBoS and Macro International, 2007). After a rapid diagnostic blood test, 52% of children aged 0-59 months tested positive for malaria in the 2009 Uganda Malaria Indicator Survey (UBoS and ICF Macro, 2010).

Vaccination
Universal immunisation of children against the eight vaccine-preventable diseases (tuberculosis, diphtheria, whooping cough (pertussis), tetanus, hepatitis B, *Haemophilus influenzae*, polio and measles) is crucial to reducing infant and child mortality. According to DHS data, 46% of children aged 12-23 months were fully vaccinated at the time of the survey, 91% had received the BCG vaccination and 68% had been vaccinated against measles (UBoS and Macro International, 2007). There are no notable differences in vaccination coverage between males and females, although first-born children are more likely to be fully immunised. Children residing in urban areas are more likely to be fully immunised than those in rural areas (51% versus 46%). Similarly, there are differences in coverage among regions, with the percentage of children fully immunised ranging from 41% in Central region to 51% in Western region. The percentage of children fully immunised increases with the mother's education, and children in households in the lowest wealth quintile are less likely to have been fully immunised than children in households in the higher wealth quintiles (ibid.).

3.2.2 Children's main health-related concerns

This subsection explores some of the main ideas children expressed in relation to health. Children spoke about health problems mainly during PTA exercises. In the case of the younger cohort, health came up only when researchers asked specific follow-up questions related to health, rather than as something that came immediately to their minds. In the case of adolescents, health concerns were much more frequent among adolescent mothers, particularly in relation to the health of their children. Less than four overall children spoke about health concerns during IDIs – only when the child had suffered specific health challenges for her/himself or a close family member.

Children's concerns about parents' health
Children were generally more concerned about the health of their parents than about their own, partly because most children we spoke to did not have a specific health problem, but also because they could feel the impact on their lives of parents falling ill. For example, during PTA exercises in all research sites, between one and three children in each group mentioned challenges to their parents' health. More than 30 children participating in the different exercises said that at least one of their parents had died, mostly as a result of illness. Children spoke about bad health as both a cause of poverty (stopping parents from working) and a consequence of poverty, with families unable to afford health care as their health deteriorated. Health-related expenses can use up whatever resources a poor family has, pushing them further into poverty.

> *'[My] father died when I was still very young and he had three wives and one of the wives was sick, infected with HIV and in that process my mum also got infected [...] later she also died leaving me a total orphan.'*
> *(Girl, 16 with a 2-year-old daughter, PTA, Kitgum)*

Children spoke openly about the types of diseases their parents faced when they knew what these were, although they often just said parents had died of 'fever', without knowing the specific cause. In some sites, such as Kampala, Kitgum and Mayuge, children were aware of HIV and AIDS, as many parents had fallen ill or died of the disease. At least 10 children in PTA exercises and IDIs mentioned HIV and AIDS as having caused their household to fall into poverty after the loss of a parent.

HIV and sexually transmitted diseases
Children – particularly adolescents – in all sites mentioned HIV and AIDS. Younger children referred to it mainly in relation to adults who had been infected. Older boys in urban localities

(Kampala and Bundibugyo) as well as in Kitgum were aware of the risk of transmission through sex, although there were some misconceptions about prevention.

A minority of adolescent girls in different group exercises in all localities (rural and urban) said they were concerned about sexually transmitted diseases (STDs), but had limited information about how to prevent infection. However, most girls of this age, particularly in rural areas, even when they had heard of HIV had no knowledge about its prevention. For example, in Kitgum, in response to prompts about their knowledge of HIV prevention, only adolescents attending secondary school seemed to be aware of methods such as not having sex or using condoms to prevent the spread of HIV. One group of out-of-school adolescent girls - seven out of eight of whom were mothers – were not aware of how to prevent the disease. This highlights the need for HIV and AIDS education both in and out of school. There seemed to be more awareness about HIV and prevention among adolescents in urban localities, although there was a great deal of misinformation as well. For instance, boys thought that younger girls tended not to be infected, making it less risky to engage in sexual relations with them.

'In town children are exposed to many things for example some of them might be infected with HIV because there are many girls in town than in the village. In the village, there are very few children infected with HIV.'
(Boys, 15-17, out of school, disparities exercise, Bundibugyo)

'Most boys in our community fear being infected with HIV. They believe that young girls below 18 years do not have HIV. So it is better to marry them early.'
(Boys, 15-17, out of school, PTA, Kitgum)

For some respondents – particularly those in the older age group - HIV is related to family breakdown, as children saw that parents having multiple sexual partners led to its transmission.

'Where there are high levels of poverty, couples divorce and during that time each of them is exposed to the danger of HIV, which is too expensive for one to live a life with the disease. It requires a lot of money.'
(Boy, 11-14 year olds' PTA, Mayuge)

Impacts of health on children's lives and availability of treatment
During FGDs with mothers of 0-5 year olds, health was a frequent point of concern. In particular, they were concerned about the health of their babies and related expenses as, very often, the father of their child was not contributing to health (or other) expenses. Paying health-related costs is therefore an important challenge.

'When my child fell sick and I took her to his father for assistance, the father said that that I am no longer with him and thus could not offer any help to me. Even his paternal grandfather said that they don't know me and I should go away.'
(Adolescent mother, 15, out of school, PTA, Kitgum)

Children participating in the research, particularly in Kitgum, Kampala and Moroto, were familiar with the names of diseases that most commonly affect children, for example malaria, diarrhoea, cough and tuberculosis. This suggests that many of them – particularly those in school – receive some information about health risks. However, they had little or no idea about how to prevent or treat these diseases or how they affected their lives. This suggests that information is incomplete and not ideal for health promotion. One boy did draw a connection between infection and bacteria:
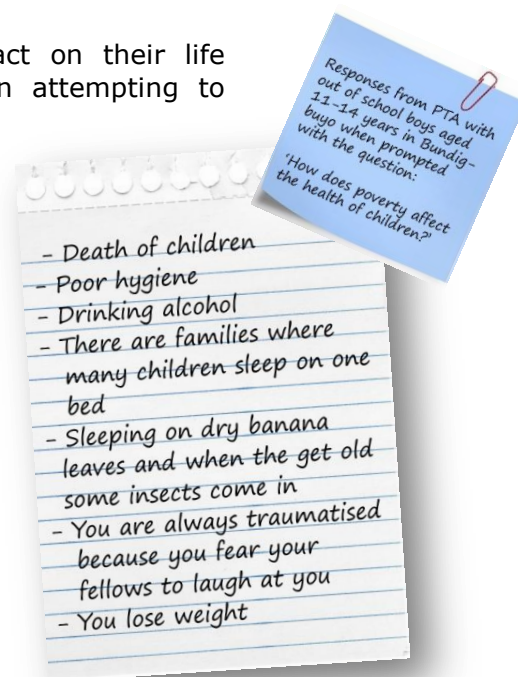
'In worse off families, diseases increase because the family does not know how to control diseases like cholera which are brought by bacteria.'
(Boy, aged 14-18, in school, disparities exercise, Bundibugyo

While some mothers of 0-5 year olds drew the link between drinking dirty water and falling ill, for example in Bundibugyo, other mothers, such as those interviewed in Kitgum, saw no link, although they did talk about their children getting diarrhoea frequently. This highlights that limited knowledge about water-borne diseases and treatment of water results in children falling ill with easily preventable infections. This could be changed through relatively simple awareness-raising activities.

Children who had seen illness have a direct or indirect impact on their life highlighted the lack of support poor households often have in attempting to overcome health shocks, with permanent consequences.

'I was very fine. I was a normal child. But then I got something – something swollen on my legs. Then we went to the different hospitals but I could not get treatment. So they took me to Molago and they told me I had cancer. After that my parents took me to Roowaga and the doctor say that I do not have cancer but I have tuberculosis. So they brought me here and they operated on me but because I was also lame they kept me here and they are continuing to treat me [...] I miss school a lot because I was sick for a very long time and could not go.'
(Girl with disability, 16, IDI, Kampala)

'We get treatment from hospital but if we do not find treatment, mummy goes and works for neighbours and they give her money for medicine.'
(Girl, 16, out of school, stays with a single parent, IDI, Bundibugyo)

Responses from PTA with out of school boys aged 11-14 years in Bundig-buyo when prompted with the question:
'How does poverty affect the health of children?'

- Death of children
- Poor hygiene
- Drinking alcohol
- There are families where many children sleep on one bed
- Sleeping on dry banana leaves and when the get old some insects come in
- You are always traumatised because you fear your fellows to laugh at you
- You lose weight

In rural localities, children's perceptions of health risks were generally related to environmental factors present in their everyday lives. For example, many children in the 10-14 age group in Bundibugyo, Kampala, Mayuge and Kitgum drew animals and insects – particularly snakes – as things they did not like, as they feared being bitten by them. When explaining their drawings, they pointed out that they knew of other children who had been bitten by snakes and become very ill. Similarly, using participatory video and photos, children from the 15-17 age group in Kitgum and Bundibugyo showed areas where they had seen snakes - particularly close to the school. Snakes seemed to them a more vivid health threat than drinking polluted water or engaging in unprotected sex, for example.

Drawings of 'what I don't like' by 6-10 year old boys and girls in Bundibugyo and Kampala. Snakes, pigs, cockroaches and a snake biting a boy

When children were asked whether they thought there was a difference in how girls and boys were treated by parents when they got sick, most children said they thought parents were as likely to take girls as boys to the clinic or the traditional healer. Further, a few boys and girls in Kitgum, Bundibugyo and Mayuge mentioned that parents often took girls to the clinic more quickly than boys because they were needed for domestic work, so they had to ensure they were strong.

Cost of health treatment and medicines
Children were asked in group exercises whether they were taken to the clinic when they got ill. Children across all sites said that parents typically did take them to government health clinics or, for the treatment of some ailments, to traditional healers. However, one or two children out of ten in each group exercise said that their parents did not have enough money to pay the service charge and for medicines, which might mean that some children do not get the necessary treatment and are thus not able to fully overcome their illness. In three cases – most of them arising during IDIs - children spoke about siblings who had died when a cure was unaffordable.

'My father died in 2007. My sister died when I was the one heading the family. My sister was suffering from high fever. [We took her to] Bundibugyo Hospital. They sent us to go to Mulago Hospital. We did not see the money to take us there and she ended up dying.'
(Boy, 15, household head, IDI, Bundibugyo)

Mothers were particularly concerned about the cost of treating children, and often spoke about going to traditional healers because they are cheaper. One mother spoke of having to work for a week to pay the hospital costs for a child with malaria.

'They ask you to give them money. I don't see the importance of having hospitals because there are no drugs, some staff are corrupt and are just after money.'
(Girls, 15-17 year olds' PTA, Bundibugyo)

Responses from mothers in FGDs on the quality of health services in government-run centres were mixed. Some mothers in Kampala said they had been verbally abused by staff, whereas respondents in Bundibugyo, particularly in the urban sub-district, said that services provided at the clinic were adequate. In rural Bundibugyo and in Mayuge, some mothers complained about long distances to health centres; this did not seem to be a concern in rural Kitgum. This illustrates disparities in the level of care received and limited control of service standards by health authorities. In Moroto – but not in any of the other localities – mothers spoke positively

about VHTs, which provide basic health services so they do not have to go to clinics, which are often far.

> *'Sometimes we use herbal medicine and once the child worsens then we take her to hospital.'*
> *(Mother, 0-5 year olds' FGD, Mayuge)*

Birthing practices

> *'We go to the hospital for the check-ups but sometimes pain comes and you cannot get to the hospital so you end up giving birth in a nearby clinic.'*

> *'Some of us are afraid of going to hospitals because we are chased away or abused.'*
> *(Mothers of 0-5 year olds' FGD, Kampala)*

FGDs with mothers of children aged 0-5 years in different research localities, and group exercises with adolescent mothers, revealed different birthing practices. In general, these depended on the accessibility of health facilities and on cost, which varied according to locality. In Kampala and Kitgum, for example, most mothers interviewed in FGDs said they had given birth in a hospital or clinic, at low or no cost, whereas more women in Moroto reported having given birth at home. In urban Bundibugyo, mothers reported having given birth at the government hospital, whereas those interviewed in the rural location had experienced either a home or a hospital birth. Those who had given birth at home said they had done so because they trusted the traditional birth attendant and they could not afford to pay the hospital bills. In fact, traditional birth attendants are seen in many rural areas as an alternative to modern health care, particularly if there is a lack of health facilities within a radius of 15km or so. There may also be deeply rooted cultural beliefs that expecting mothers should not deliver in a modern facility. Such beliefs seemed more common in Moroto.

Participatory photo taken by a 16-year-old boy:

Mother and newborn at Kitgum Matidi Hospital.
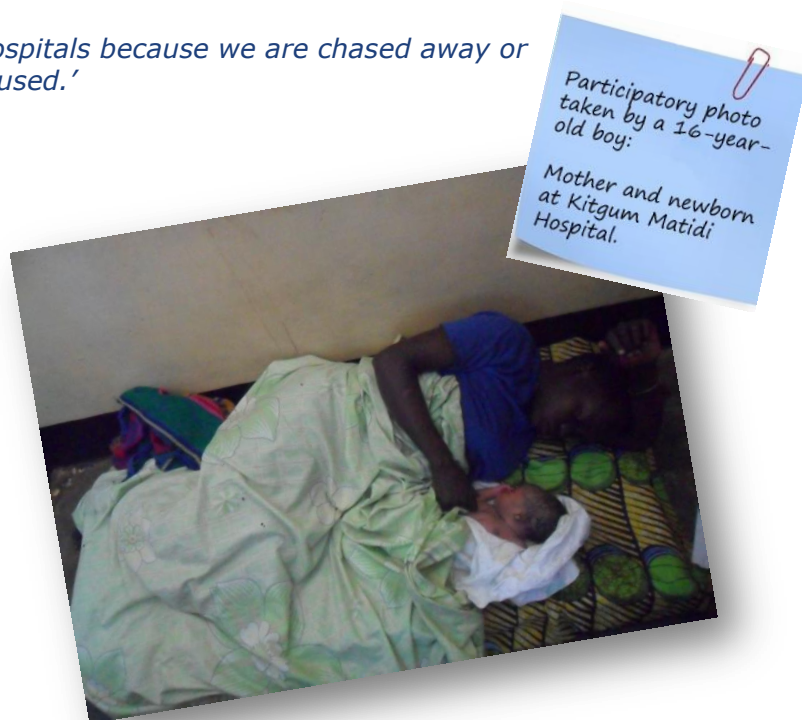
> *'The majority of women in villages don't give birth in hospital because some of them stay high in the mountain and the road network to nearby hospital is not good. Those who manage to go to hospital are carried on strings tied on ticks by fellow villagers.'*
> *(Mothers of 0-5 year olds' FGD, Bundibugyo)*

Immunisation

> *'We are given cards for immunisation where they record every time you take the child.'*
> *(Mother, 0-5 year olds' FGD, Kampala)*

> *'Vaccination services inform the villages what they have given them – and they usually count the days after the vaccination so they know when to go back [...] but sometimes we don't know exactly what our children have been vaccinated against.'*
> *(Mother, 0-5 year olds' FGD, Moroto)*

In all localities – rural and urban - mothers generally spoke about immunisation being widespread and free, with all participants having taken their children to be vaccinated during campaigns. Some were able to identify what the different immunisations were. There was no distinct preference for taking girls or boys to be immunised.

Malaria and mosquito nets

> *'We do not have mosquito nets. In the maize season the mosquitoes are many.'*
> *'We do not have mosquito nets. The government promised us but we did not get them though they registered us.'*
> *(Mothers, 0-5 year olds' FGD, Mayuge)*

> *'The government has given us mosquito nets and because the rain is so hard here, we have to use them; we use them and also give them to children below five years but the other children above five do not use mosquito nets.'*
> *(Mothers, 0-5 year olds' FGD, Kampala)*

In Bundibugyo, Kitgum and Kampala, mothers of 0-5 year olds said they had and used mosquito nets at home. However, many respondents – particularly in Moroto and Mayuge – said they did not. Children in poorer areas in these districts are thus even more exposed to the risk of contracting malaria. In many cases, this is a result of gaps in coverage or implementation of government and NGO programmes to distribute mosquito nets. There is also a problem regarding who uses mosquito nets at home. While children mentioned malaria as a common disease among them, according to their own accounts many of them are unprotected from mosquito bites at night, as they do not sleep under a net. Both mothers and children reported that, when they did have a mosquito net at home, it was usually mothers with newborn babies who slept under it, but not children over one or two years of age. Young children in all localities said that they slept outside the nets because there were not enough nets for everyone.

Reproductive health

> *'We don't know how to avoid having babies. We have heard of family planning but do not know what it means.'*

> *'When I went with the man, I didn't know I would get pregnant.'*
> *(Girls, out of school, 15-17 year olds' PTA, Kitgum)*

Adolescents had varying degrees of knowledge about contraception and prevention of STDs. Those in urban localities such as Kampala and urban Bundibugyo were more familiar with the issues, but in some rural localities young girls knew nothing about family planning – particularly not prior to having their first baby. In fact, according to a group of teenage girls in Kitgum – most of them young mothers – they learned about family planning and birth control only when they went to deliver their first baby in the health clinic. Even though adolescent pregnancies are a concern, health authorities, schools, parents and even young women who

have been through the experience have access to very limited information on family planning and broader reproductive health.

Some girls in the 15-17 age group spoke about hearing programmes on the radio, such as 'Straight Talk', that provide information on these issues, but their reach is limited to those who own a radio or are in the habit of listening to it. This lack of information is of particular concern given that young mothers, such as those in our group exercises, said they would have preferred to delay pregnancy had they known how to do so.

'Those in the village don't know about family planning. They produce forever.'

'People in towns swallow medicines from hospitals, get injections to prevent pregnancy. Town people produce few children so that they are able to take care of them and educate them.'

We get information about family planning at Straight Talk shows.'
(Girls, in school, 15-17 year olds' PTA, Moroto)

Q. 'How do you get the sanitary towels to use during menstrual periods?'
A. 'I use nothing.'

Q. 'How do you manage?'
A. 'I do not move in public during that time. I stay at home.'

Q. 'Why don't you use some pieces of cloth?'
A. 'I do not know how to use them.'
(Girl, 16, out of school, stays with a single parent, IDI, Bundibugyo)

In some cases, particularly in Kitgum and Moroto, girls spoke of young men not allowing them to use birth control, which reflects adverse gendered attitudes and a lack of sensitisation. In fact, some young men, particularly in rural areas, were against the idea of family planning and wanted their wives to have as many children as they could. A few young men, particularly those in urban areas, referred to contraception more in relation to the transmission of STDs. Limited reproductive health education among both girls and boys, as well as among children of a younger age, is undermining effective family planning among adolescents and the prevention of unplanned early pregnancies. Adolescent girls also spoke of the difficulty they face each month during their period (above right):
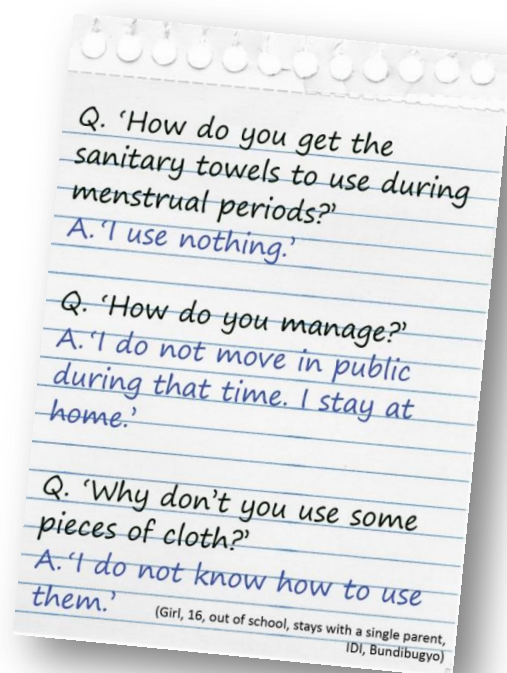
3.3　Food/nutrition

'Some people spend a day without earning any money and others get money late in the evening, by the time they go to the market, it is already closed. Then, you have to sleep without food. The price of food here is high. You need a lot of money, which we don't have in order to eat daily.'
(Mother, 0-5 year olds' FGD, Bundibugyo)

Key issues:

- Children in rural and urban research localities complained about having insufficient food to eat, commonly reporting eating only one or two meals a day.

