

Adolescents' Experiences in Refugee Settlements and Host Communities in Uganda

Multi Sectoral Needs Assessment
(MSNA)

January 2025

REACH Informing
more effective
humanitarian action



UNHCR
The UN Refugee Agency



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A light gray world map is centered on the page, overlaid on a background of a light gray geometric pattern of interconnected lines forming various polygonal shapes. The map shows the outlines of continents and countries. In the center of the map, over Europe, the number '01' is written in a bold, red, sans-serif font.

01

Objectives and Methodology

Context

1,820,478

refugees and asylum-seekers in Uganda, making it Africa's largest refugee hosting country.

91%

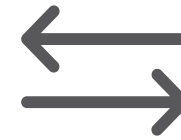
of refugee and asylum-seekers live across the 13 formal settlements in Uganda.

54%

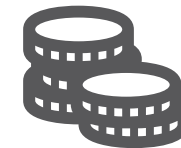
of refugees and asylum-seekers in Uganda are under 18 years old.

37%

of refugees and asylum-seekers in Uganda under 18 years are under 12 years old.



Shifts in Uganda's humanitarian landscape since the last MSNA in 2018: funding challenges, WFP categorization and disease outbreak



91% of refugee households were categorized as being highly economically vulnerable in the 2019 Vulnerability and Essential Needs Assessment (VENA)

Source: UNHCR, OPM, Uganda – Population Dashboard as of 31 October 2024, 2024.

Objectives

MSNA: protection, healthcare and education for children (quantitative), but remains limited

MSNA questions targeted at head of households (HoHs) (or someone that can answer on behalf of the HoH) (adult 18+)

Settlements and displacements can affect development of children (cognitive, emotional, social, etc.)

Literature gap: existing studies often miss children's viewpoints

Children's voices and perspectives on issues that affects them are not sufficiently captured. Data collection often relies on the perspective of the parents/caregivers

Addition of qualitative research focusing on children's well-being across key sectors, aiming to provide a deeper understand of children's vulnerabilities and experiences

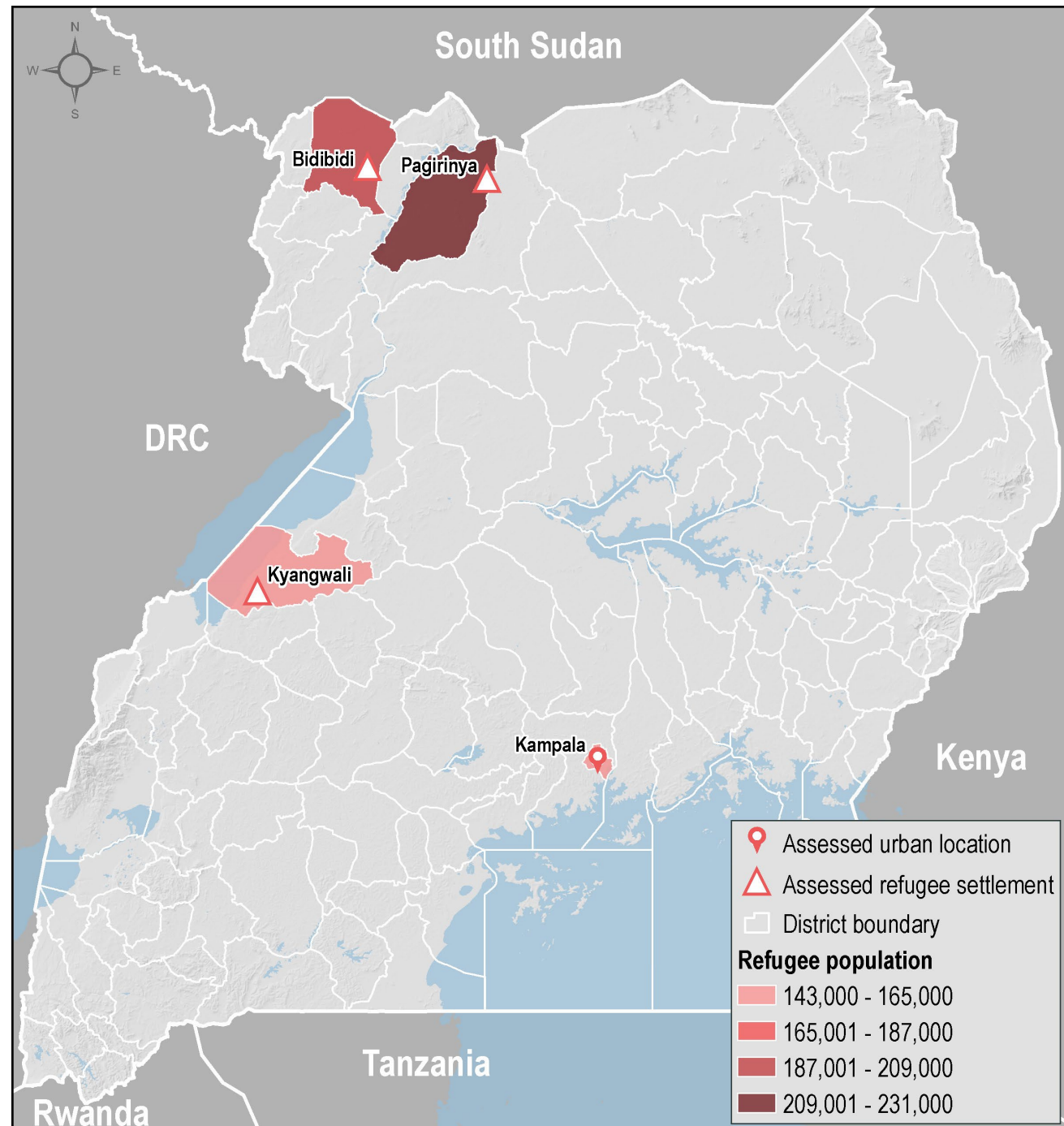
Research Questions

1. What are the main **protection** needs of refugee/host-community children and adolescents, including separated children?
2. What are the main **education** needs for refugee/host community adolescents and children, including separated children?
3. What are the main **risk and protective** factors influencing the well-being of refugee/host community children and adolescents, including separated children?
4. What are the main **health** needs of refugee/host community children and adolescents, including separated children?
5. What are the current **livelihood** needs for refugee/host-community adolescents, including separated adolescents?

Methodology



- Mixed-method approach:
 - Qualitative component in collaboration with **Plan International Uganda**, leveraging on their expertise and extensive experience working with adolescents in Uganda
 - Quantitative component drawing on secondary data from three surveys
- **Adolescents' definition:** according to UNHCR as individuals aged 10 to 19 years old.
- 46 FGDs with both refugee and host communities across **Bidibidi**, **Adjumani (Pagirinya)** and **Kyangwali**, and neighborhoods in Makindye in **Kampala** with a high concentration of refugees



Methodology

QUALITATIVE

46 gender-separated FGDs

- 7 FGDs with adolescents aged 10-12
- 9 FGDs with adolescents aged 13-15
- 14 FGDs with adolescents aged 16-19
- 16 FGDs with parents and caregivers

+ 7 KIIs

experts in protection and
education

QUANTITATIVE

3 sources

- The IMPACT-REACH 2024 Uganda Multi Sectoral Needs Assessment
- The IMPACT-REACH 2022 Child Protection Assessment in Refugee-Hosting Districts
- The Ugandan Humanitarian Violence Against Children Survey (HVACS)

Methodology

- Locations chosen based on Plan International's presence, expertise, and capacity to cover the largest settlements in northern and western Uganda.
- Tailored tools (semi-structured questionnaires) and activities were developed by IMPACT-REACH for each group, in collaboration with Plan International.
- Tailored activities were developed for the children aged 10 to 15 years old to facilitate participation.
- Data collection occurred between 24 August 2024 and 13 September 2024, during school holidays, to avoid disrupting children's education.
- Data was not collected among host communities in Kyangwali due to security reasons.
- Only 7 KIIs were conducted instead of the planned 8 due to mobilization challenges in Kampala.



02

Key Findings

Key Findings



Financial barriers, peer pressure, and limited resources (e.g., food or school material) hinder education for refugee and host community adolescents. Poverty limits affordability of school fees and supplies, while cultural norms often prioritize boys' education. Girls face added challenges like **child and early marriage**, pregnancy, domestic duties, and inadequate menstrual support, further contributing to absenteeism and dropout rates.



Adolescents across refugee and host communities face **gender-specific protection risks**, with girls being more vulnerable to sexual violence, exploitation and child and early marriage, while boys are more vulnerable to physical harm from hazardous labor, peer pressure and recruitment into risky behaviors, all worsened by unsafe environments and limited protective services.