- In rural areas, this results from low yields from subsistence farming, particularly in the lean season, and limited alternative livelihood strategies to generate income to purchase food. In urban localities, household income is insufficient to purchase enough food for all household members, including children.

- No significant gendered or age disparities were found in food consumption between boys and girls and adults and children.

- Children often work, including in their family's garden, to contribute to food production.

- A lack of school feeding programmes and the cost of school meals when provided (only one school in the sample), compounded by the difficulty households face in providing children with a meal at lunchtime, imply that children generally go through the day without eating, affecting their development and school performance.

3.3.1 Overview of food and nutrition in Uganda

While at the national level Uganda currently produces sufficient food to meet the needs of its rapidly growing population, the proportion of the population unable to access adequate calories increased from 59% in 1999 to 69% in 2006. Persistent high rates of malnutrition also attest to this reality: 38% of children under five suffer from chronic malnutrition (stunting), 16% from underweight and 6% from acute malnutrition (FANTA 2, 2010). Malnutrition plays a major role in child morbidity and mortality: wasting and underweight have been shown to significantly increase the risk of both morbidity and mortality in children (ibid.).

High fertility rates, short birth intervals, early childbearing and maternal malnutrition are likely factors in the child malnutrition that starts from birth in Uganda. Underlying causes include inadequate access to safe water and sanitation and poor health care facilities and services, as well as food insecurity. This latter varies regionally: the north suffers from the highest levels, followed by parts of the east, east central and southwest. Common causes of food insecurity across Uganda are a lack of diversification in livelihoods, dependence on agriculture and wage labour, declining wages and rising food prices (FANTA 2, 2010).

Gender inequality is intertwined significantly with poverty and food insecurity in Uganda, and has been identified as a primary reason for persistent poverty. While 80% of women contribute labour for food production, they own less than 8% of the land on which they farm. Men earn significantly more than women and spend more of their income on non-food items, with women left to close the food security gap. Women's lack of time and high fertility rates are two critical factors undermining health and nutrition outcomes in their children in Uganda (FANTA 2, 2010).

Table 5: Selected nutrition statistics

Nutrition	
Infants with low birthweight, 2005-2009*	14
Under-5s (2003 -2009*) suffering from underweight (NCHS/WHO), moderate and severe	20%

Under-5s (2003-2009*) suffering from underweight (WHO), moderate and severe	16%
Under-5s (2003-2009*) suffering from underweight (WHO), severe	4%
Under-5s (2003-2009*) suffering from wasting (WHO), moderate and severe	6%
Under-5s (2003-2009*) suffering from stunting (WHO), moderate and severe	38%
Vitamin A supplementation coverage rate (6-59 months) 2009	64%

Notes: * Data refer to the most recent year available during the period specified. NCDS = National Centre for Health Statistics. WHO = World Health Organization.

Source: UNICEF country statistical information.

School feeding

Since the introduction of UPE, the government of Uganda has expected parents and caregivers to take on the responsibility of feeding their children, either by providing food at home at lunchtime or by sending a packed lunch to school with them. A number of UPE and secondary schools have private feeding schemes, which parents pay for through school-related fees every term, but many families, particularly in rural areas, cannot afford to pay even the minimal cost of a simple meal. Pupils attending day schools in urban settings often take a packed lunch, according to what is available in their home. They may buy snacks from vendors within the school compound. This is not the case in rural areas. Boarding schools provide meals to students at a cost.

The government, with assistance from the World Food Programme (WFP), has implemented some school feeding programmes in deprived districts of northern and northeast Uganda. However, coverage in needy districts is low and does not reach all schools in each district or even sub-county (GCNF, 2006).

The National Development Plan 2011-2015 promotes 'school feeding programmes to reduce hunger at school and improve the nutritional status, development and school performance of children' as one of its objectives (Government of Uganda, 2010). However, it is still not part of a comprehensive government policy on food security.

3.3.2 Children's opinions about availability of food at home

In rural areas, food availability relates to the seasons, with children reporting variations in the quantity of food they have access to in different periods of the year. Most children in the research come from households which rely on subsistence agriculture, which does not allow for a very mixed or balanced diet – and the situation is particularly bad during the lean season. Some children spoke about limited food production as a result of the very small size of their land, which made it difficult for them to produce enough food for the family to eat or sell.

The majority of children in rural areas spoke about being involved in food production activities ('digging', cultivating other people's land as wage labourers, selling firewood or coal, fetching water for other people) to raise additional resources to purchase food. As discussed in Section 3.1, this often leads to them withdrawing from school, either temporarily or on a permanent basis. Girls reported working in the family garden whereas boys were more involved in livestock rearing, particularly in Moroto.

'If you don't dig, you don't get food. If you don't dig you will feel sorry because you will not get food so you start to beg – plus, if there is no rain, you don't eat.'
(Boy, 17, IDI, Moroto)

In urban localities, households facing income poverty had difficulty purchasing food, particularly at certain times of the year. Some children said they or children they knew ate few meals a day or went hungry. In this sense, lack of food is experienced differently in rural and urban areas but was identified as a problem in both.

> *'Some people spend a day without earning any money and others get money late in the evening, by the time they go to the market, it is already closed. Then, you have to sleep without food. The price of food here is high. You need a lot of money, which we don't have in order to eat daily.'*
> *(Mother, 0-5 year olds' FGD, Bundibugyo)*

Insufficiency of food – an important concern for children throughout the research sites – was expressed in different ways. During time use exercises with children in the younger cohort (6-10 years old), where they mapped their daily activities, it emerged that many of them ate only twice a day, with some even saying they ate only once. This was common to all localities and both girls and boys. For example, in Kitgum, children in this cohort said they would sometimes eat breakfast, if there was food at home, but this was not the case all the time. Similarly, during PTA exercises, older children often spoke about not having enough to eat at home, particularly during the lean season.

Good versus bad meals
In addition to having problems of quantity in relation to food, in most cases children spoke about food at home not being of good quality. Researchers asked children during PTAs and time use exercises what constituted a good meal and what they ate on a typical day. Their responses showed important discrepancies between the two: by local standards, they are not eating an ideal diet on a regular basis (Table 6).

Table 6: Discrepancies in quality of meals

	Good meal	What they normally eat
Boys, out of school, 15-17 year olds' PTA, Kitgum	*Boo*, *malakwang*, *otiga dil*, okra, potatoes, sorghum, cassava, millet	Beans and *posho*; meat and rice; green vegetables; soya beans; *matooke*; Irish potatoes
Mothers, 0-5 year olds' FGD, Bundibugyo	A variety of items known locally as *katoogo,* such as beans and bananas; potatoes and soya beans; groundnuts, beans and maize meal	Cassava, yams and cassava flour (cassava bread) (during the lean season)
Girls, out of school, 11–14 year olds' PTA, Mayuge	*Matooke* and chicken; rice and meat; potatoes and fish; goat	Millet floor and *dodo*; cassava *dodo* (tasteless); cassava and eggplant (not satisfying); *posho* and eggplant (sour)
Girls, in school, 11-14 year olds, Moroto	Food which has tomatoes, cooking oil, onions, curry powder, meat, eggs, beans, *posho*, bananas	Unfried sauce, e.g. wild vegetables, cooked without salt and oil, or residue from local brew

An example of particularly bad nutritional practices, which can potentially harm children, was identified in Moroto. Several mothers participating in FGDs reported that children, sometimes five years old or younger, were often raised on mildly alcoholic brews and forced to eat the dried mash or wort from the brewing process.

There were no prevalent gender disparities in access to food, with many respondents saying that girls usually ate a similar portion of food to boys. In some cases, such as in Bundibugyo, some respondents said that girls ate more, as they would eat while preparing the meal. Other children felt that boys were given more food than girls, but only because they were bigger. In Moroto, for example, boys were seen to engage in more physical labour – including looking after livestock – which was seen as a reason for them to eat more. Children had interesting ideas about how to improve the availability of food in their household. For example, during a PTA exercise in Kitgum, a group of out-of-school adolescents aged 15 to 17 years gave the following answers to the question: 'What needs to happen for you to have better access to food?'

'We need to start rearing animals such as goats, chicken and cows at home so that when you need to eat meat you can pick one animal and slaughter it.'

'We would love to start growing rice though our soils are not conducive to rice growing.'

'Our people need to be advised to cultivate a variety of crops so that they are able to change diet.'
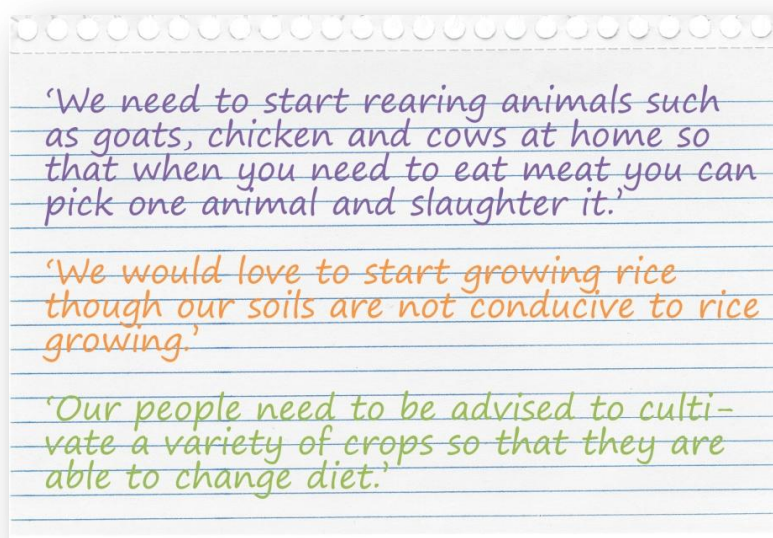
None of the children participating in the research knew of their household benefiting from agricultural programmes or any form of nutritional support. In Kitgum, adolescent boys in secondary school recalled programmes underway immediately after households had returned from internally displaced person (IDP) camps over five years previously, but these seem not to be available any longer. Although the sample was small, and it may be that such programmes are not completely absent, it does suggest that they are quite uncommon, despite the frequent problem of household food insufficiency.

3.3.3 School meals

Children's meals during school (or, more frequently, the absence of meals during school hours) were a common theme of discussion among children when discussing eating patterns. Primary and secondary schools in different localities operate differently in terms of offering children a meal (paid or unpaid). In Kitgum, for example, as a result of the push for 'completely free' education, school authorities reported having suspended the sale of food in schools, as they could not afford to provide it for free and did not want to be seen charging for it (despite the fact that the school charges PTA fees). As a result, most children had to head home during the lunch break, despite long distances, often to find only a very small meal available to them after the walk, if anything. Parents are not in the habit of providing children with packed lunches, and generally there is insufficient food in the house to provide them with a packed lunch.

This coincides with children's comments about typically only having one or two meals a day (usually breakfast and supper). Some children find it very difficult to walk so far several times a day, plus the walk eats into school time if the distance is very great. In PTA exercises with boys in Bundibugyo (right), all respondents said they did not eat at school, but eight out of ten said that they had only one meal a day (supper):

These statements by young children indicate not only that they have a much lower food intake than is necessary for their development, but also that they understand there is a link between food deprivation and education deprivation, whereby they need adequate nutrition to be able to learn at school.

In Moroto, a free school meal programme had been considered a major incentive to attend school, given insufficient food at home. However, the programme had recently been suspended as a result of insufficient funding, with some children dropping out of school as a result. In the boarding school the research visited, meals were provided to children but at a cost. In Mayuge, more than five children said they had not received any meals at school, even though their PTA contribution was supposed to cover these.

Q. 'Then what happens during day time? How do you manage?'

A. 'We don't eat lunch and this affects our school attendance and concentration in class in the afternoon.'

A. 'I only eat one meal a day, and in the afternoon I don't understand what the teacher teaches because of missing a meal. I always doze in class in the afternoon lessons.'

(Boys, in school, 11-14 year olds' PTA, Bundibugyo)

Nutritional support or feeding programmes were identified in Moroto only (including those run by the International Rescue Committee (IRC) and WFP), and these are intermittent and depend largely on supply as well as on the administrative practices of head teachers. In the case of the primary school in Moroto, the local teacher was recognised by the team as being very diligent in maintaining food stores in the school, but this was not necessarily the case in other schools.

Concerns expressed by children about the lack of food available to them in the house and a lack of support at school suggest that a more transparent approach to feeding during the school day would be useful. If such meals cannot be provided free of charge by schools, community-supported alternatives should be considered to improve children's access to food.
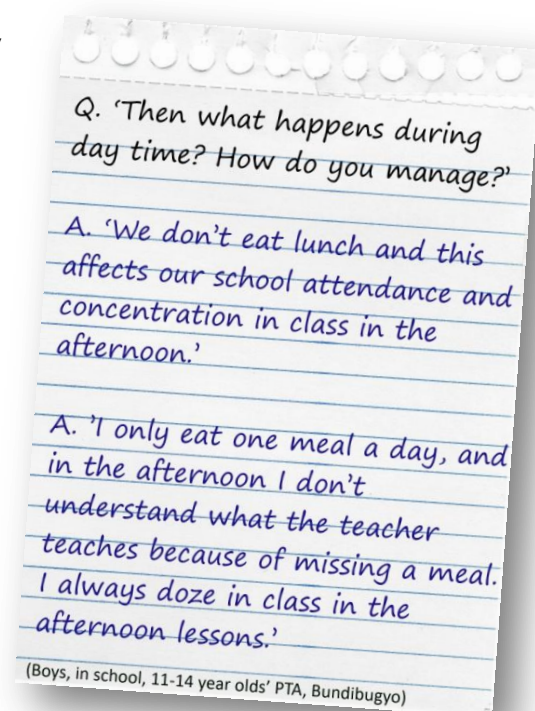
3.4   Water

*'Water is got from streams and lakes where people defecate, urinate and spit but
the water is just taken without boiling it.'*
(Boy, 11-14 year olds' PTA, Mayuge)

Key issues:

• Children are principally responsible within the household for fetching water, in both rural and urban areas. Younger boys participate in this activity alongside younger girls, but in teenage years this becomes an activity that primarily girls perform.

• Opinions about fetching water differ from locality to locality and between girls and boys. While many younger children enjoy fetching water as a way to leave the house and play with friends, adolescent girls in some localities are faced with threats of sexual harassment and/or abuse.

• Distances to water points in rural areas are still long, and points are often not working. This means that some households still use open water sources.

• Water is seldom treated before use, leading to water-borne diseases.

3.4.1 Overview of water in Uganda

According to Uganda's National Development Plan 2010-2015, 30% of the population has no access to a safe water supply for domestic use. In light of this, the government is committed to the provision of safe water that is within easy reach and to improving sanitation for the country's population.

Rural water supply

Rural water access as of FY 2008/09 was at 63% nationally – the same as in the previous three years. However, functionality, which is key to sustaining access, had improved from 82% to 85% over the previous five years. As for household sanitation, the proportion of households with safe facilities had increased from 57% to 69% over the same time period. Despite these achievements, great disparities remain in terms of coverage of rural water supply by district. Approximately half of districts are still below the national average, and coverage in 130 sub-counties out of 1,024 is below 39%. There are also disparities in the functionality of water facilities across districts.

Urban water supply

Large towns are served by 18 piped water supply schemes managed by the National Water and Sewerage Corporation. As of FY 2008/09, average safe water coverage in such towns was at 72%. Small towns, which are further classified into town councils and town boards, had average coverage of 49% and 36%, respectively. Of the 80 town councils and 80 town boards, only 53 and 48, respectively, had coverage over 36%. The government's main focus under the National Development Plan 2010-2015 is to increase access to safe water and sanitation levels as well as the functionality of water supply systems, and to reduce per capita investment costs.

Table 7: Selected water statistics

Water	
Population using improved drinking water sources 2008, total	67%
Population using improved drinking water sources 2008, urban	91%
Population using improved drinking water sources 2008, rural	64%

Source: UNICEF country statistical information.

3.4.2 Quality of water and distance to water sources

Children in rural localities – Kitgum, Mayuge and rural Bundibugyo – said access to water was difficult because distances to sources (rivers, boreholes, pumps or wells) were long and the water was sometimes not clean. Distance was not seen as a problem in Moroto, urban Bundibugyo and Kampala, but other constraints included costs of purchasing water (Kampala) and overcrowding at the source (Moroto and Bundibugyo). Additionally, children in Bundibugyo and Moroto have to go to the river to fetch water when the borehole breaks; this is far and the water is not clean. Overall, although access to sources has improved, water quality remains very poor, and fetching it entails important time demands – particularly on children, who are typically responsible for this task.

'Water for cooking is got from swamps. It takes about 30 minutes. Drinking water is got from the borehole. The water from the swamps is very dirty but we have no option, we have only one borehole which we share with two villages where we spend about six hours trying to get water because the people are very many, when people start fighting for the water the caretakers lock it.'
(Mothers, 0-5 year olds' FGD, Mayuge)

'We fetch water from water taps but when they are off we collect water from the river stream which is far away – we walk almost 4km to reach there. We carry a 20-litre jerry can back.'

'Water can bring diseases, dysentery – because there no boreholes.'

'A borehole at Napipai brings rusty water. I don't like that water.'
(Boys, 11-14 year olds' PTA, Bundibugyo)

'Water is got from streams and lakes where people defecate, urinate and spit but the water is just taken without boiling it.'
(Boy, 11-14 year olds' PTA, Mayuge)

'This river dries up during dry season. When the borehole breaks down and there is no water at the river, we suffer a lot.'
(Girl, 17, narrative from participatory video, Moroto)

Her explanation of the photo:

'This is where we get water. Before, we used to drink water from rivers and ponds which gave us diseases like cough and diarrhoea. Water-borne diseases have reduced. Even cows watered from this borehole. We get water to water vegetables. People use the water to wash clothes [...] Some people are very far from the borehole. They get water from rivers. During dry season, they suffer a lot because they have to walk long distances [...] I take about 30 minutes to walk to the borehole. When people are many, I take 20 minutes waiting.'

When the research team asked children and mothers participating in the study whether they treated the water they fetched, responses were mixed. Most children said that water was not boiled before use, as they perceived it to be clean or because they did not want to 'waste' firewood on boiling water.

One group of mothers of 0-5 year olds in urban Bundibugyo reported that they did boil their water before using it, as they had been sensitised by the authorities about the health risks involved in drinking untreated water.

'We did not use to boil water in the past but now do boil water before drinking it
[...] Some time back we heard from government officials that our water was not
good and was contained with some bacteria. Since then, we started boiling it.'
(Mother, 0-5 year olds' FGD, Bundibugyo)

However, in Kitgum and Mayuge, mothers thought water from the well or borehole was clean – although, after further probing, they spoke of their children frequently having stomach infections and diarrhoea. Without essential information about the quality of water, many women are failing to see the connection, and children are still getting sick.

Fetching water
It is clear from all the different research instruments that one of children's main domestic tasks, in both rural and urban localities, is fetching water. Although both girls and boys participate in this task, it is mostly girls' responsibility, particularly from adolescence. In two of the localities, Moroto and rural Bundibugyo, fetching water is a clearly gendered activity: both girls and boys said it was a 'girls' task' and that boys would be laughed at if they were found to be doing it. Additionally, girls said they carried heavier jerry cans than boys and went to fetch water more frequently. This emerged particularly in the time use exercises carried out with 6-10 year olds, who spoke about fetching water approximately twice a day, and often once more during school hours if water tanks were unavailable or not working.

'We all fetch water for home; it takes three hours to reach the water source.'
(Boy, 11-14 year olds' PTA, Bundibugyo)

'Children should play but first they have to do some chores, to fetch water.'
(Mothers, 0-5 year olds' FGD, Kampala)

'Mostly girls fetch water. If you tell a boy to fetch water he may beat you up.'

'We collect water from ponds, some ponds are near while others are far – we take about one and a half hours to reach the water point – the time it take depends on the number of people there.'
(Girls, in school, 15-17 year olds' PTA, Moroto)

Children had mixed opinions as to whether they liked fetching water or not. Some – particularly those aged 11-14 years – said it was an entertaining activity as they could talk to children along the way, although they generally complained about the distances. Other children, particularly younger ones, did not enjoy it as much because of the physical effort involved in carrying heavy loads of water. Some children below the age of 10 reported carrying 20-litre jerry cans which, in addition to being difficult, can trigger development problems.

Drawing of 'what I like' by 13-year-old boy in Mayuge. Fetching water from the waterhole

Q. 'Do you like fetching water?'
A. 'We don't like it because we are still small and that jerry can is heavy for us.'
A. 'No, because the water point is far away from home.'
(Girls, 6-10 year olds' time use exercise, Kitgum)
'Fetching water from long distances leads to early pregnancies – there are some bad-hearted men who rape girls and school boys also take advantage of the situation.'
(Boy, 11-14 year olds' PTA, Mayuge)
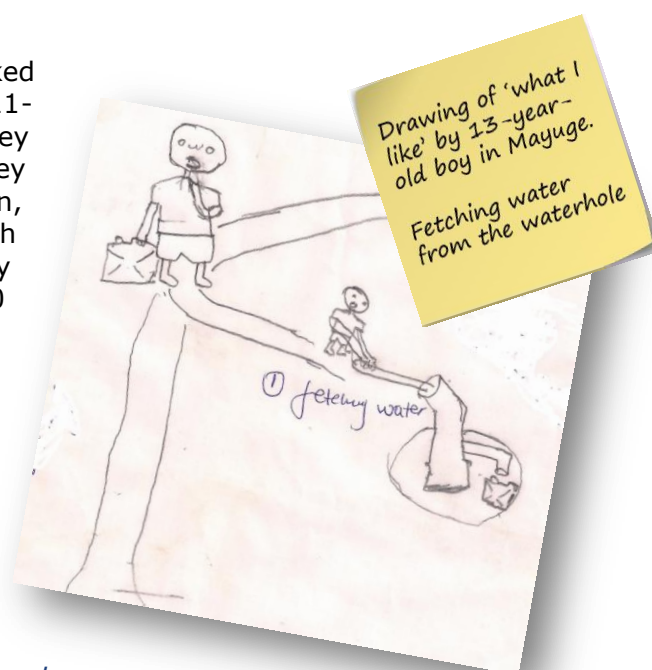
During group exercises where the topic of water came up, children, particularly in rural areas, spoke about concerns related to fetching water, either because they risked getting injured or because they felt vulnerable to personal assaults. This was a critical concern for children in Moroto, who feared attacks by cattle raiders or thieves. Older girls in some localities associated fetching water with the threat of being sexually abused or verbally harassed by men (Section 4 explores this further). In this regard, some older girls said they disliked going to fetch water, particularly late in the day or evening, although sexual abuse while carrying water was not reported as frequent.

Q. 'Do you face challenges fetching water?'
A. 'Yes. Snake bites, warriors may attempt to kill you, fighting at the water point – some people don't wait, they want to fetch water the moment they come.'
(Girl, 15-17 year olds' PTA, Moroto)

3.5 Sanitation

*'Young children touch the faeces, eat without washing hands and they get sick.
Young children play with kaveras [plastic bags] with droppings and get sick.'*
(Boy, 11-14 year olds' PTA, Mayuge)

Key issues:

- Access to improved sanitation facilities in rural areas remains limited, with many of the children in rural areas participating in the research saying they use open areas and water sources for urination and defecation, contributing to an unhygienic environment.

- Schools in urban localities and in some rural localities have separate latrines for boys and girls, but maintenance is generally poor, dissuading many students from using them.

- Rubbish accumulation in urban areas is a major concern for children.

3.5.1 Overview of sanitation in Uganda

Over 75% of Uganda's disease burden is considered to be preventable, as it is caused primarily by poor personal and domestic hygiene and inadequate sanitation practices (failure to break faecal–oral disease transmission routes) (MFPED, 2005).

According to the most recent DHS survey, poor sanitation coupled with unsafe water sources increases the risk of water-borne diseases and illnesses as a result of poor hygiene (UBoS and Macro International, 2007). Households without proper toilet facilities are more exposed to the risk of diseases like dysentery, diarrhoea and typhoid fever than those with improved sanitation facilities. About nine in ten households use non-improved toilet/latrine facilities: only 15% of urban and 8% of rural households have improved toilet facilities (flush toilets, ventilated improved pit latrines, composting toilets and pit latrines with a slab). Overall, 12% of households in Uganda have no toilet facilities of any kind (14% of households in rural areas and 3% in urban areas) (ibid.).

Table 8: Selected sanitation statistics

Sanitation	
Population using improved sanitation facilities 2008, total	48%
Population using improved sanitation facilities 2008, urban	38%
Population using improved sanitation facilities 2008, rural	49%

Source: UNICEF country statistical information.

The government's Integrated Hygiene Promotion and Sanitation Strategy acts as a guiding framework for implementing agencies and for overall sector investment plans. However, although some progress has been achieved in terms of improving access to improved sanitation facilities for the population, much remains to be done.

3.5.2 Children's sanitation concerns

Children shared concerns about sanitation both when questions on sanitation were asked as part of the semi-structured qualitative research and, in most localities, as part of participatory video and photography, when children were able to show us some of the things they liked and disliked in their everyday life. For the most part, children who spoke about sanitation did so negatively, except in the case of children in Kitgum, who generally talked about having access to improved sanitation, with widespread availability of pit latrines at home and at school. This is partly a result of support provided by government, donors and NGOs after the war to rebuild and equip schools and to support the reconstruction of houses once people moved out of IDP camps.

However, children in Kitgum complained that latrines at school were not well maintained and were dirty. This complaint was also common in rural Bundibugyo, although children

Participatory photo taken by a 16-year-old girl: secondary school latrines. The girl explained that she did not like the toilet because there was no bathroom, it was dirty and the doors were broken. Additionally, the shelter was dirty with cow dung.

in urban Bundibugyo said the latrines in their school were clean and in good condition. Children in Moroto and Mayuge spoke more frequently of using open spaces and water sources – such as rivers – for defecation and urination, either because latrines were unavailable or because they were in very poor condition and people preferred not to use them. This has potentially important health risks, as the water from open sources has multiple uses, including for bathing, cooking, etc.

'There are latrines at school, however they are always very dirty since the school shares the latrines with the surrounding community yet they do not clean it. It's the school children who clean them.'
(Girl, 11-14 year olds' PTA, Bundibugyo)

'Most people in the community do not have latrines, they use the bushes around and sometimes use holes or sugar cane. A nine-year-old child can just drop the faeces near the washed utensils, then the flies from the drops fall on the plates and cups and when you get and use them you can become sick.'
(Boy, 11-14 year olds' PTA, Mayuge)

'We don't have toilets; we ease ourselves at the river.'

'We dispose garbage at the river.'

'We go to river to relieve ourselves – the rain washes it all away when it comes, including garbage.'
(Girls, 15-17 year olds' PTA, Moroto)

'Young children touch the faeces, eat without washing hands and they get sick.
Young children play with kaveras [plastic bags] with droppings and get sick.'
(Boy, 11-14 year olds' PTA, Mayuge)

In urban research localities, the use of latrines was more common, particularly for defecating, although some children – particularly boys – said that sometimes they urinated in open spaces. Some mothers in Kampala said they had to pay for the use of latrines and toilets and share them with between five and twenty families (with an average of six members each). This has important implications for the hygiene of these facilities. Thus, in general, a critical issue, in addition to the need for latrines to be available, relates to people's use of them and their cleanliness.

Another major concern in urban areas is the accumulation of rubbish and waste on the streets. In Kampala, for example, participatory video and photography captured images of pollution on the streets, which children wanted to raise it as a major problem in their community.

'Our children sometimes suffer from diarrhoea because some children pick dirty
polythene bags and eat them.'
(Mother, 0-5 year olds' FGD, Bundibugyo)

Despite both government and NGO efforts to improve sanitation, important challenges remain which affect children's everyday lives, with potentially important consequences for their health.

Freeze frame from participatory video taken by a 17-year-old boy: the streets in Kampala.

'I don't like this place because it's smelly and the water has things that can lead to disease.'

3.6   Shelter

'Children don't sleep on anything; they sleep on the ground. Some poor children sleep at night covered with their shirts and others sleep on dry banana leaves as their bed. There are other children who sleep in the bush.'
(Boys, in school, 11-14 years olds' PTA, Bundibugyo)

Key issues:

- There are significant differences in children's living conditions according to locality and socioeconomic situation, but over half of the children interviewed said that they lived in precarious conditions and/or in overcrowded rooms and slept on the floor or shared a single mattress with others.

- In Moroto, an additional concern was safety: homes were not perceived to be secure and so children live in fear.

3.6.1 Overview of housing in Uganda

In Uganda, almost eight out of every ten households have floors made of earth, sand or cow dung. Rural households tend to have poorer quality floors than urban households: 86% have earth or dung floors, compared with only 27% of urban households, where a larger percentage of households have cement, tiled, stone or brick floors (73%), compared with only 14% of rural households (UBoS and Macro International, 2007).

The number of rooms households use for sleeping gives an indication of the extent of crowding, which increases the risk of disease. In Uganda, a room for sleeping with more than two persons is considered overcrowded, particularly since rooms are small in size. Close to half (47%) of households use only one room for sleeping; the figure is higher in urban than in rural areas (63% and 44%, respectively) (ibid.).

3.6.2 Children's perceptions of their housing conditions

Children's housing types varied by locality, with the major differences being between rural and urban sites. Grass thatched houses were the most common form of shelter in Kitgum, Moroto and rural Bundibugyo, whereas corrugated iron houses made of concrete building blocks were most common in Mayuge, Kampala and urban Bundibugyo. Building materials depend on local customs and availability, as well as cost.

While most children spoke about having a place to sleep in, perceptions of the quality of this were mixed. Many children in Bundibugyo were particularly concerned about not having a mattress to sleep on, with many saying they slept on banana leaves. Issues in Moroto were of a different nature: more than the quality of the housing, children were extremely worried about the lack of security, as they felt unsafe and exposed to attacks from cattle raiders. While in rural areas most homes are owned by the family living in them, in Kampala and urban Bundibugyo most houses are rented, posing an additional burden on the family economy.

'This is the house where I stay. It has no door. It is made of mud and wattle. I built it myself with the help of my mother. Four of us sleep in this house. If I had money, I would cement the floor and buy timber for the door. Our manyata is fenced with reeds from very far. Sometimes we don't get enough so the fence is incomplete. The fence protects us from enemies. We used to keep sorghum in that granary but there is no more sorghum to store. Those pots are not in use.'
(Girl, 17, Moroto)

'Our house we rent and the money is such a high purchase and it is not even in a very good condition. There are two rooms and the house is like full of cracks and I think that some day when the rain is too much it will fall down. And when you tell the landlord, he can't do anything and it's so much in the slum area that I can't even bring my friends who I used to study with to come to my home. I can't bring them there because I feel ashamed […] there is a ditch which is full of stagnant water. If you clean it, people throw in rubbish and it becomes stagnant again.'
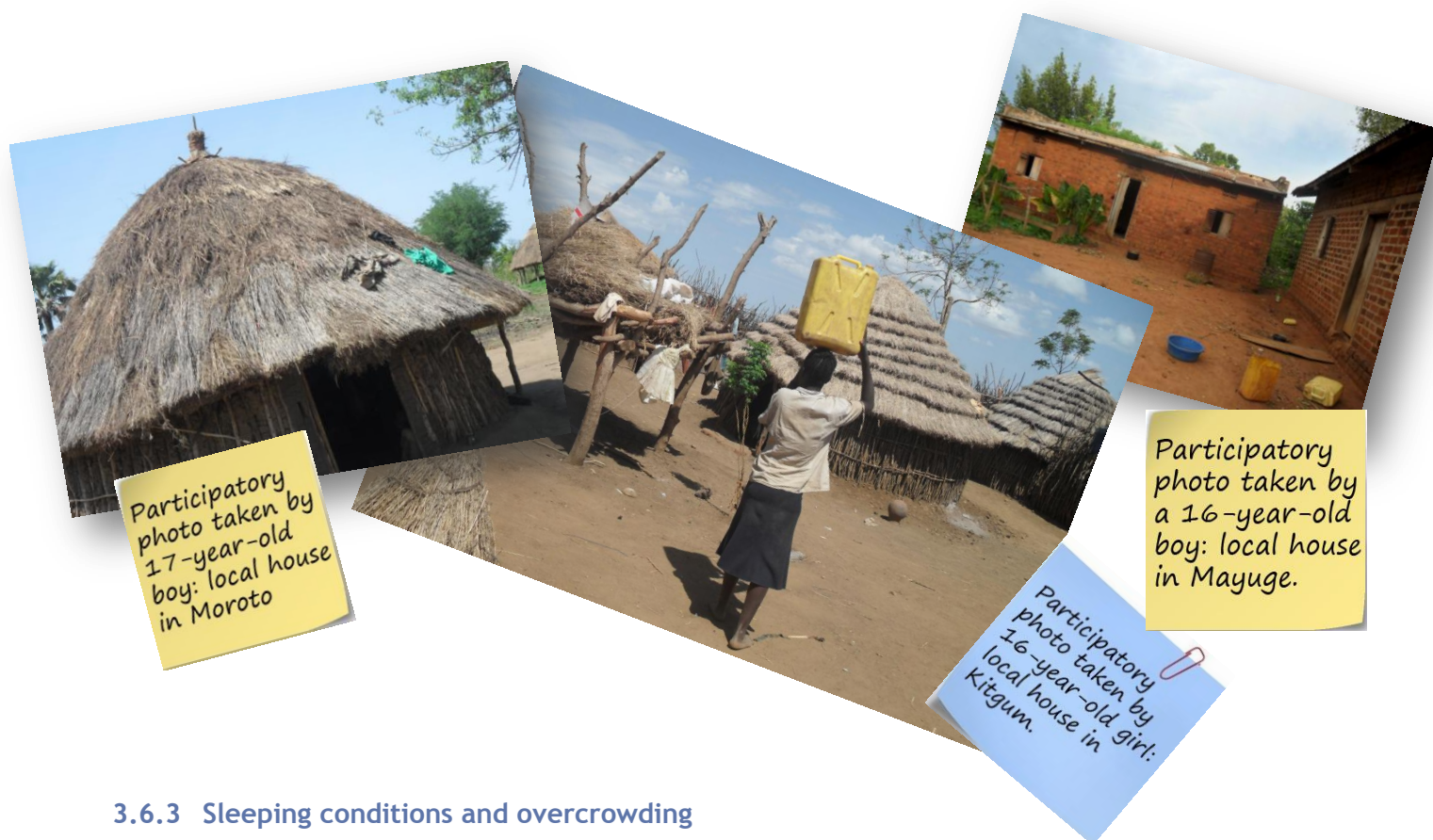*(Girl, 16, IDI, Kampala)*

Although one reason for variations in housing between children relates to local customs and materials, children do have perceptions as to what entails a 'better-off' versus a 'poor' home, as expressed in disparities exercises. Their description of 'poor' households and then of the characteristics of their own homes lead to the assumption that the majority of children participating in the disparities exercises in the different localities perceived their homes as being rather poor.

Table 9: Children's perceptions of better-off versus poor homes

Better-off homes	Poor homes
• A rich person has a car, television and fridge. • The rich build houses with iron sheets. • Rich homes are fenced off with bricks. They put fences which are guarded by security personnel. • Houses have appropriate bedding and mattresses. • The rich have beautiful homes, that is to say decorated, painted mirrors. Made of bricks and cement. Everyone has a mattress. Bathroom and flush toilet, electricity, cooker. Every child has a mosquito net in good condition; the poor do not have one or have old ones. Every child has a bed whereas the poor share beds and sleep facing different directions, while others sleep on papyrus mats. • Permanent shelter is better, with a sleeping mattress. • Permanent houses do not leak.	• No tools for digging. • Use grass for building their houses. • The poor don't fence their homes. No security guards. • In poor homes they eat sorghum, greens and okra. • In poorer homes people sleep on skins and hides. • *Manyatas* are hot and the air does not circulate. • Huts burn easily – the wind can blow the fire into it.

When asked in group exercises and IDIs about the characteristics of their home , several children spoke about their poor quality. This was the case in both rural and urban localities. Problems included leaky roofs and cockroaches and rats, particularly in rural Bundibugyo and Kampala, giving children a sense of discomfort and ill-being.

Participatory photo taken by 17-year-old boy: local house in Moroto

Participatory photo taken by a 16-year-old boy: local house in Mayuge.

Participatory photo taken by 16-year-old girl: local house in Kitgum.

3.6.3 Sleeping conditions and overcrowding

'Mummy sleeps on a three-inch mattress but for us we sleep on banana leaves.'
(Girl, 15, IDI Bundibugyo)

'Children don't sleep on anything; they sleep on the ground. Some poor children sleep at night covered with their shirts and others sleep on dry banana leaves as their bed. There are other children who sleep in the bush.'
(Boys, in school, 11-14 years olds' PTA, Bundibugyo)

Children reported varying sleeping conditions, depending on the locality and the socioeconomic situation of the household in which they lived. A minority of children, mainly in Kampala, reported sleeping on a mattress, typically shared with siblings or their mother (and in some cases their father). FGDs with mothers in Kampala supported this, revealing that it was often as a result of a lack of money. Other children said they, or children they knew, had more precarious living arrangements. For example, during group discussions in Bundibugyo, children said that some slept on dried banana leaves; in Mayuge, children reported that they slept on papyrus mats on the floor. This is a potential health hazard, particularly as small animals (such as rats) and insects can approach children more easily.

Another characteristic children referred to when asked about their house was overcrowding. There was significant variation here too: some children said that they slept alone or in a room with one sibling only (this was more often the case in rural areas). However, more than two thirds of children in the study reported between three and seven people sleeping in only one room. In approximately half of these cases, children said they slept with other children; in the remainder of cases, children shared rooms with adults. This situation is linked to poverty, with larger families unable to afford more living space.

More than five children interviewed in Kitgum said that their housing situation today was much improved: they had lived in IDP camps where overcrowding was particularly deplorable. After their return to the community, many families had been able to construct huts on their homesteads, which had led to these improvements.