Adolescents engage in both domestic and income-generating activities. **Balancing these demands leaves many adolescents stressed and with fewer opportunities for personal growth.** Girls focus more on tasks like cooking and cleaning, and boys take on tasks such as digging, cattle herding or bricklaying. These responsibilities often conflict with education, leading to irregular attendance or dropout, and less time for social or recreational opportunities.

Key Findings



Access to healthcare was reported as being limited for adolescents due to **financial constraints, discrimination and inadequate infrastructures**. Several participants advocated for more female healthcare providers and gender-separated services. Across communities, adolescents emphasized the need for specialized youth programs and dedicated adolescents' wards to address their unique health issues.



Adolescents' mental health is impacted by **neglect, bullying, unmet needs, and academic pressures, leading to stress, isolation, and low self-esteem**. Many turn to peers, recreation, or unhealthy coping mechanisms like substance abuse, while gaps in mental health services leave them vulnerable to long-term emotional challenges. While some participants mentioned a few support systems in the settlements and urban areas, **others expressed the need for more support regarding adolescents' mental health**.

For more details and findings specific to location, gender and age-group, please consult the published [qualitative analysis](#) and [report](#) on [IMPACT Resource Center](#).

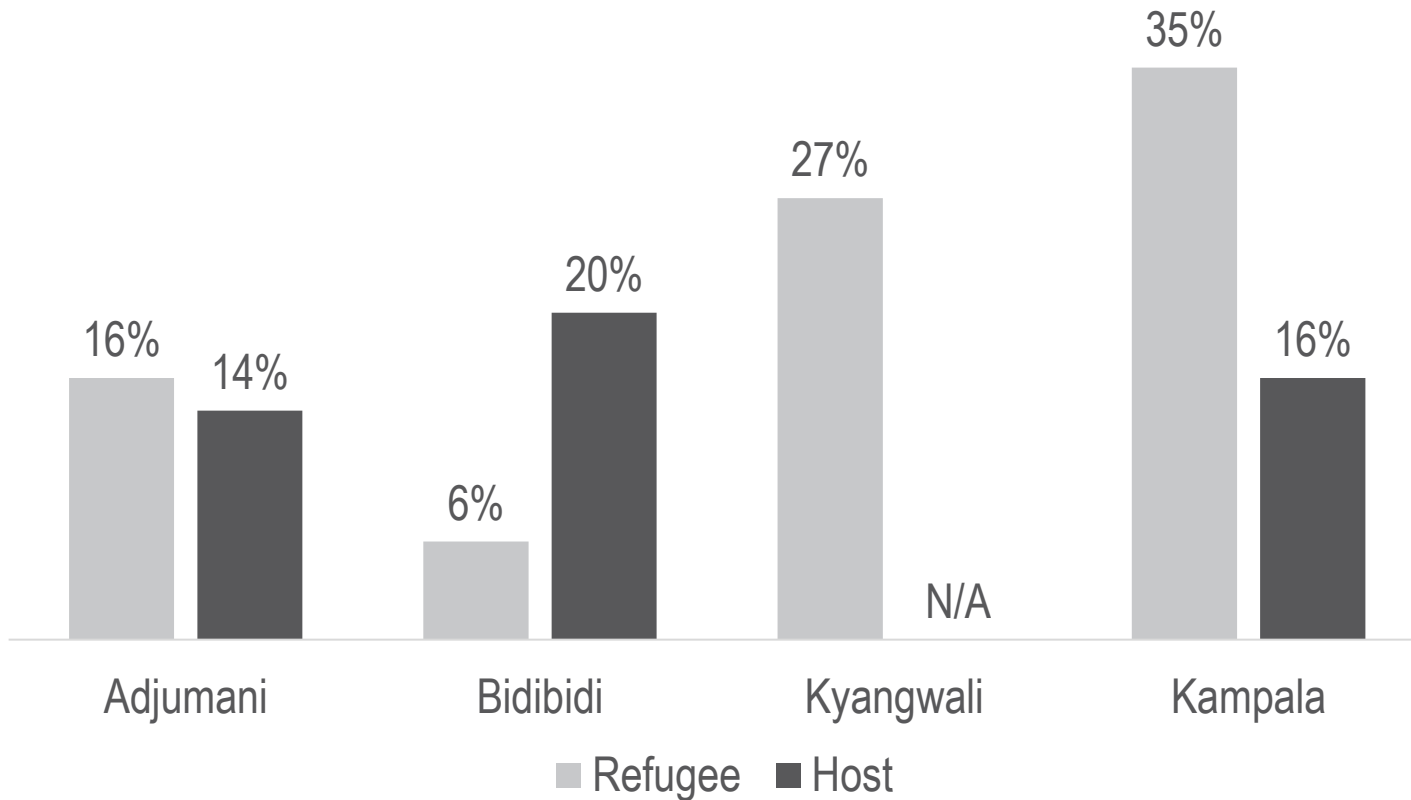
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03

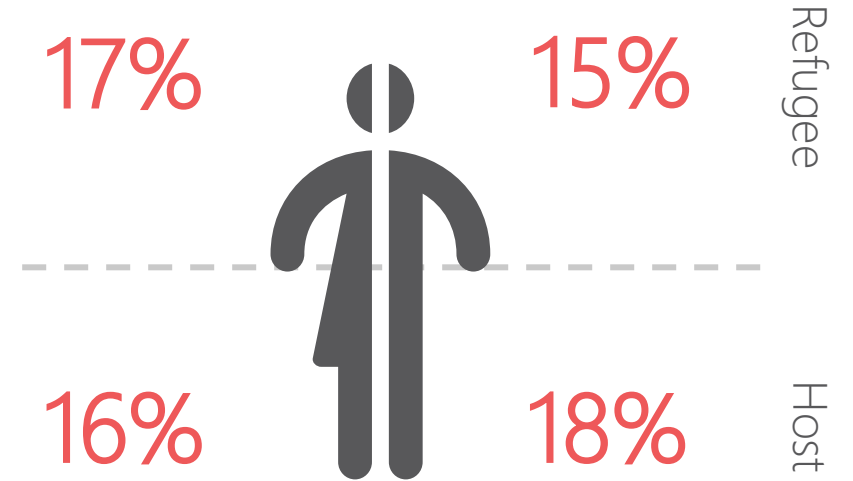
Education

Access to Education

% of children aged 3-18 in the surveyed locations not attending school or any early childhood education program at any time during the 2023-2024 school year, as reported by household respondents, by settlement and group



At country level, the quantitative MSNA 2024 results show that



are not attending school or any early childhood education program at any time during the 2023-2024 school year

Source: IMPACT- REACH. [Multi Sectoral Needs Assessment \(MSNA\) 2024](#)

Barriers to Education

During the FGDs, adolescents aged 10-19 mentioned...

Financial Constraints

School fees
Uniforms
School materials

Lack of Basic Needs

Food
Soap

Peer Pressure

Early marriage
Casual labor
Drug use

Gender Barriers

Menstruations
Early pregnancies
Household chores

Work

Household chores
Income-generating
activities

Early Marriage

Economic hardship
Cultural practices

Poor Infrastructures

Lack of teachers
Poor quality schools
Poor quality sanitary
facilities

Parental absence

Death
Illness
Divorce
Abandonment

Drivers of Barriers

- **Limited partners support** (i.e., government, INGO, NGO, RLO), especially for children with disabilities (i.e., no mobility equipment available).
- **Children's backgrounds:** limited structured environments, which can make adapting to school authority challenging.
- **Cultural beliefs:** child and early marriage, girls not prioritized for school compared to boys, hiding people with disabilities, and negative attitudes toward education.
- **Dropout rates** can exacerbate barriers: child and early marriages and pregnancies can encourage theft, substance abuse (drug and alcohol), and recruitment into armed conflicts across borders.
- **Emotional distress** is linked to adolescent suicide, according to KIIIs.

"Emotionally, the children have been affected a lot, especially girls, when they see how much value the society attaches to girl child education, they get discouraged to continue with school because they know that they will not go very far. Society values boys more than girls."

– Education Expert, Bidibidi refugee settlement

Strategies to Improve Access to Education

During the FGDs, adolescents aged 10-19 mentioned...