In addition to the comfort issues related to having more space, several children and mothers spoke about crowded living conditions being linked to the spread of disease, particularly among children. Some children said they disliked the noise and smell others made. A couple of children linked this to their siblings urinating on a shared mattress.

3.6.4 Safety of homes

'We don't feel secure in the house because the enemies can enter easily and pull us out.'

'[The house is] beaten by heavy rains.'

'Three to four girls sleep in one hut with no spaces in between.'

'We use firewood for lighting, so we do not read at night and do most of the reading during the day.'
(Girls, 11-14 year olds' PTA, Moroto)
'In manyatas it is better to have a door for security – otherwise we will get raped or killed – but it is still easier to get into [than a permanent structure].'
(Boy, 15-17 years olds' PTA, Moroto)

Children in four out of the five districts considered their homes relatively secure. However, this was not at all the case in Moroto, where children were in constant fear of raids, which might see their homes invaded, household members killed and household goods and assets stolen. Homes in this region face constant threats regardless of the quality of the shelter.

3.6.5 Boarding schools

During our research in Moroto, researchers spoke to children who lived in primary and secondary boarding schools. Children did not speak much about the conditions of their sleeping quarters there, but informal discussions with them and with school authorities revealed some interesting insights. The main problem in the secondary school was that girls did not have their own sleeping quarters; rather, they were crowded into the head teacher's offices and slept on the floor. The mattresses and blankets used for sleeping (purchased by the students themselves) were stacked against a wall during the day. Male students, on the other hand, had an entire block to themselves, with bunk beds and better sleeping conditions in general. School authorities explained that they were saving funds to construct a block for the girls, but this seemed in no way imminent.

There is a 6-foot wire fence around the school. Girls, more than boys, thought such a security measure was important. There was also a security guard paid to watch over the school in the evenings and at night, but he typically left late in the evening because, according to the young students, he was too scared to stay there.

Lighting was a big problem in the school. During the early evening, girls could be seen outside the office block reading under the only overhead light. They said it was the best time to read because they could not really afford candles and, as the lighting was solar powered, it had only a few hours of storage.

3.7   Information

3.7.1 Overview of access to information-related assets in Uganda

According to the 2006 DHS, 61% of households in Uganda own a radio (75% in urban areas compared with 58% in rural areas) (UBoS and Macro International, 2007). Ownership of television sets has not increased since 2000-2001, with only 6% of households owning a set. A total of 16% of households own a mobile telephone, while less than 1% own a non-mobile telephone (ibid.).

3.7.2 Comments made by children in relation to access to information

Children spoke little about access to information – in none of the five localities did it seem to be one of their immediate priorities, although adolescents in more urbanised areas had more to say about radios and mobile phones and the information received through these than younger children in rural areas. Only when specific questions were posed regarding access to radio, mobile phones or other sources of information did children talk about such issues and how they used these devices (if at all).

Children most commonly access information using the radio. While most children in rural localities said there was no radio in their home, many said they could sometimes listen to a radio at a neighbour's house. In urban areas, access to radio was more common. The few younger children who mentioned having a radio at home usually said that they listened to what their parents did, for example music. No child below the age of 12 reported listening to informational or educational programmes.

Adolescents, on the other hand, for example in Kitgum and Moroto, had heard programmes on reproductive health and education and targeted programmes for youth such as The Gang and Straight Talk, which they had enjoyed and had learned from. Similarly, during a body mapping exercise in Moroto, young girls (aged 11-14) mentioned radio programmes talking about good personal hygiene. Adolescent girls reported listening to these programmes more often than boys, perhaps because they spend more time at home. All this suggests such programmes have the potential to convey messages to children and young people.

While many respondents said someone in their household owned a mobile phone (typically the father, but also the mother in urban areas such as Kampala), most children (and mothers in rural areas) said that they did not have a mobiles phone themselves. This means that, although mobile phones might be a good means of communicating general information to households, they might not necessarily be ideal in terms of conveying messages to children.

Schools are another way for children to access information, from head teachers and senior woman teachers (particularly for girls about reproductive health), although this was not something that came up in discussions with children.

3.8   Multidimensional poverty

Having explored children's perceptions in relation to the seven dimensions of deprivation, we now take a step back to look at the broader picture of the different ways in which children perceive poverty, how they are affected by it and how they see its consequences across a range of areas.

'I dig and help my mother to brew alcohol. Life in Karamoja is so hard. Many children have left school because of lack of money. There is a lot of raiding and people lose their lives. Young children sleep hungry and disturbed a lot at night.'
(Girl, 17, IDI, Karamoja)

The girl in the quote above illustrates a difficult yet common reality: many children face multiple deprivations simultaneously, making their situation harder to overcome. This highlights the need for different levels of support: at the household, school and community level, some of it coming from the family and some from outside.

Commentary on participatory video by Lochak, a 17-year-old in Karamoja
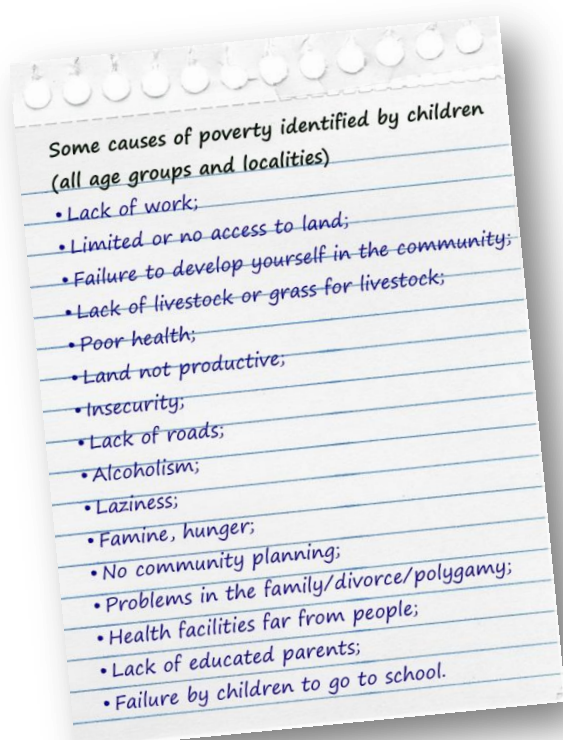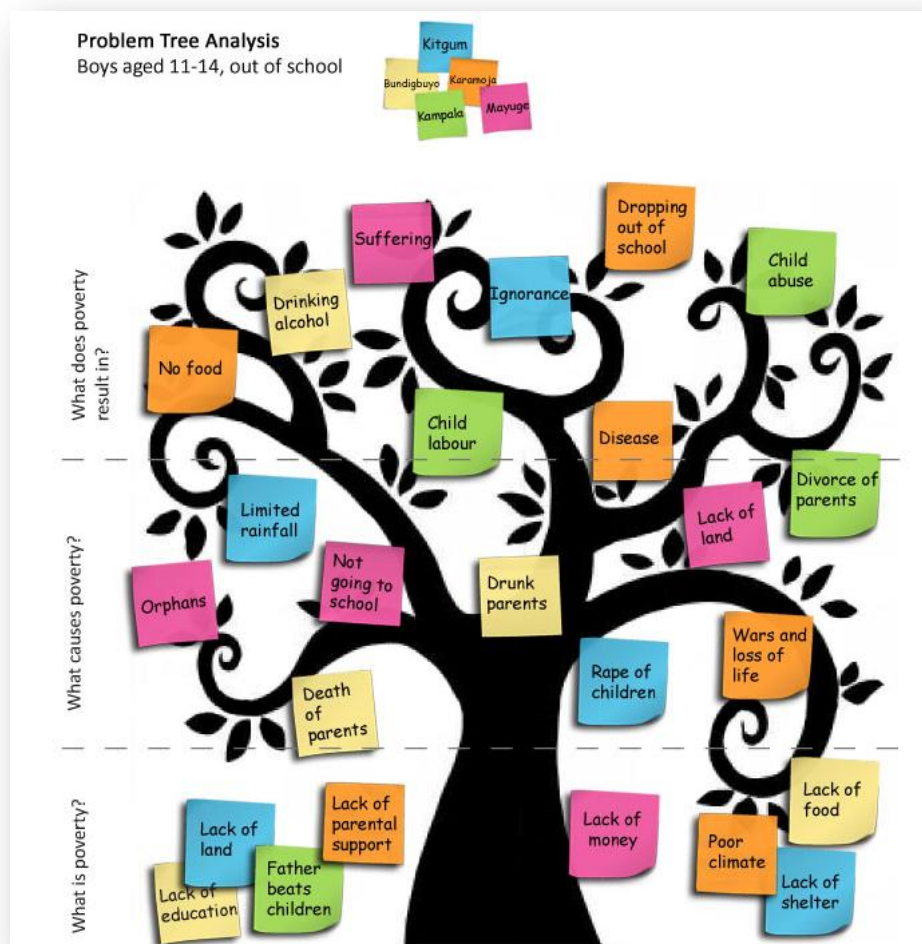
Once we had passed the video camera to Lochak, he took us north-wards away from the village about half a mile towards the main riverbed – a place where he says a range of activities take place. He describes how it is a location where water is gathered for the household and where livestock are brought, how the stones and sand in the riverbed itself are gathered and sold to construction workers, how many of the trees nearby have been used to make charcoal and how much of the area is also used for toilet purposes (given that the army apparently drove them away from a vegetat-ed area nearer to their houses). As we walk 15 feet down into the dry riverbed, Lochak outlines the group of trees where the commu-nity conducts protection rituals so ' enemies go to the west, so they go and die and do not come and raid us again'.

Lochak continues to describe how, although the river appears dry, water can be retrieved by digging down a few feet to the water table. As we walk around the bend in the riverbed we come across a young girl of about four or five years old retrieving water from such a hole to put into two jerry cans of 5 litres each. Lochak talks to the young girl about what she is doing. 'Is this good water? Do you boil it?' he asks. The girl responds that the water is good and that she does boil the water – even if she has to then go to find firewood in order to do so. Lochak asks the girl what the water will be used for, and she responds that it is for cooking and drinking, but also for the crops.

We walk 15 yards to a wider hole, enclosed by thorn bushes, where livestock are brought to drink. This hole is not as deep as the other, and is mostly dry. Lochak tells us how this area is used as a trough and that the water is carried from the previous hole, which is also used as a bathing area. Just behind this trough, a large tree has been dragged into the riverbed and set to burn slowly to create charcoal. Lochak tells us that this is 'very good, and you ought to do it every day to sell in the market, although there are other ways of making money – such as cultivating crops'. Lochak takes us up over to the other side of the river to show us how he also participates in cutting blocks of soil to stack in order to make a tower of blocks that can be heated to make bricks. He tells us that he comes here on a daily basis until the tower is built, but is currently awaiting orders, so is therefore resigned to fetching and selling water instead.

Children identified multiple and multifaceted causes of poverty affecting their lives, some of these related to one or several of the seven deprivations and some of them going beyond them, such as their capacity to socialise with other children, their family structure and their

emotional wellbeing. Discussions with children, both semi-structured and open-ended, showed that they experienced many of these deprivations at the same time and that many children around them faced similar challenges.

Problem Tree Analysis
Boys aged 11-14, out of school

Some causes of poverty identified by children
(all age groups and localities)
• Lack of work;
• Limited or no access to land;
• Failure to develop yourself in the community;
• Lack of livestock or grass for livestock;
• Poor health;
• Land not productive;
• Insecurity;
• Lack of roads;
• Alcoholism;
• Laziness;
• Famine, hunger;
• No community planning;
• Problems in the family/divorce/polygamy;
• Health facilities far from people;
• Lack of educated parents;
• Failure by children to go to school.

It is particularly interesting to understand what children see as the causes of poverty, as responses relate more directly to the substantive changes that would need to occur to transform children's lives from their current situation of poverty to one of improved wellbeing and opportunity. Such responses also increase our understanding of the biggest triggers of poverty for children.

Some of the most-cited causes of poverty were 'lack of work', 'alcoholism' and 'problems or conflicts in the family', with domestic violence (between spouses and towards children) seen as a major cause of neglect of children. This suggests that many children see the problem of poverty as intrinsic to the family and its characteristics. As such, many of the

solutions children see would also start at the household level and within families, and extend to services and support mechanisms to which children should have access. Importantly, in children's eyes, the family is at the centre of any change although, clearly, not all the constraints households experience are the responsibility of individuals within it: many are linked to social, economic and environmental factors that constrain their potential.

Other children noted the impact of factors external to the household, from lack of community-level development planning to lack of access to health and education facilities and famine. This highlights their awareness of the context in which they live and the obstacles they see to their development.

Problem Tree Analysis
Girls aged 15-17 in school

What does poverty result in?
What causes poverty?
What is poverty?

Kitgum, Bundigbuyo, Karamoja, Kampala, Mayuge

School drop out, Death, Early marriage, Poor family planning, HIV/AIDS, Gender discrimination, Stress, Prostitution, Illness and Disease, Illiteracy, Domestic violence, Poor climate, Shortage of land, Early marriage, Disease, Raiding of property, Joblessness, Rape, Alcoholic parents, Poor infrastructure, Polygamy, Lack of food, Can't pay school fees, Lack of shelter, Ignorance, Lack of medical care, Lack of land, Lack of money, Unemployment

Table 10 contains responses to the question: 'What are some of the consequences of poverty?' from the perspective of children in two cohorts: those aged 11-14 years and those aged 15-17 years, disaggregated by gender and by locality. This information is critical to understanding how children are affected by poverty and to thinking through the challenges that need to be addressed and how to target the real causes.

Table 10: Children's perceptions of the consequences of poverty

Bundibugyo	
Girls	**Boys**
- You die a beggar. - Parents can't afford to pay fees for children. - You become a thief. - You become a drunkard. - Some people a nuisance in the community. - Eating badly (beans, *posho*). - Parents send young girls to men to get money. - Parents neglect their children. - Parents send away their children from home because they cannot provide for them. - Early marriage. - Poverty makes parents do whatever the mind tells them, like boozing and beating children. - You cannot afford to buy school books. - You cannot concentrate on studies. - Domestic violence in the family. - Children die owing to starvation.	- Parents drink and cannot afford school fees. - Failure. - Children take drugs, especially on the streets. - Parents don't pay school fees for children. - Failure to develop yourself in your community. - Not going to school. - Not working. - Creates children who steal (pickpockets). - Failure to care for self like buying clothes. - Girls sell themselves (as prostitutes). - Children pick and eat things from dustbins. - Death for some children. - Sleeping badly. - No pencils. - Lack of food. - Death. - Poor hygiene, which is not good.
Kampala	
Girls	**Boys**
- Parents have no money to pay exam fees, leading to school dropout. - Parents sacrifice their for money. - Early marriage. - Prostitution among young girls.	- Parents have debts and can't pay school costs. - Children drop out of school. - Not enough food at home. - Alcoholism. - Causes HIV and AIDS. - Can't go to school so engage in child labour. - Child sacrifice, robbery and family neglect. - It also brings street children. - Poverty brings problems like poor shelter. - Low development – poor roads and slums.
Kitgum	
Girls	**Boys**
- People die. - Hunger. - You have a lot of worries. - Early pregnancy. - Early marriage. - You have generally nothing to eat. - No money to pay for school fees. - During menstruation, if you are a girl you cannot attend school because you cannot afford sanitary towels. - Children die of measles, malaria, HIV, AIDS. - No money to buy uniform or books. - Need to think what to cook when there is no food. - Stepmother denies food. - Mother stops me from going to school as she is sick and needs me to stay and cook.	- No education for children. - Death and ill-health. - Stealing. - School dropout. - Child labour (brokers, housemaids). - Abuses at home. - No uniforms for sports. - House without shutters. - Water sources are far away. - Cooking very late. - Fighting, especially when drunk. - Anger. - Can make you think about committing suicide. - Don't have enough to eat. - Jealousy of others. - Alcoholism. - Grass houses.

	• Lack of houses.
Mayuge	
Girls	**Boys**
• Early marriages. • Forced pregnancies. • Children do not go to school. • Violence. • Death of parents. Children left helpless with no source of income. • Lack of food/money to buy food. • Lack of soap. • Homelessness. • Eating from dustbins. • Does not have clothes. • Sleeps in grass thatched house. • Parents have no money for children's school. • Cannot buy soap. • Theft. • Spend all money on alcohol, defile children. • Orphans have to do casual labour to survive. • Some girls become housemaids (some are raped and impregnated by men in the house).	• Deaths. • Famine. • Loss of property through selling. • Theft. • Divorce can lead to child abuse. • Lack of accommodation. • Diseases that are sexually transmitted. • Poor transport facilities. • Dying without treatment. • Suffering in the world. • Stealing. • Orphans sell their land then start suffering because they do not have anywhere to stay. • Lack of help like clothes. • Lack of paraffin in the house. • Sleeping in darkness. •
Moroto	
Girls	**Boys**
• Death – one may commit suicide. • Children leave home – and go anywhere, they go to towns to live and work. • When men employ children/girls, they end up defiling them. • Children are beaten when people employ them. • Eating leaves of wild trees cause diseases. • Hunger makes us steal. • Lack of food. • Lack of school fees. • Death and lack of shelter. • Girls become prostitutes in towns like Jinja and Busia; others serve as housemaids or beg on the streets. • Children have to do 'hard business' – selling pancakes, selling firewood and fetching water for sale.	• Soil erosion. • Wars, loss of life. • Men – early marriage. • Women – drop out of school, some forced to get dowry by parents. • Lack of school fees. • Raiding because of lack of food – I have seen deaths. • Water can bring diseases, dysentery - because there are no boreholes. • It can be dangerous at night – a friend of mine was killed. • Children fetching water during school time.

4 Analysis of the vulnerabilities facing children

'There are dangers of being a house girl – if the wife of the person who has employed you is not there, he may rape you.'
(Girl, 15-17 year olds' PTA, Moroto)

Beyond the seven dimensions of deprivation, children – not only those living in poverty - may face many vulnerabilities, some related to social status and others to social interactions. These include, for example, violence, abuse, neglect, exploitation and abandonment. Poverty can exacerbate many of these factors: families and children may be pressured into adverse coping strategy (such as exploitative child labour); the stress of poverty and lack of opportunities can cause stress among family members, leading to domestic tensions and sometimes substance abuse; and low levels of education may lead to a lack of knowledge of adequate nurture and caring practices required for children.

Drawing by a 11-year-old boy in Kampala

'What I don't like': violence between boys

In addition to studying the seven dimensions of deprivation, we also explored the impact some of these vulnerabilities have on children's lives. They were found to be related to, for example, gender dynamics in the household and the community, being an orphan, having a disability, violence in the community and in the household, sexual abuse, being involved in difficult work and having been a child combatant.

Subsections 4.1-4.3 analyse the vulnerabilities that children said they had experienced themselves or had seen in other children. These reflect a sample of the many risks children face when they lack adequate protection mechanisms in the home, school or community, and how these can affect their physical and emotional development and wellbeing.

Subsection 4.4 explores how children perceived disparities, primarily across four dimensions: wealth, gender, disability and rural/urban location. The information in this subsection was obtained through group exercises on disparities and is complemented by relevant information from IDIs, as many children highlighted how they and other children experienced these disparities in their own lives.

Overall, then, this section has the aim of casting light on the way children experience these risks and some of their causes and to generate information on where action needs to be taken, at the national, local, community and household levels.

4.1   Violence

*'I don't like my father because, why? When he comes back at home after drinking
alcohol, he beats us.'*
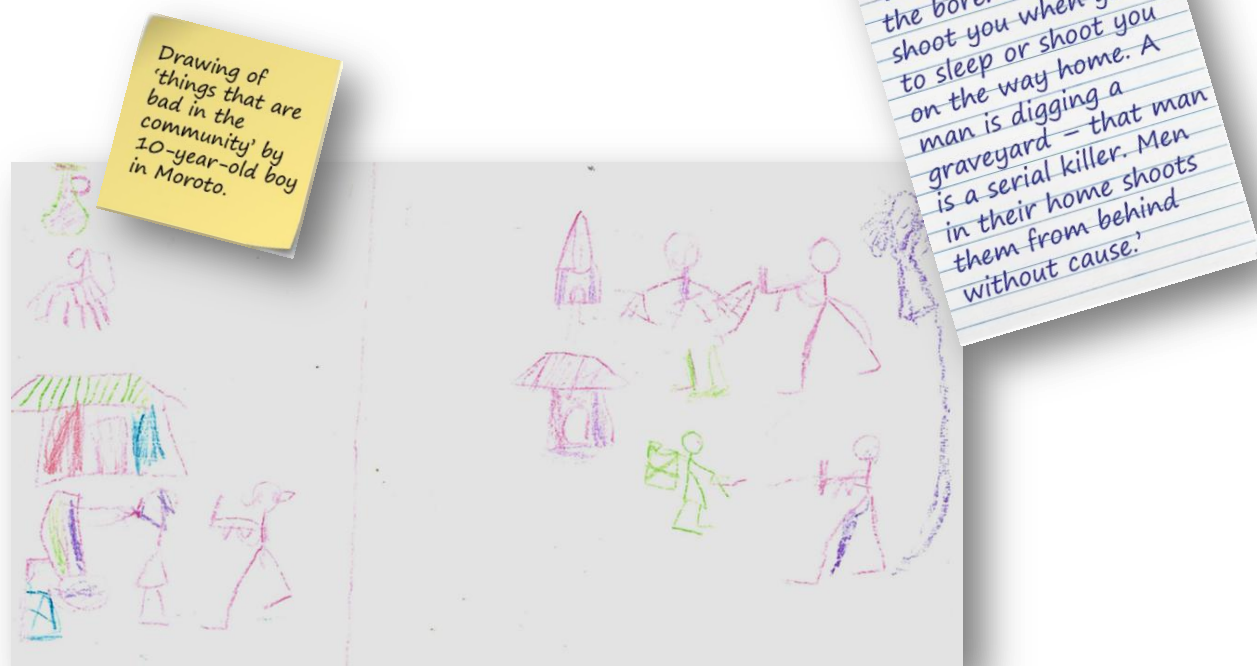*(Boy, 13, out of school, IDI, Bundibugyo)*

Key issues:

• About a third of children in each of the research localities spoke about how they
experienced violence in their home with many of them being beaten by drink fathers

• Many children regularly receive beatings from their teachers which though seen as a
normal part of school discipline, nevertheless made them fearful of going to school.

• Community-based violence, such as neighbour disputes or kidnappings, affects children's
confidence and their ability to reach out and fulfil their full potential.

According to the 2006 DHS, the majority of children in Uganda have experienced some form of
violence in person (UBoS and Macro International, 2007). Some 56% of 15-19–year-old girls
have experienced physical violence, and some 51% of males in the same age group. One study
puts the figure far higher, claiming that 98% of children report having experienced physical
and emotional violence and 75.8% reporting sexual violence (Naker, 2005). The majority of
the adults in the Naker study (90%) agreed that children in their community were deliberately
beaten, shouted at and denied basic needs such as food. However, the adults did not label
these acts as violence but as 'punishment' meant to guide children, which suggests that
violence is not only underreported but also difficult to combat, as it is not fully recognised as a
problem.

Children are also likely to have witnessed domestic violence. In 2006, 60% of all Ugandan
women said they had experienced violence in the past 12 months. Of the women victims, 63%
of married women said that their husband was the perpetrator. Some 30% of married women
aged 15-49 said they had been raped by their husband in the past and 40% had been slapped
(UBoS and Macro International, 2007).

These statistics set the context for presenting children's voices on some of the ways they
experience violence in different settings: at home, in school and in the community.

Drawing of 'things that are bad in the community' by 10-year-old boy in Moroto.

'Enemies shoot you at the borehole; they can shoot you when you go to sleep or shoot you on the way home. A man is digging a graveyard – that man is a serial killer. Men in their home shoots them from behind without cause.'

4.1.1 Violence at home

About a third of children in each of the research localities spoke about how they experienced violence in their home. Violence ranged in terms of type and severity, going from verbal abuse to severe beating. Although children's accounts revealed that parents seem to feel that beating is a form of punishment, children who had been beaten still expressed their frustration, sadness and fear of receiving such treatment.

> *'She can't beat me. But she likes using abusive language' [referring to treatment by stepmother].*
> *(Boy, 14, orphan, IDI, Kitgum)*

> *'When you do a small thing they beat you and abuse you. If you talk about anything about the boy, my uncle's son, the nephew, they just beat you. My sister was sitting and then he talked about [something in the home] and then he was beaten and abused.'*
> *(Boy, 13, IDI, Mayuge)*

> *'I don't like my father because, why? When he comes back at home after drinking alcohol, he beats us.'*
> *(Boy, 13, out of school, IDI, Bundibugyo)*

Several children cited beating at home as one of the things that made them unhappy in their life. An analysis of the different exercises with children allowed us to see that children who did not live with their parents – generally orphans – talked more frequently about experiencing verbal abuse from their caregivers (stepmothers, aunts or others) as well as some forms of psychological abuse (being denied food or being discriminated against compared with other children in the household). However, physical violence or beating was reported most commonly by children living with their parents. In many cases, children spoke about being beaten by drunken fathers (see Subsection 4.3.4). Children in both rural and urban localities spoke about experiencing domestic violence, although a greater number of children in rural localities referred to the problem. Children referred to these experiences with sadness.

4.1.2 Violence at school

Q. 'What about things that she doesn't like here at school or that don't make her happy here at school?'
A. 'Children shouldn't be beaten.'
Q. 'Do they beat children frequently?'
'They always beat children. They beat children, if they come late to school.'
(Girl, 14, IDI, Kitgum)

'Like if you are not going to get up early to fetch water, they beat you up. So if you don't come early to fetch water, the person who beats you is the madam on duty. The madam on duty at school beats you up because you did not fetch water and all that.'
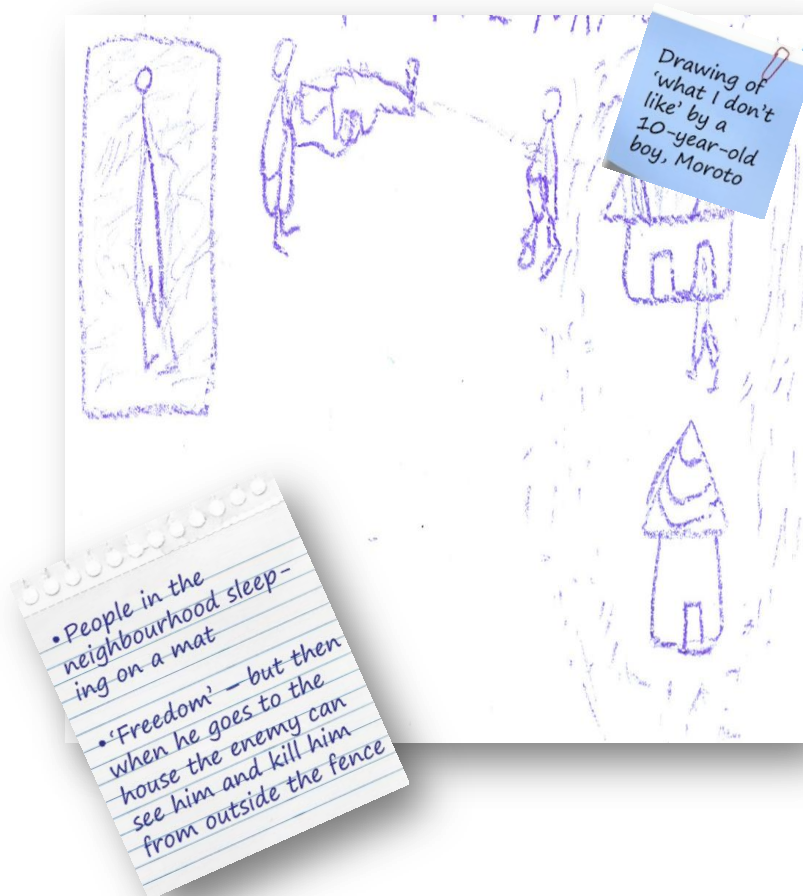*(Boy, 11-14 year olds' PTA, Moroto)*

As we saw in Section 3.1, most of the in-school children participating in the study said that they liked school. Nevertheless, children spoke frequently about school violence, mainly in the form of beating by teachers. Not all children who spoke about teachers beating students had experienced it firsthand, but in most schools – particularly in primary – children seemed to be aware that they risked being beaten if they misbehaved, were being too loud or arrived late to school.

Although a few children said they did not like being beaten by teachers and stated that teachers should not beat students, the majority saw it as a normal part of school discipline, to be faced by students who failed to comply with certain orders. However, children's acceptance of corporal punishment in school does not imply that it is something that they are happy about. It was clear that corporal punishment was one of the few things children disliked about school and that made them feel fearful.

Interviews with head teachers – particularly in primary schools in Kitgum, Kampala and Bundibugyo - corroborated that teachers used this practice to discipline children, as they found it difficult to do so in other ways – that is, they had no knowledge about positive discipline practices.

A minority of children – particularly in urban localities - spoke about bullying. However, they did not speak about it as a form of violence or even a problem. Rather, when responding to questions about children's treatment of other children in difficult circumstances, such as children with disabilities or pregnant girls, they referred to this as making fun of them and teasing them. While school authorities interviewed found bullying to be a problem, children themselves did not seem to be aware of the potential negative impact such verbal violence could have on their peers.

4.1.3 Violence within the community

Drawing of 'what I don't like' by a 10-year-old boy, Moroto

- *People in the neighbourhood sleeping on a mat*
- *'Freedom' – but then when he goes to the house the enemy can see him and kill him from outside the fence*

'When the Bokora [neighbouring community] come, they kill our father and mother then you have no one to take care of you.'
(Girl, 11-14 year olds' PTA, Moroto)

'The raiders can even come straight to your front door to your wife and say "where is your man" – then they say "take us to your goats and cows". The population is reducing very much – life expectancy is very short and the enemy can come anytime, even now kill them.'
(Boy, 15-17 year olds' PTA, Moroto)

Violence in the community was seen as a problem primarily in three localities – Moroto, Kitgum and Bundibugyo – although the nature of violence in each was very different.

The most severe case of community-based violence was found in Moroto. One of the defining features of the Karamoja region as a whole is insecurity: raiders constantly steal cattle and other possessions from households in the community, killing household members if necessary. Children referred to the violence they faced within the community through all the different research instruments as a factor that had had a negative impact on their lives, their livelihoods and their sense of safety. They made it clear that they lived in fear, given the constant threats to their home and family, which shows the consequences of such violence on their emotional and psychological wellbeing.

The voices of children in this locality made it clear how often and in how many ways community-based violence affects children's confidence and their ability to reach out and fulfil their full potential. This cross-cutting issue seriously undermines broader resilience to shocks and stresses, given that households' and children's assets are consistently stripped from them in raids and thefts. Further, many children in the region are orphans, as their parents have

died during violent raids. The fear of violence and raiders came through very clearly during body mapping exercises in Moroto.

Box 1: Body mapping with 11-14-year-olds, in-school children in Moroto: 'What is good and bad in your body?'

Good things
- Brain makes you think of going to school to be educated
- Eyes can see insecurity in an area
- Eyes can see bandits in the community
- Hands are good for writing
- Legs are good as they enable you to reach places
- Legs are good for running from enemies
- Hands are good for repairing boreholes and for fetching water from boreholes
- Your feet make you go to school
- Reproductive system is for reproducing
- Ears can hear news on the radio

Bad things
- Brain thinks of famine
- Brain is jealousy in the community
- Mouth makes bad things when you quarrel with other people
- Hands make stealing, and other people stealing with their hands
- Stomach makes you undisciplined
- Feet make you go on raids
- Reproductive system causes HIV and AIDS
- Ears can hear bad news like fighting in communities
- bad because it makes you think of going on raids
- Creates Good things

This fear has become a way of life in the region, but actions by authorities to bring the situation under control and prosecute criminals are virtually non-existent, so children (and their families) find little respite. Community members, including children, often respond by engaging in violence themselves.

In other localities, children spoke about other forms of intra-community violence – either actual or perceived - including the fear of being kidnapped and killed. Although some local government authorities claimed that the phenomenon of 'child sacrifice' that shook Uganda a few years ago was under control, some children spoke of being concerned about abduction and child sacrifice. For example, boys and girls in the 6-10 age cohort in Kitgum said they had heard of children whose heads had been cut off by kidnappers who had caught them on their way back from school. As a result, they had stopped talking to strangers on the road home. While school and local authorities agreed that this was probably a story parents told children to keep them out of danger, it seems to have built on fears of child sacrifice in recent years.

In Bundibugyo, in two different FGDs, mothers of 0-5 year olds said they preferred fetching water themselves and had stopped children from going, given that children risked being kidnapped for child sacrifice. The accuracy of these accounts could not be verified with the authorities, although it is clear that concerns do exist. Some isolated incidents of child sacrifice have been reported in Bundibugyo in recent years.

Children in Kitgum spoke about another form of community-based violence that caused them distress: quarrels and disputes between households. Children attributed these mainly to land disputes that had arisen after families had returned from IDP camps and settled back into their

communities. Children said that quarrels were aggravated when men got drunk and got into arguments with their neighbours. They expressed some fear about such disputes: more than 10 children – girls and boys – participating in PTA exercises, when asked: 'What makes you happy?', replied 'peace in the community'.

4.2   Sexual abuse and early marriage

'Most parents tend to look at girls as a source of wealth through marrying off the girls and payment of bride price and gifts.'
(Girl, in school, 15-17 year olds' PTA, Bundibugyo)

Key issues:

- From an early age girls feel under threat of possible sexual abuse or assault, including during daily activities such as fetching water or walking to school

- Key informant interviews revealed that child abuse is rampant in some areas, leading to high rates of school dropout due to early pregnancy

- Early pregnancy is common occurrence country-wide, with 159 births out of 1,000 by girls aged 15-18, leaving them open to multiple and overlapping vulnerabilities

- Some girls saw early marriage as negative, and something that would interrupt their aspirations and make them more vulnerable and dependent.

- At least half of the young mothers interviewed said that they did not know they would get pregnant when they went with a man

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'When boys look at our breasts, they think that we are grown-up, yet we are still young – boys have defiled so many girls.'

'Boys use them [fingers] to touch our breasts.'
(Girls, 11-14 year olds' body mapping exercise, Moroto)

During the different participatory exercises in all localities, sexual harassment and abuse, primarily towards girls, came up continually as a major worry. From an early age (generally in the 11-14 age group), girls in Karamoja and Kitgum expressed their dislike of being with boys, as they felt disturbed by them and under sexual threat, including during daily activities such as fetching water or digging or on their way to school.

'The practice of falling in love with men when you are still below 18 years of age leads to poverty because it leads to early marriages, unwanted pregnancy and may lead to infection of STDs such as HIV and AIDS.'
(Girl, in school, 15-17 year olds' PTA, Kitgum)

Children said that girls living outside their home or without the care of parents were under particular threat. For example, for girls working in other people's houses as maids, abuses were said to be frequent, and almost a risk that came with the job:

> *'There are dangers of being a house girl – if the wife of the person who has employed you is not there, he may rape you.'*
> *(Girl, 15-17 year olds' PTA, Moroto)*

Defilement (the abuse of minors, making them lose their virginity) was reported as a common problem in all five localities, particularly by the authorities but also by children and mothers interviewed. Having sex with underage girls is a criminal action in Uganda, albeit one which is seldom prosecuted. Perpetrators include older children, young men and older men in the community.

In Bundibugyo and Kitgum, there were some references to teachers having defiled students. In Kitgum, an official from the Child and Family Protection Unit (CFPU) said that there had been cases of teachers defiling students, but that school authorities tend to block investigations and help teachers 'negotiate' with parents (provide monetary compensation to the family of the victim, which the family often readily accepts). The CFPU had reported some of these incidents to the district education officer, but there had been no follow-up.

Similarly, in Bundibugyo, the district probation and social welfare officer said that child abuse was rampant, especially defilement. This had resulted in a high school dropout rate, especially among girls, who became pregnant very early. However, rather than prosecuting the abuser, parents normally connive with them and marry off the child in exchange for a significant dowry. Defilement sometimes occurs with the consent of young girls – that is, girls agree to 'be' with their suitor even if they do not really know what is about to take place.

> *'Most parents tend to look at girls as a source of wealth through marrying off the girls and payment of bride price and gifts.'*
> *(Girl, in school, 15-17 year olds' PTA, Bundibugyo)*

> *'I was alone in the home, my parents no longer there, even my mother was no longer there, so I stayed alone in the home. Then the father of the baby came and said now, "you are staying alone now, your mum is not here, even your dad is not here, why don't we go and stay together", so I accepted [...] So that is how we moved together. That's is how the issue of the baby came [...] After that we only spent nine months together, then I came back and this time, since my parents were not there, I went to stay with my elder sister at her home.'*
> *(Girl, 16, single mother, PTA, Kitgum)*

Defilement generally results in early pregnancy and sometimes in HIV and other STDs – particularly as young girls tend to have no information on contraception and men do not use condoms. Early pregnancy – which is common, with 159 births out of 1,000 girls aged 15-18 in the country[4] – and single parenthood among girls bring about multiple and overlapping vulnerabilities for girls and their children, particularly because girls have to abandon school and receive no support from the baby's father. This forces young girls into basic and sometimes precarious livelihood activities, and their children grow up in disadvantage, perpetuating the cycle of poverty.

[4] www.unicef.org/infobycountry/uganda_statistics.html#79.

Drawing of 'what I don't like' by 13-year-old girl, Kampala. **Defilement**
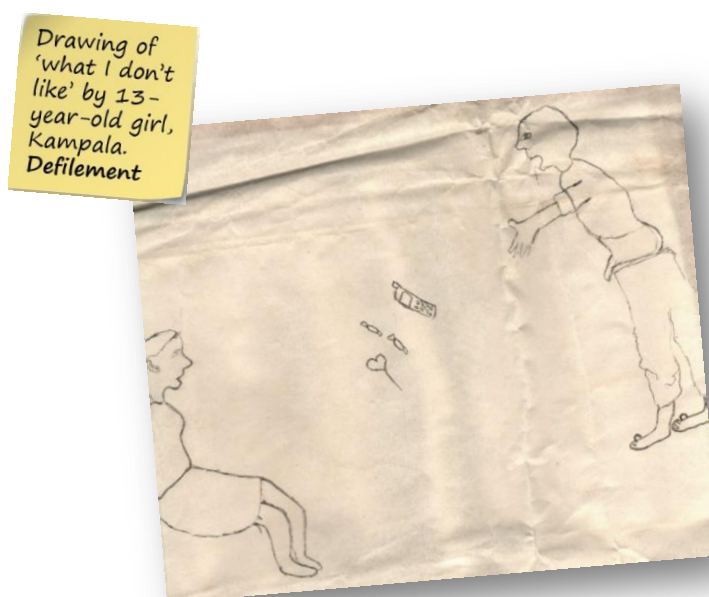
*'When parents don't provide girls with basic necessities such as school fees,
clothes, young men deceive them and say they will provide all needs they want.'
(Boy, out of school, 15-17 year olds' PTA, Bundibugyo)*

At least half of the young mothers interviewed (aged 14-17, with children as old as 3), said that they did not know they would get pregnant when they went with a man, but had decided to do it because they thought it was a way of accessing a source of income. This had often backfired when they were abandoned by the man, with a child and sometimes a STD. As Section 3.1 discussed, the dearth of information available to girls, their limited livelihood options and a social context that undermines their role and value mean they are vulnerable to sexual abuse, early pregnancy and early marriage.

*'I want to help you that stop to marriage because marriage is a bad thing. I think
you are too young to marriage. My friend, please stop. Come back at home. I want
to help your future because it's bad. Come back to go to school, my friend.'
(Girl, 14, letter, Bundibugyo)*

*'Early marriage is very bad. At 11-13 you will get problems in producing leading to
death. Many older men are affected by HIV. They pass it on to young girls.'
(Girl, 15-17 year olds' PTA, Kampala)*

Some girls, mainly those with higher levels of schooling, saw early marriage (which includes not only 'formal' marriage but also young girls living with men) as negative, something that would interrupt girls' aspirations, make them more vulnerable and dependent and, at an extreme, expose them to disease such as HIV from a young age.

*'Early marriage does not cause poverty because you have to go for a rich man.'
(Girl, 15-17 year olds' PTA, Kampala)*

However, not all perceptions of early marriage were negative. Driven by monetary poverty, a minority of girls interviewed and a few of the mothers participating in the research thought that early marriage was rather positive, in that it could allow young girls to enter into a relationship with a wealthier man who would pay for their needs. This position does not consider the risks to girls of becoming dependent on a man from a young age, without pursuing their education or livelihood alternatives that would allow them greater financial independence over time.

Another reason for early marriage and pregnancy, identified mainly in rural communities, was parents' desire to obtain a dowry by marrying off their girls at a young age, to use as a coping mechanism against poverty.

4.3   Children in particularly difficult circumstances

'I had earlier in my life thought of completing my education normally. But after being abducted, I felt I can't continue with normal education but would rather go for a mechanical course.'
(Boy, 17, ex-child combatant, Kitgum)


Key issues:

- Approximately a quarter of the children interviewed were orphaned resulting from causes such as war, violence and AIDS. Orphans often face abuse and neglect by caregivers or guardians and are often discriminated against within the household

- Many ex-child combatants, whose assistance was cut off years ago, are still facing the consequences of their abduction, of their separation from family and community life and of the disruption of their studies

- Many children work to make money to sustain themselves and their household, and often worry about the need to make a living in the future

- Many children noted that high rates of alcoholism by parents in the community had important implications for child protection

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A specific aim of the study was to capture the voices of children who are the most marginalised. Children living in particularly difficult circumstances participated in group exercises and IDIs. Here, we present some of the most salient challenges these children spoke about as having an impact on their lives.

4.3.1 Orphans

In Uganda, almost one in seven children under age 18 (15%) is orphaned, that is, one or both parents are dead. The proportion of orphans in the population has remained roughly the same since the year 2001 but, with a growing population, that means an increase in the absolute number of orphans. According to 2006 DHS data (UBoS and Macro International, 2007), urban children are slightly more likely to be orphaned than rural children (18% and 15%, respectively). The Northern region has the highest share of orphans (22%); within the region, 27% of children from households previously in IDP camps and 17% of children in Karamoja are orphaned. Children in households in the poorest wealth quintile are more likely to be orphaned than those in the second to fourth quintiles (17%), followed by children in the highest wealth quintile (16%) (ibid.).

Figure 4: Children aged 0-17 who are orphaned or vulnerable (%)
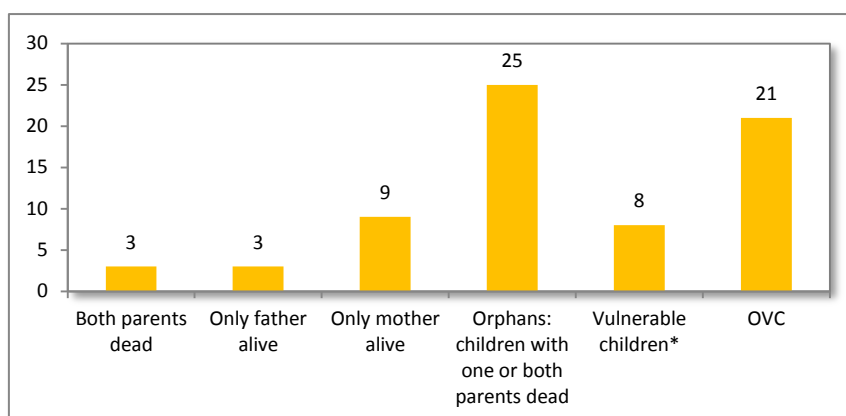
Note: * Vulnerable child = a child who has a very sick parent or lives in a household where an adult has been very sick or died in the past 12 months. A child may be classified as both an orphan and a vulnerable child if a parent is sick and the other has died. Therefore, the orphans and the vulnerable children categories do not add up to the orphans and vulnerable children (OVC) total. Source: UBoS and Macro International (2007).

'I do not have parents. Both my father and mother died. I stay with my siblings; I do the work while the other two have gone to school. Am not sure about when exactly they died, I was too young.'
(Boy, 15, orphan, IDI, Mayuge)

'My mother was killed when I was seven. I have never seen my father – he was the first to die when I was very young. The enemies attacked her. Now I stay with my Aunt – we are seven in the house. The others are my Auntie's children. Sometimes even they chase me away from my home and this gives me psychological torture. When I have worked to get money or brought something home – then they like me. When I bring nothing, they chase me. It is only my Auntie and Uncle who like me.'
(Girl, 14, orphan, IDI, Moroto)

Approximately a quarter of the children interviewed, either through IDIs or in group exercises, were orphaned, [5] with a greater proportion of orphans in Kitgum and Moroto. Causes of parental death were varied: parents of some children in Kitgum had died during the war; in Moroto some had been the victims of violence, killed by raiders; and in Kitgum and Mayuge several children said their parents had died as a result of AIDS –in general, based on children's accounts, disease seemed to be as important a 'killer' as conflict. Several children had been abandoned permanently by one or both parents, in which case their situation was similar to that of orphans.

'We were called from Gili with my sisters from my aunties place. That my mother was dead we should come and bury. After burial we went back to Ujari and when we reached Ujari the aunty we was living with was leaving for further studies. They brought us back and our aunty went for further studies. But when we were brought back our grandmother she was not happy with us. She was talking badly about us. She said our mother was a "harlot", she got us with an ex-soldier who was just moving from place to place […] so she used to abuse us every day [...].'
(Girl, 12, orphan, IDI, Mayuge)

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[5] During random selection for group exercises, there was no specific 'quota' for orphaned children. Participants' living situations came out in discussions, which is where it was ascertained whether they were orphans or not. In addition, at least one orphaned child was chosen for IDI in each locality.

'I live with my stepmother. My mother is away, but my father has died in the war in 2004. I don't know where my mother is now [...] There was no problem before, but this time when my father is not there, the stepmother, whom I am staying with is treating me bad [...] I struggle.'
(Boy, 15, in school, orphan, IDI, Kitgum)

Orphaned children spoke about the numerous challenges they face, ranging from economic precariousness – particularly in the case of children heading households with younger siblings – to mistreatment by stepparents or carers. As the above quotes show, and as discussed in previous sections, orphans face abuse and neglect by caregivers or guardians and are often discriminated against within the household. This can have consequences in terms of their physical and psycho-emotional development. In addition, many children are not supported economically to stay in school or to have their basic needs met, which can diminish their already limited number of opportunities.

Despite the scale of the problem, there is very limited evidence of services or programmes to support these children. None of the orphaned children spoke about receiving government or NGO support (beyond UPE/USE). Only one key informant, the district probation and social welfare officer in Bundibugyo, spoke about a small NGO, SOS Kabarole, which provides some support to approximately 22 orphans in the community, including through a children's home. This was an exception in the localities researched, indicative of the dearth of mechanisms to support the better development of orphaned children, who are among the most vulnerable of all.

4.3.2 Ex-child combatants

It is estimated that, over 20 years of conflict, the Lord's Resistance Army (LRA) abducted over 30,000 children. While many of these children have returned to their communities since the end of the war in 2007, the situation has not always been favourable for their reintegration. Girls in particular face rejection, especially those who returned with babies. In one study, returning child soldiers in the Teso region reported extensive and persistent stigmatisation and rejection by their communities and constant bullying by their peers at school. They also noted that assistance which set them apart from other war-affected children provoked jealousy in the community (Coalition to Stop the Use of Child Soldiers, 2008).

Out of the two research sites in the Northern region, where the conflict took place, only in Kitgum did ex-child soldiers take part in the study. Three participated in PTA exercises with out-of-school children in the oldest age cohort, and one in an IDI. These children told stories of struggle, resilience and challenges faced in reintegration.

'I had earlier in my life thought of completing my education normally. But after being abducted, I felt I can't continue with normal education but would rather go for a mechanical course.'

Q. 'What needs to be in place in order to accomplish your plans?'
A. 'I still need more advice on how to proceed in life ahead of me. I also need additional support from any good Samaritan such an NGO or any person to support me to acquire mechanical skills.'
(Boy, 17, ex-child combatant, Kitgum)

In general, support to these children stopped a few years ago: some agencies, such as War Child, still work with affected groups, but not all children are reached – including the boy we spoke to in Kitgum (see the above quote), who hoped for an opportunity to continue his studies. However, many ex-child combatants are still facing the consequences of their abduction, of their separation from family and community life and of the disruption of their studies and their emotional and psychological wellbeing.

4.3.3 Child labourers

According to Uganda's Multiple Indicator Cluster Survey (MICS), 36% of children aged 5-14 were engaged in some form of child labour in 2008, a figure slightly higher than the 33% average reported for sub-Saharan Africa (UNICEF, 2008). Boys were just as likely to be working as girls. Children are engaged mainly in the non-formal sector, working in bars and restaurants as waiters and waitresses, in homes as housemaids (especially girls), on farms picking tea and cocoa, in mines and quarries digging sand and stones and at construction sites as porters (ibid.).

Results from our study indicated that children work to make money to sustain themselves and often their household (particularly in the case of orphans who head households). In rural areas, common activities included farming in their family's garden or as paid labour in other people's gardens, crushing rocks in stone quarries, tilling/digging the land, working on coffee and cocoa plantations or herding cattle. In urban areas, such as Kampala and Bundibugyo, children reported cooking food/snacks for sale and participation in other forms of petty trade.

> *'I started working at the quarry here this year 2011 because there was no money to buy home requirements. It was my own intention to come and work here at the site. I work and rest at 1pm [...] I buy food at home and the priority for all income I get is food. When I get money I buy sorghum for my family, because my father stays at home, he lost his sight and cannot provide for the family, the mother is also very weak and cannot work.'*
> *(Girl, 15, IDI, Kitgum)*

Some of children's concerns in relation to their present and future included the need to continue working to make a living and, in the case of those heading a household from a young age, to ensure siblings had better opportunities than they had. In some localities, such as Moroto, children are active commercially from as young as five; by the time they reach their early teens, they are highly savvy about market opportunities.

4.3.4 Children suffering the consequences of alcoholism in the household

In the four rural localities, girls and boys in all age groups spoke of alcoholism as a major problem, putting them at risk of abuse, violence and neglect. They said that high rates of alcoholism by parents in the community had important implications for child protection, as illustrated by the quotes below.

> *Q. 'What do you mean when you say that drunkenness of parents causes poverty?'*
> *A. 'Because someone who is drunk cannot plan.'*
> *A. 'Someone who is drunk cannot work.'*
> *A. 'A lot of money is spent on beer.'*
> *A. 'Effects of alcohol: it burns the liver.'*
> *A. 'You become useless in community. People do not respect you.'*
> *(Boys, 11-14 year olds' PTA, Bundibugyo)*

> *'My guardian was a drunkard, one day she suddenly came home and told me that she was unable to pay my school fees any more. I responded to her that I have no problem with her decision – I will sit at home. Since 2008, I have been sitting at home.'*
> *(Boy, out of school, 15-17 year olds' PTA, Kitgum)*

In most cases, it is adult men (fathers or other male members of the household) who consume high levels of alcohol, although a few children mentioned mothers or caregivers also getting drunk. One important factor in alcoholism that many children in different localities referred to

was parents or caregivers spending the little income they had on alcohol rather than on basic needs for the family, particularly school-related costs. Children also spoke of drunkenness wearing down social relations at both the household and the community level, and triggering domestic and community violence.

4.4   Disparities

'Children who are not disabled laugh at those who are disabled. When you find them, you who is not disabled, you laugh at them and say see how he is walking.'
(Boy, 15-17 year olds' PTA, Bundibugyo)

Information on children's perceptions and experiences of disparities across four dimensions – wealth, gender, disability and rural/urban location – emerged in IDIs and PTA exercises. Some of the key issues children raised are captured below.

4.4.1 Wealth

'Better-off children go to boarding school while for us we go to day schools, they eat lunch at school while we do not.'
(Girl, in school, 15-17 year olds' disparities exercise, Mayuge)

Children's perceptions of the differences between poor and better-off children illuminate several issues. First, descriptions of the situation of poor children in disparities exercises usually reflected the problems that children in group discussions and IDIs in these localities spoke of, which means that they generally perceived themselves to be poor. However, there were differences between children in secondary school and those in the same age cohort who were out of school, who already saw themselves as better-off, with more opportunities.

Second, one of the main differences highlighted in all exercises was the ability of those who were better-off to access school and pay related costs. Differences were also highlighted in relation to material possessions, which some of the participating children and adolescents aspired to owning (better houses, televisions, cars).

Third, important non-tangible differences were also identified. Children perceived poorer children to be more likely to engage in bad/risky behaviours such as drinking, prostitution, stealing and drug abuse and to disrespect adults, which they linked to the adverse conditions in which such children live. Poorer children were also described as more likely to face parental neglect. These concerns highlight children's perceptions that poverty trigger risks and limits opportunities.

Comments made by 6-11 year olds during PTA exercises – that better-off children have two caring parents - confirmed that they perceived wellbeing as going beyond material assets.

Table 11: Children's perceptions of the differences between poor and well-off children, disparities exercise, Bundibugyo (out-of-school, 15-17-year-old boys)

Poor children	Well-off children
• They don't get food to eat after school. • Have no respect for their parents so you find them on the streets • They are easily chased from school due to lack of school fees and don't return to school. • Their parents don't bother to take them to school. • Have no basic necessities such as education needs such as books. • Orphans are badly off children – their parents die when they are still at tender age so the orphans keeps moving around doing nothing. • Don't dress well. They normally put on torn clothes and don't get good education. • They don't have shoes and sandals. • They have jiggers. • There is no development at home. • Go to watch videos where they learn bad behaviours. • They do not have both parents alive or they do not live with them.	• Such children get all basic needs they need. Whatever they ask, their parents give them. • When such children are chased from school, they don't tell their parents. • They are given everything they want such as school fees, books, lunch at school. • They easily decide what they want to do in life and which school to go to. • Children are taken to school by their parents. • Parents have a plan for the family. • Their homes (houses) have a pit latrine and bathing shelters and sometime a toilet inside. • These children eat and sleep well. They eat good food such as green vegetables, milk, rice, etc. • They dress well and get good education. They put on clean clothes and shoes. • Parents plan and decide for children. • Children demand for something and he/she gets it in time. • Children respect other people.

On the other hand, not all of the differences identified were in favour of wealthier children. In more than one locality, children said wealthier children had neglected their customs and tended to be pretentious and abusive of their position.

This exercise illustrated very clearly that children living in poverty from a young age know they have more inequitable access to basic services (such as education and health), and that their opportunities are generally more limited than those from wealthier contexts.

Flip chart for disparities exercise, in-school children 6-11 yeares old, Kampala.
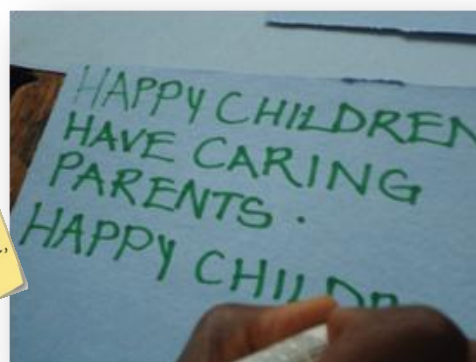
4.4.2 Gender

A wealth of information on gender disparities was collected through the different instruments, from which it was clear that girls (and women) are perceived as having fewer opportunities in general. This is largely a result of social attitudes that compromise their development and perpetuate inequities. Prior sections have already discussed some of these issues.

Gendered social dynamics in the five localities clearly indicated that girls are seen primarily as bearers of children. There is often a very limited vision of what they do and can achieve, which has an impact on their choices and their aspirations. These gendered attitudes develop from a young age. For example, a drawing by a nine-year-old boy in Kitgum of the things he thought were good contained an image of a woman. When asked to explain his drawing and why he had drawn the woman, he replied: 'A girl is good because she produces children'.

Time use exercises with younger children (6-10 year olds) revealed similar issues. Children did not generally talk about differences in roles or workload as a problem, but rather recognised them as part of the way things worked. In most cases, girls have a heavier domestic burden (fetching water, cleaning dishes, helping cook, making beds, helping bathe younger siblings) than their brothers and, as a result, have less time to rest, play or do school homework. Boys are involved in many domestic activities as well, including fetching firewood and sometimes water and sweeping the compound, but some of them said they had time to play in the afternoons while their sisters were preparing the meals or bathing younger siblings, for example. In Moroto, boys are tasked with herding livestock, which is a draining activity. Some of them are pulled into raiding as a dominant male activity, which in this case has a negative impact on them.

Midday/Early Afternoon
Go home
Fetch firewood for cooking
Fetch water
Sweep the house
Wash utensils

Mid morning
Girls sweep classroom/ boys sweep compound
Teacher comes to teach
Children beaten if they misbehave
Sit in classroom and read books
Play for one hour
Go to toilet (outside)
Fetch water
Mathematics

Afternoon
After lunch collect plates and wash the dishes (boys play)
Play until evening

Early Morning
Wash face
Sweep the compound (boys too)
Sweep the house
Eat breakfast
Wash feet
Brush teeth
Go to school

Evening
Bathe
Sweep the house
Help dig outside
Bed

Time-Use Exercise
Girls aged 6-10 years, in school, Kitgum

As earlier sections discussed, many parents feel that investing in girls is a waste of money, as the belief is that they will abandon their studies to get married and have children. However, some girls who had lost parental support to go to school and had become adolescent mothers talked about how they would have done things differently with more support and information on other opportunities. This underlines the need to transform the socio-cultural norms that perpetuate discrimination against girls.

Progress in this area is perhaps best illustrated by the achievements of girls in secondary schools. In all sites, girls in secondary school were subject to worse conditions than boys, for example because they were a small minority (approximately 50 girls in a school of 250 students in Kitgum) or because they had difficult studying conditions (girls in boarding school in Moroto did not have their own sleeping quarters as boys did). However, many of them spoke about persevering in school even if they lost parental support: they wanted to stay away from boys so as to prevent early pregnancy ending their aspirations and to continue to study to achieve their dreams.

'We want to be educated and learn to work for ourselves.'
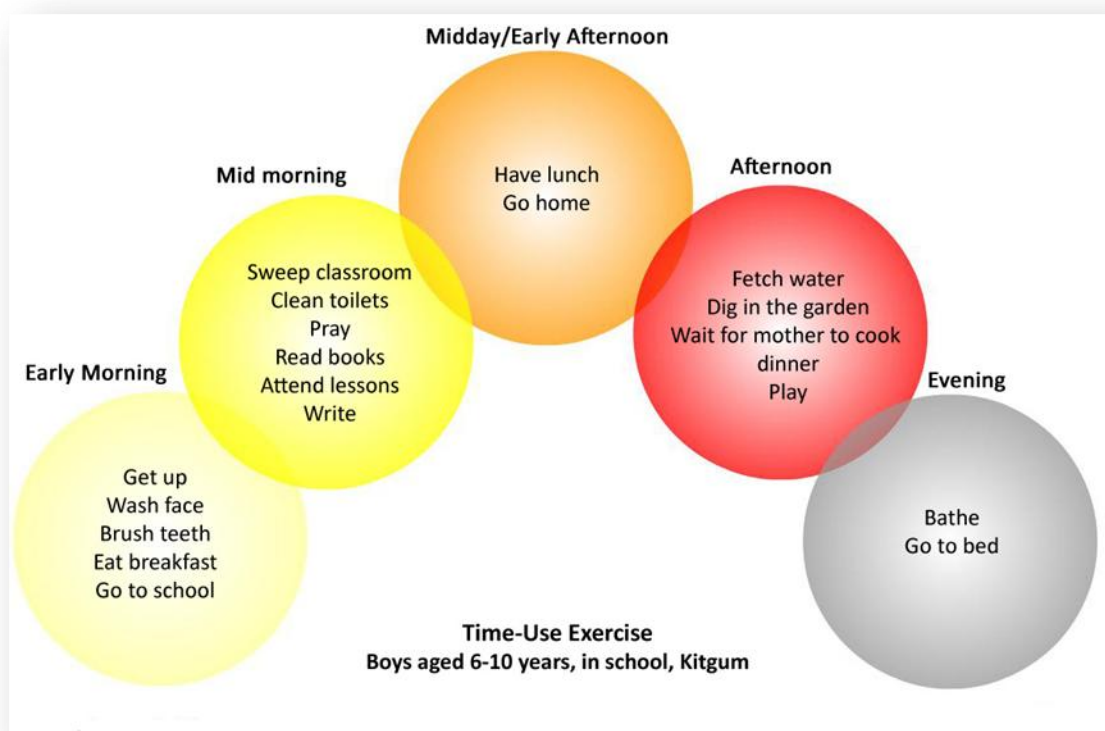*(Girls, in school, 11-14 year olds' PTA, Bundibugyo)*

However, challenges remained for girls who had fewer opportunities and who saw their livelihood choices as limited. For example, many girls and boys spoke about girls, primarily in urban areas, engaging in prostitution as a way to make a living, despite risks to their health and the likelihood of their getting pregnant, as condom use is rare.

Q. 'Why do they join prostitution?'
A. 'That is because their families are not looking for them or caring for them like giving them basic needs. We always see girl prostitutes.'
A. 'Girls from worse-off families persuade boys to give them money because in their homes they are poor.'
(Boys, in school, 15-17 year olds' PTA, Bundibugyo)

Midday/Early Afternoon

Have lunch
Go home

Mid morning

Sweep classroom
Clean toilets
Pray
Read books
Attend lessons
Write

Afternoon

Fetch water
Dig in the garden
Wait for mother to cook dinner
Play

Early Morning

Get up
Wash face
Brush teeth
Eat breakfast
Go to school

Evening

Bathe
Go to bed

Time-Use Exercise
Boys aged 6-10 years, in school, Kitgum

4.4.3 Disability

Disparities exercises did not generate a great deal of information on children's perceptions of the differences between children with disabilities and those without. Children and adolescents mentioned limited mobility and the difficulties disabled children faced in going to go to school. However, more substantial information came from IDIs with children with disabilities, some examples of which are found below. Children were sad about missed opportunities to go to school and have a 'normal life', as well as the verbal abuse and jokes often directed towards in the community.

Flip chart for disparities exercise (perceptions of disability), in-school children, 11-14 years old, Kampala.

I miss school a lot because I was sick for a very long time and could not go to school. Then I also fear walking in public because people laugh at us. Sometimes I thought I was the worst person because I have the highest level of disability. So I fear walking around people because they laugh at us.'
(Girl with disabilities, 16, IDI, Kampala)
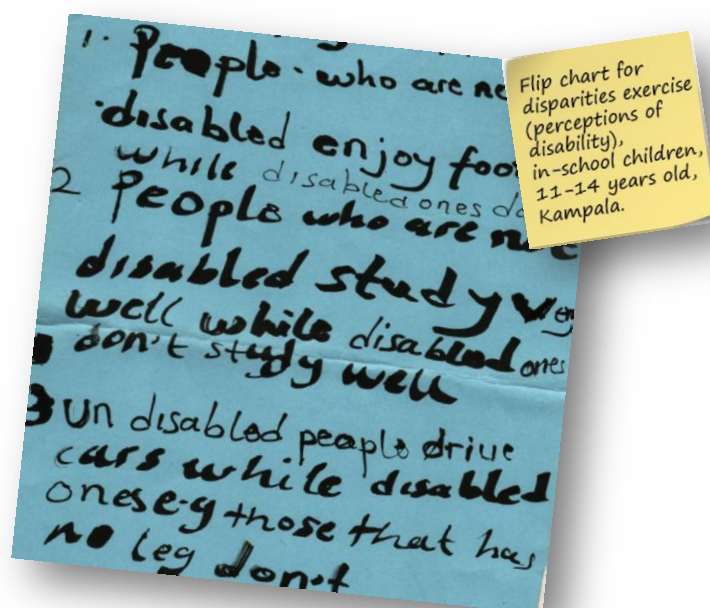
'Children who are not disabled laugh at those who are disabled. When you find them, you who is not disabled, you laugh at them and say see how he is walking.'
(Boy, 15-17 year olds' PTA, Bundibugyo)

'Children with a disability do not play football; children without disabilities enjoy each and every part of their life than us because they can play football; children who are not disabled have girlfriends but I don't because am disabled.'
(Boy, 11-14 year olds' disparities exercise with children with disabilities, Kampala)

4.4.4 Rural/urban location

Children's perceptions of the differences between lives and experiences in rural and urban areas, particularly those of children living in rural areas, highlighted issues that had not been raised in other group exercises or in IDIs. One of the most important, mentioned by girls and boys in Kitgum, was the fact that children in rural localities had no role models to whom they could aspire: they lacked a source of inspiration to shape their lives as youth and adults. This came up particularly in discussions with girls in secondary school, given that they saw very few successful women in their locality:

'In urban areas they have good role models and they imitate them [...] in rural areas the people you could imitate have all migrated and gone to urban centres. Children in the villages are left without good role models. A few of their role models include; officers working with the local government, teachers and nurses.'
(Girl, in school, 15-17 year olds' disparities exercise, Kitgum)

Another interesting perception that was cited in a few group discussions was that the quality of education was better in urban areas. Thus shows an understanding of some of the shortcomings children in rural locations face in terms of development.

As such, quality of education and the need for role models for adolescent boys and girls in rural areas, particularly given that these children have limited access to information from outside the locality, are factors which could be addressed as a means to open children's and adolescents' vision of the opportunities that can be available to them.

Table 12: Children's perception of the differences between rural and urban children, disparities exercise, Kitgum (in-school, 15-17-year-old girls)

Urban children	Rural children
• Listen to radios and sing songs on radio. • Always smart and do not go to the garden. • Have enough clothes and money to buy them. • They bounce while they are walking. • Girls put on trousers. • They neglect culture. • Are driven to school. • The level of education is high.	• Children don't listen to the radio. • They go to the garden. • Respect culture. • Walk long distances to school. • The level of education is low.

5 Children's resilience and the things they like in their lives

'Teachers make me happy because they give me a lot of advice.'
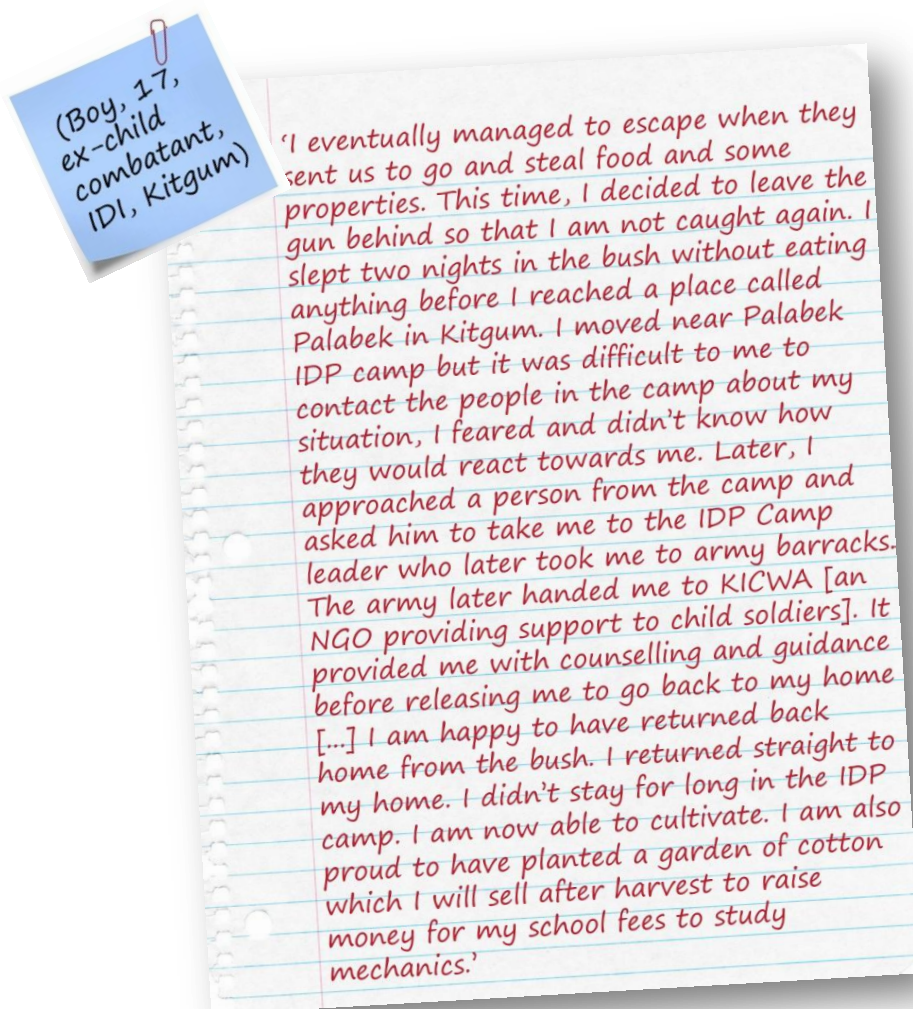*(Girl, 14, PTA, Moroto)*

This section focuses on the positive stories children shared and the things they liked and appreciated in their lives. It also provides some positive examples of resilience by children in difficult circumstances, showing how they have been able to overcome some of the adversities they face and how they see themselves as being part of the solution to their problems.

5.1 Resilience

Some children who had experienced difficult circumstances shared stories of recovery, reintegration and resilience that inspire, showing how much things can change for children if they are given a combination of the right attitude and the right support.

(Boy, 14, former raider but now in school, Moroto)

'My Aunt taught me a lesson about going to school and getting money from burning charcoal – but still I continued to raid while my Aunty told me stop. She bought me a shirt for school and I felt old in the class of younger children, but when we started learning things like mathematics, 1 + 1 = 2, I realised, "hey, this isn't so bad". The Catholic Priest also told me that because I was not baptised, I would be killed in a raid. So I learnt from these problems – such as deaths, cows, going to school – that I would even sell charcoal, sticks, stones and dig foundations and do construction to go to school. I swear that I will never go back to raiding. I'd rather wipe the sweat off my forehead than go to raid for money.'

(Boy, 17, ex-child combatant, IDI, Kitgum)

'I eventually managed to escape when they sent us to go and steal food and some properties. This time, I decided to leave the gun behind so that I am not caught again. I slept two nights in the bush without eating anything before I reached a place called Palabek in Kitgum. I moved near Palabek IDP camp but it was difficult to me to contact the people in the camp about my situation, I feared and didn't know how they would react towards me. Later, I approached a person from the camp and asked him to take me to the IDP Camp leader who later took me to army barracks. The army later handed me to KICWA [an NGO providing support to child soldiers]. It provided me with counselling and guidance before releasing me to go back to my home [...] I am happy to have returned back home from the bush. I returned straight to my home. I didn't stay for long in the IDP camp. I am now able to cultivate. I am also proud to have planted a garden of cotton which I will sell after harvest to raise money for my school fees to study mechanics.'

In both of the stories above, children had been taken on a path in life that made them unhappy, and both had had the vision and the support to make a transformation. As such, the two stories highlight the importance of adequate support mechanisms as a launch pad for change in the lives of children when their attitudes and objectives are aligned to achieve such change. In the first case, the former child raider had support from his aunt and a priest to push him forward. The ex-child combatant was provided with some basic material support from an NGO which allowed him to kick-start his new life. In a context with multiple limitations and few opportunities, aspirations need to be accompanied by a slight push of support, usually from parents, other relatives, teachers, NGOs or government programmes.

In addition to these extreme cases, children shared more everyday stories of resilience. For example, a 15-year-old secondary school girl who participated in the participatory video exercise in Kitgum was living alone with two of her sisters, several kilometres away from her village, in order to be able to continue attending school. She had the support of her parents but also a strong will to do what very few girls in her context were able to do. In this sense, role models or mentors are important. Several children who had been able to make progress and achieve more than the average (e.g. those at secondary school) spoke of having the support of parents or teachers, or of knowing someone in the community who had encouraged them to continue.

5.2   What children say makes them happy

When children were asked what made them happy, the answers that came back were generally very simple: being able to go to school, having the attention of their parents, eating and sleeping well, playing with their friends, fetching water, among many others. There were no large variations in the sites, across the age groups or between genders. Children living in a context of relative deprivation or poverty aspire to having the support of their caregivers and accessing the basic goods and services that they need for their development. Essentially, it would make them happy to see their basic rights being fulfilled.
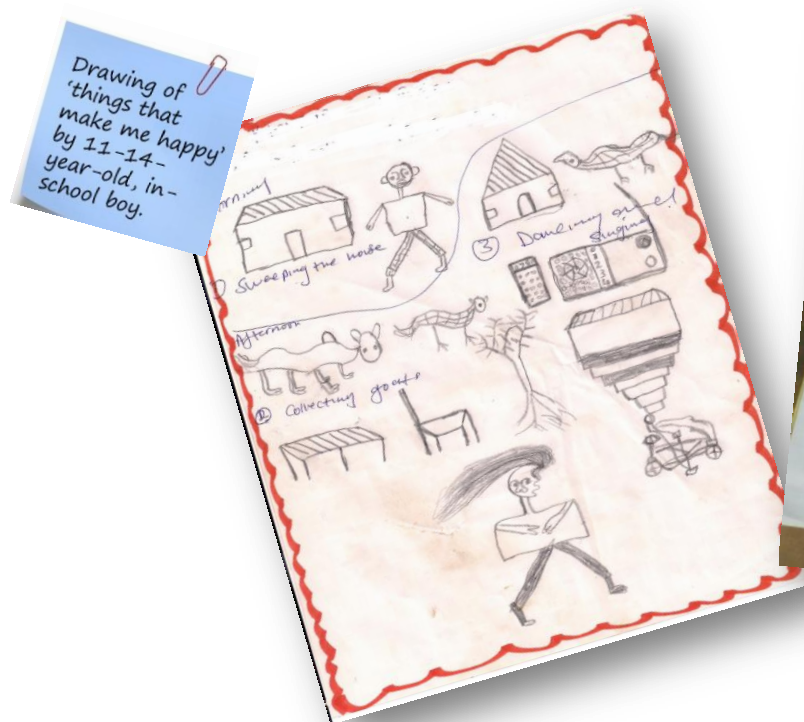
Drawing of 'things that make me happy' by 11-14-year-old, in-school boy.
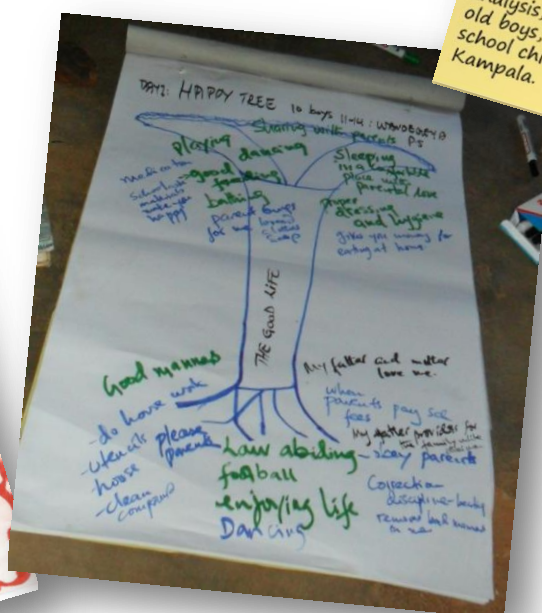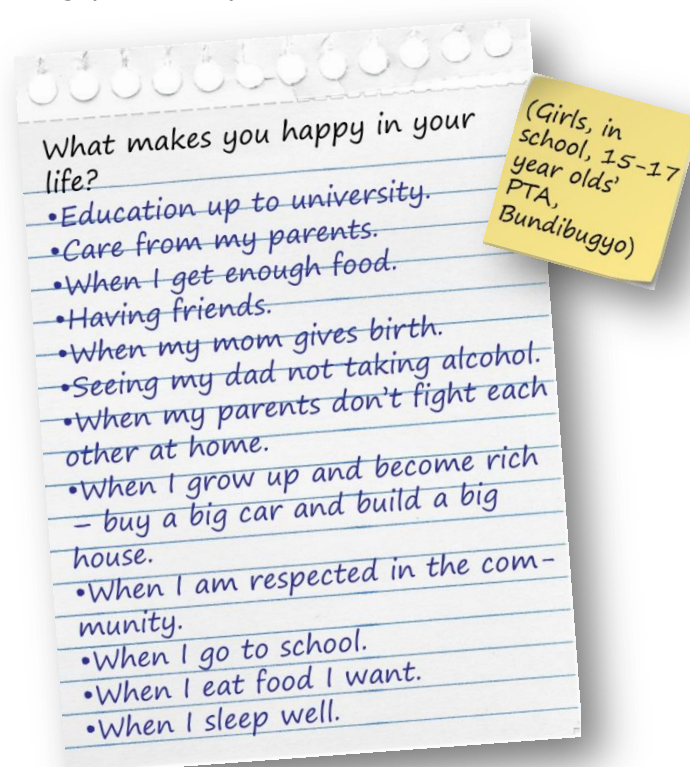
Photo of a 'happy tree' analysis, 11-year old boys, in-school children, Kampala.

'Sometimes I play with my friends [...] this makes me happy. If they buy for me books and pens and buy my necessities she feels happy.'
(Girl, 14, IDI, Kitgum)

'Teachers make me happy because they give me a lot of advice.'
(Girl, 14, PTA, Moroto)

'Digging is good because I can grow my own maize, sell it and earn money, so it is a source of income.'
(Boy, 6-10 year olds' time use exercise, Mayuge)

There were specific responses from children facing particularly adverse circumstances or in particular locations. For example, many children in Moroto said that peace would make them happy. In Kampala, one child said it would make her happy if both parents were together, suggesting the sadness caused to children by family disintegration. Some children talked about wanting more material possessions, such as cars, but these were the minority. Ensuring that children have things that could make them happy is very much linked to the adequate implementation of policies and programmes, for example to allow them to access school and better food. Social problems, such as discrimination, violence and conflict, are larger issues that need to be tackled in a more comprehensive way.

What makes you happy in your life?
- Education up to university.
- Care from my parents.
- When I get enough food.
- Having friends.
- When my mom gives birth.
- Seeing my dad not taking alcohol.
- When my parents don't fight each other at home.
- When I grow up and become rich – buy a big car and build a big house.
- When I am respected in the community.
- When I go to school.
- When I eat food I want.
- When I sleep well.

(Girls, in school, 15-17 year olds' PTA, Bundibugyo)

5.3   Aspirations

Children in the five localities, particularly those in school, had many aspirations to do something greater than they or their parents had achieved in the past. Some spoke about their wish to become a nurse, policewoman/man or doctor when they grew up; others had much deeper aspirations that illustrated not only their real desire to achieve them, but also the fact that they had been thinking about these life plans for a long time – regardless of how distant they seemed, given their current circumstances.

> *'I expect to work very hard and earn some money, because if I earn much money I can get a business and invest money to get more money to help out my relatives and my grandmother. But if I get a chance to go in school I will work also very hard to become an engineer [my biggest dream is] to become and engineer and to go to America and to draw designs of cars. I'm into sketching cars. I want also […] well I sometimes have a problem choosing what I want in life. I sometimes want to design software and sometimes cars, sometimes an architect […] When I was in school I used to ask my teacher different stuff and […] I also watch these inspiring movies which also help me out to have more hope in finding my dream.'*
> *(Girl, 16, out of school, IDI, Kampala)*

> *'I need to go to school. I need a "white" to sponsor me to go to school and I need them to also help me with my songs so that they can be published. I need a place to do my business because I know how to make handcrafts. I also need capital and materials to do those handcrafts because I know them very well.'*
> *(Girl with disabilities, 14, Kampala)*

> *'I want to read hard and reach Makerere University and become a great leader of this country.'*
> *(Boy, 11-14 year olds' PTA, Bundibugyo)*

It is clear that some of the children knew that they wanted to move forward, even though their aspirations were sometimes truncated by the lack of opportunities or resources. For example, many children expressed their concern about needing to have money to pay school costs at each of the different levels to be able to train for their chosen profession. Particularly in letters and during interviews, children often requested some form of support for their studies so that they could fulfil their dreams. At the moment, they lacked the supporting mechanisms to enable them to reach their goals – a stark reality which requires a meaningful solution.

Boys, 11–14 year olds' PTA, Bundibugyo

Q. 'What suggestions can you make to improve the situation of children in homes and communities?'

A. 'Support women with some income-generating activities to enable them support their children to go and stay in school.'

A. 'Provide enough drugs in hospitals (government).'

A. 'Sensitise mothers to improve nutrition or feeding for their children.'

Boy, 12 years old, IDI, Moroto

Q. 'What three things would you change if you were president?'

A. 'Give sorghum seed for agriculture, give food.'

A. 'Pay children's school fees [extras, such as pens, books, uniform] – if not, then everyone will definitely leave, especially the girls as they can go for marriage. Studying while having a boyfriend is a waste of money.'

A. 'I would help the army and teachers and civil engineers (those that prevent accidents).'

A. 'Kill all the warriors who are stealing cows.'

When asked what changes they would make to the community, children of different age groups had very clear ideas about their priorities, which generally corresponded quite squarely with the challenges being faced by the community. Again, one of the recurring issues was school-related costs. Children said that they would do something to ensure enough resources so they could continue going to school (e.g. payment of fees or provision of income support to households so they could provide for their children).

Children's responses showed that they valued community life and the wellbeing of those around them, and that, if they had the opportunity, they would improve access to services, food and other basic necessities. Children did not talk much about how they could actually contribute to these changes themselves: in none of the localities are there spaces for children to become engaged or participate in the community to express their perspectives on what children need or to propose ways in which they could contribute to improving the situation. In general, children's ideas were based on hypothetical scenarios – perhaps because they were aware that, in the current circumstances, it is only adult decision makers who can influence such changes.

6 Conclusions and recommendations

6.1 Conclusions

The aim of this research study was to hear what Ugandan children in poverty had to say about their lives in general, and more specifically about their experiences of poverty, including in relation to seven different thematic areas: education, health, food, water, sanitation, shelter and information. It also sought to identify other vulnerabilities and risks facing children, and what mechanisms –formal or informal – children can draw on in order to improve their situation. By exploring an often forgotten perspective on poverty and vulnerability – that of children themselves – the study hopes to be able to inform better policy and programme design and community initiatives that can help tackle the real concerns facing children.

The study documented a broad range of Ugandan children living in a situation of poverty, and found that, while the contexts in which children were living resulted in very different life experiences, there were also many similarities. For example, in all five localities there was an almost unanimous positive perception of school and a strong desire to study, at least to complete primary school and, for many, to continue to secondary school. Differences were related to the livelihood activities, customs and traditions that shaped the ways children lived their lives, and the access to information children had in rural areas (very limited) versus urban areas (more substantive), which might influence their knowledge and their aspirations.

Issues of primary concern to children included access to and affordability of schools (despite the UPE and USE programmes, schooling still requires monetary contributions from children, who are often unable to afford them and are thus unable to attend); income poverty in the household; and insufficient food to eat. Gender disparities were clear in both urban and rural sites: girls across the different age groups said that they felt at a disadvantage to boys, as a result of cultural norms dictating that they should marry or give birth at an early age, curbing their potential and opportunities. Other difficulties children spoke about included their exposure to violence in the household, school and community and, in some cases, the damaging attitudes of parents or caregivers, who abused or neglected them, undermining their development.

Children in particularly difficult circumstances, such as orphans, children with disabilities, adolescent mothers, labourers and victims of violent exploitation (such as former child raiders and ex-child combatants), faced particular challenges – similar to but bigger than those experienced by other children and aggravated by the near-absence of support mechanisms at the community, local or district government level. Some had heard of programmes providing support to different types of children, but these had generally already wound down or did not reach their community. This illustrates that, in some areas, government, NGO and even community protective mechanisms are inadequate to address the realities on the ground. Government systems that seemed to work relatively well for those who were able to use them included UPE and USE and subsidised health services (despite some persistent cost barriers).

It was clear from children's responses – particularly when they were asked to speak more comprehensively about 'poverty' – that challenges in the community, in the household, at school and at the individual level are often combined, trapping them in a cycle of poverty as they grow and develop. For example, children work to pay school costs and to contribute to food in the home, but still have an inadequate intake of food which does not allow them to concentrate at school. To break through these overlapping challenges, one of the challenges for policymakers lies in the creation of child-sensitive safety nets and the promotion of local economic development so that households can find steadier income-earning opportunities that are more favourable to children.

We also learned about what made children happy, how they had developed resilience and what they aspired to. This information can help us to understand some of the ways children can overcome challenges, and therefore contribute to ideas for possible support mechanisms to

help children reach their goals. These might include, for example, disseminating more information about existing programmes and opportunities for children; supporting successful adults to become role models and mentors for children to push them to progress (particularly needed in the absence of parents); and developing community-based child protection networks to ensure children who are victims of abuse can receive some support. Children's opinions were clear on this: improvements are needed at all levels, from the individual and household level right up to the way policies are implemented, to guarantee fulfilment of their basic rights.

6.2   Recommendations

Based on the evidence collected during the study, we propose four main policy recommendations:

- Enable children to continue to access education, either by effectively abolishing fees and other costs and ensuring schools receive additional government assistance to cover such foregone resources, or by developing social protection/safety net mechanisms oriented towards guaranteeing children's schooling that can reduce the level of household income poverty, enabling households to cover school costs.

- Promote community cohesion through mobilisation and outreach and the development of groups to help disseminate useful information, including on more sustainable livelihood practices, better nurture and care practices for children, the importance of promoting girls' development, family planning, among other issues.

- Strengthen existing child protection mechanisms, such as the CFPU and the probation service – currently understaffed and under-resourced and unable to cope with the challenges children face. Adequate referral pathways should be available for mothers and children facing physical and verbal violence.

- Increase the penetration of critical information: many of the changes needed to improve the situation of children relate to the need to transform attitudes which currently hinder children's equitable development and the implementation of programmes and even laws. Increasing the availability of radios so people can listen to educational programmes is one of the ways this can be done.

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Appendix 1: Methodology

Ethics in conducting research with children

In order to adhere to ethical standards of conducting research with children, the team followed the following principles, which were reflected in the training manual developed for this project and provided to each of the members of the research team:

Avoiding harm to participants: Children and young people should not be put at any risk because of saying what they think or because of speaking out.

Child protection: Children must be supervised at all times to keep them from any risk or danger. Children's identities, such as their names, photographs and physical addresses, must not be given out in situations where this could put them at risk. Permission must be sought to use children's photographs or any information they give.

Informed consent: Children should be given enough information about what they are going to do. The information given to children should be easy to read and understand, so they may choose to take part or not. Children must fill out and sign a simple consent form.

Confidentiality: Information from children must be presented in ways that will not put their lives at risk or in danger and, in general, the study will not disclose the identity of children participating, except in the case of participatory video and photo, for which there will be specific consent.

Research tools

In order to explore multiple dimensions of poverty, deprivations and vulnerability, the research drew on a set of thematically structured instruments, as well as open-ended tools to capture the voices of children about their lives and experiences with fewer or no prompts.

Thematically structured qualitative research tools were centred around the seven dimensions of deprivations: education; health; food/nutrition; water; sanitation; shelter and information. Researching child poverty in relation to these thematic areas was carried out through analysis of children's vulnerabilities and disparities. By looking at cross-cutting dimensions of vulnerability, we sought to understand why children experienced one or multiple deprivations and what the consequences were in their lives, as well as identifying what pathways children saw to improve their situation. To be able to explore the multidimensionality of poverty, we ensured instruments utilised with each age group, when analysed together, were able to capture a wealth of information on children's views and vulnerabilities in relation to the different thematic areas.

Open-ended participatory research tools were aimed at getting children's views and enabling them to express more openly what poverty meant to them and how it affected their wellbeing, without guiding the discussion in terms of thematic issues. Some of the messages conveyed by children through the open-ended tools converged with the thematic areas indicated above; some of them did not. They captured a broader vision of what poverty meant to children of different ages and backgrounds and how they experienced vulnerability and (lack of) wellbeing.

To complement research with children, we undertook a limited number of key informant interviews to understand the context and communities' perceptions of children and their wellbeing and to obtain additional information about the mechanisms that exist (or do not exist) to improve the situation of children.

The originally proposed methodology was presented in the inception report and included a number of possible qualitative and participatory tools to draw on in the research. Based on discussions with UNICEF and other members of the project's steering committee, as well as feedback from the team's child participation experts, a smaller number of tools were selected to better reflect the reality of the timeline for conducting research and the complexities of identifying and mobilising respondents on the ground. The final research plan for each of the five field sites consisted of the following tools:

Use of qualitative, participatory and multimedia methodologies with different age cohorts per district

Cohort	Instrument	Type of tool	Number
0-5	FGD with mothers/caregivers	Qualitative/thematic	1 (2 in some cases)
6-10	Time use exercise	Qualitative/thematic	2 in school (b/g) 1 out of school (mixed)
6-10	Drawings	Participative/open-ended	2 in school (b/g)
11-14	PTA	Qualitative/thematic	2 in school (b/g) 2 out of school (b/g)
11-14	Letters/stories	Participative/open-ended	2 in school (b/g)
15-18	PTA	Qualitative/thematic	2 in school (b/g) 2 out of school (b/g)
15-18	FGD on disparities	Participative/open-ended	2 in school (b/g)
11- 18	IDI	Qualitative/open-ended	4 mix of b/g
13-18	Participatory photography	Participatory/multimedia/ open-ended	2 sessions, in school b/g
15-18	Participatory video	Participatory/multimedia/ open-ended	2 sessions, in school b/g
	Key informant interviews	Qualitative/thematic	4 (2 sub-county/2 district)

Given the nature of participatory research with children, whereby there needs to be some scope for last-minute adjustments and capacity to respond to the specific requirements of the children involved, we allowed some flexibility to research teams. Under the guidance of the team leader and the child participation specialist, teams were able to adapt some of the tools to ensure that children were made to feel comfortable and to engage in a meaningful exchange with them.

As a result, two additional tools were used: body mapping and group storytelling, which complemented the other tools. Body mapping consisted of drawing the figure of a child on a flip chart and asking a group of children (separate groups for girls and boys) what positive and negative ideas or thoughts they linked to each part of the body, starting with the head or the brain and ending with the feet. This tool is useful to obtain information related to children's daily activities, as well as about specific protection risks they face.

In group storytelling, children were asked to tell a story about anything they could think of to the rest of the group and researchers. This substituted for the 'letters', as many children in some rural contexts, for example in Kitgum and Moroto, could not write or found it difficult to do so, preferring to tell their story verbally. To promote confidentiality, children were asked to create fictional stories about children, rather than to draw on stories from their own lives, although many of them included personal episodes in the stories they told.

In some other sites, letters were an effective channel for children – especially for girls in Kampala – to express deep personal concerns, especially related to protection issues, such as real or imaginary stories of being harassed by male members of their community or being offered money (to pay for school fees) in exchange for intimacy.

Multimedia component

The multimedia component comprised video and photography activities led by children between 15 and 17 years old in each site. Typically, the team leader selected one boy and one girl (although pairs were selected in some sites) based on practical criteria such as the child's active participation during other group exercises and his or her interest in taking part in

participatory video/photography activities. The main objective was to encourage children to tell us what was important to them in their daily lives and to take a lead role in showing us their lives and their expectations for the future.

The results of the video exercise were not homogeneous because they depended heavily on the child's personality and desire to share what they liked or disliked about their lives. In some cases, such as in Kampala, children wanted to show their house, neighbourhood and family. In both rural and urban settings, schools played a central role, as a key place around which everything else was organised.

We chose to work with adolescent children who were in school (not out of school), and this established some particular parameters for the kind of topics and places selected by the children shooting the videos and taking the pictures. It was interesting to find that they had little difficulty taking control of the situation, guiding us to key issues related to the environment (e.g. pollution and sanitation, deforestation, availability of water, etc.) as well as choosing to be in the videos and the pictures, posing in their favourite places (with their school mates and members of their family in their home).

In most cases, children chose to show us what they felt proud of, and in both urban and rural areas they used schools as a point of reference for what was seen as well structured – a place where they can relate to, and learn from, others.

One of the key findings of this participatory exercise lay in discovering how much children are aware of and know about key issues affecting their security, health and opportunities for the future. In several cases, they told us about potential threats to their health (e.g. pollution, garbage disposal and lack of sanitation in Kampala; limited number of trees providing shade; traffic accidents in the road next to the school in Bundibugyo); issues relating to their and their family's safety (e.g. in Karamoja the need to build fences to protect them from enemies and to protect their cows); their local economy (e.g. local markets and other economic opportunities such as brick making, agricultural activities, gambling and young people); and the availability of community services (water tanks, flour mills, health services) and school facilities (laboratories, bathrooms, playgrounds in school, etc.).

Finally, children who took part of these exercises gave us a clear picture of what they were missing and the threats and risks they faced. This is valuable information to guide a more inclusive profile of poverty, one which incorporates children's points of view. These results show the potential added value of including innovative methods with a more explicit contribution from children, and they also allow us to consider what we may find when we use these participatory methods with children out of school. This could be a later undertaking.

This narrative report is complemented by three documentary videos prepared using the multimedia material collected during fieldwork in the five sites as follows: 1) a video made up of participatory videos, led by five boys and five girls in Uganda, about their daily lives and what is important to them; 2) a video presenting the qualitative and participatory methodology used to hear the voices of children (includes audio media from IDIs and FGDs; and 3) a video on some vulnerabilities children face that can be presented using pictures, audio media and letters.

Appendix 2: Description of research tools

FGD – mothers of 0-5 year olds

Objective: To obtain information about the care, wellbeing and situation of 0- 5-year-old children, rather than of the caregiver/mother herself, although there is an obvious overlap in some of the questions. FGD instruments (questions) touch on thematic areas that relate to the seven dimensions of deprivation (Bristol Indicators), with questions made short to avoid an excessively long FGD. Analysis will capture gender differences as well as other vulnerabilities that can cause deprivations.

Time use exercise – 6-10 year olds in school (boys and girls separately) and out of school (mixed)

Objective: To learn about the allocation of children's time (for both those in and those out of school) to understand how they spend their day (e.g. workload at home, school, playing). This is merely an entry point to discover whether the activities reveal their vulnerabilities, for example being obliged to wake up very early to carry water or having a proper breakfast before going to school. Though this exercise, we will also explore what young children like and don't like doing as part of their daily routine and why. Issues identified are likely to link to thematic areas.

Drawing exercise – 6-10 year olds in school only

Objective: To capture what children are thinking about, as they can sometimes better transmit ideas, aspirations and fears through drawing. This instrument is one of the 'open-ended' (not thematic) exercises, so only minimal guidance on what to draw will be provided. Children are first asked to draw things that make them happy and afterwards, on a different piece of paper, to draw things that make them unhappy. Children will then record their own explanations of the images they drew on the Dictaphone, so that the interpretation of the drawing is their own.

PTA analysis with 'happy tree' – 11-14 year olds and 15-18 year olds (separately)

Objective: Based on the principles of an FGD with some specific prompting questions to gain an understanding of poverty (causes and consequences) and how it is expressed in children's lives. A series of thematic prompts relate the discussion to the seven deprivations, while also exploring other areas of vulnerability, depending on responses, using more open-ended questions. After the PTA, researchers facilitate a 'happy tree' to identify issues that make children happy in their lives.

Letters/stories – 11-14 year olds

Objective: To obtain this cohort's 'open-ended' views of their situation and their perceptions about things that matter to them (personal or in the community) – so guidance about what to write or talk about should be minimal. This might mean that some children may say some very useful things for the research and others may not. It is important not to influence what they talk about.

Group discussion on disparities and inequalities

15-18 year olds (mainly in school, but can also be used with out-of-school children if enough groups are identified)

Objective: To capture the inequalities and disparities children may perceive. This includes the information and level of knowledge they have on other standards of living and what they perceive that 'better-off' households can do, but also explores perceptions of other dimensions of disparities including gender, rural/urban factors and disabilities.

IDIs – 11-19 year olds

Objective: To obtain detailed information about children's lives and experiences. In this case, we focus on children who are in a specific situation of vulnerability and who would like to tell us more about their situation. This will provide rich information about challenges facing children in particularly difficult circumstances, as well as possibly telling us something about their resilience and capacity to overcome such situations. IDIs are based on a life-history technique, exploring issues in the lives of children that have influenced their current situation, for good or for bad, and their perceptions about these factors.

Participatory photo and video sessions

15-17 year olds (although 13-14 year olds can be considered for photo sessions if you find a particularly good candidate)

Objective: To obtain first hand visual and audio information about what children think is important in their lives (both good and bad). This exercise requires at least four hours per photography/video session. It can be done simultaneously, with different members of the group leading on photos or videos with different children.