Financial and Material Support

Financial assistance (cash assistance for school feeds or scholarships)

Providing school materials (books, pens, bags)

Sanitary pads

Lowering school fees

Soap to wash uniforms

Infrastructure and Resources

Closer schools

Transportation to school

School meals

Furnishing classrooms

Resources for non-English speakers

Quality of Education and Learning

Improving teacher qualifications

Improving the number of teachers

Ending corporal punishment

Motivation and Personal Support

Reducing household chores

Support from parents

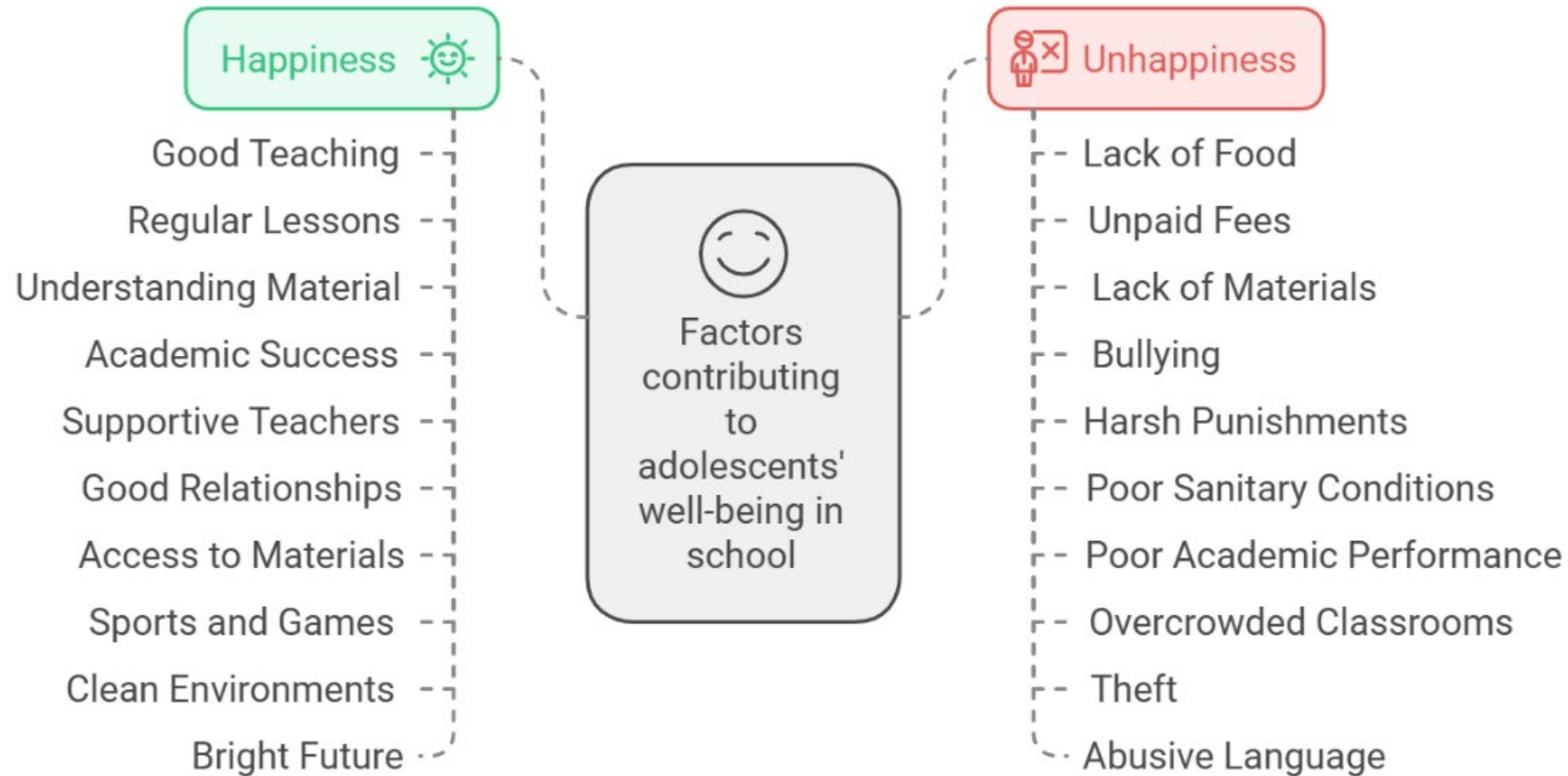
Guidance and counselling

MHPSS support

Mentorship and structured guidance programs

Adolescents' well-being in school

During the FGDs, adolescents aged 10-15 mentioned...



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04

Protection

Child Protection Risks

During the FGDs, adolescents aged 10-19 mentioned...

Sexual and Gender-Based Violence

Sexual harassment
Rape
Exploitative informal work
environment
Child and early marriage

Domestic Chores

Physical exhaustion
Injuries
Illness
Snake bites
Attacks from wild animals

Community safety

Gang-related violence
Theft/robbery
Bullying
Isolated/dark areas
Unsafe latrines
Sexual and Gender-Based
Violence

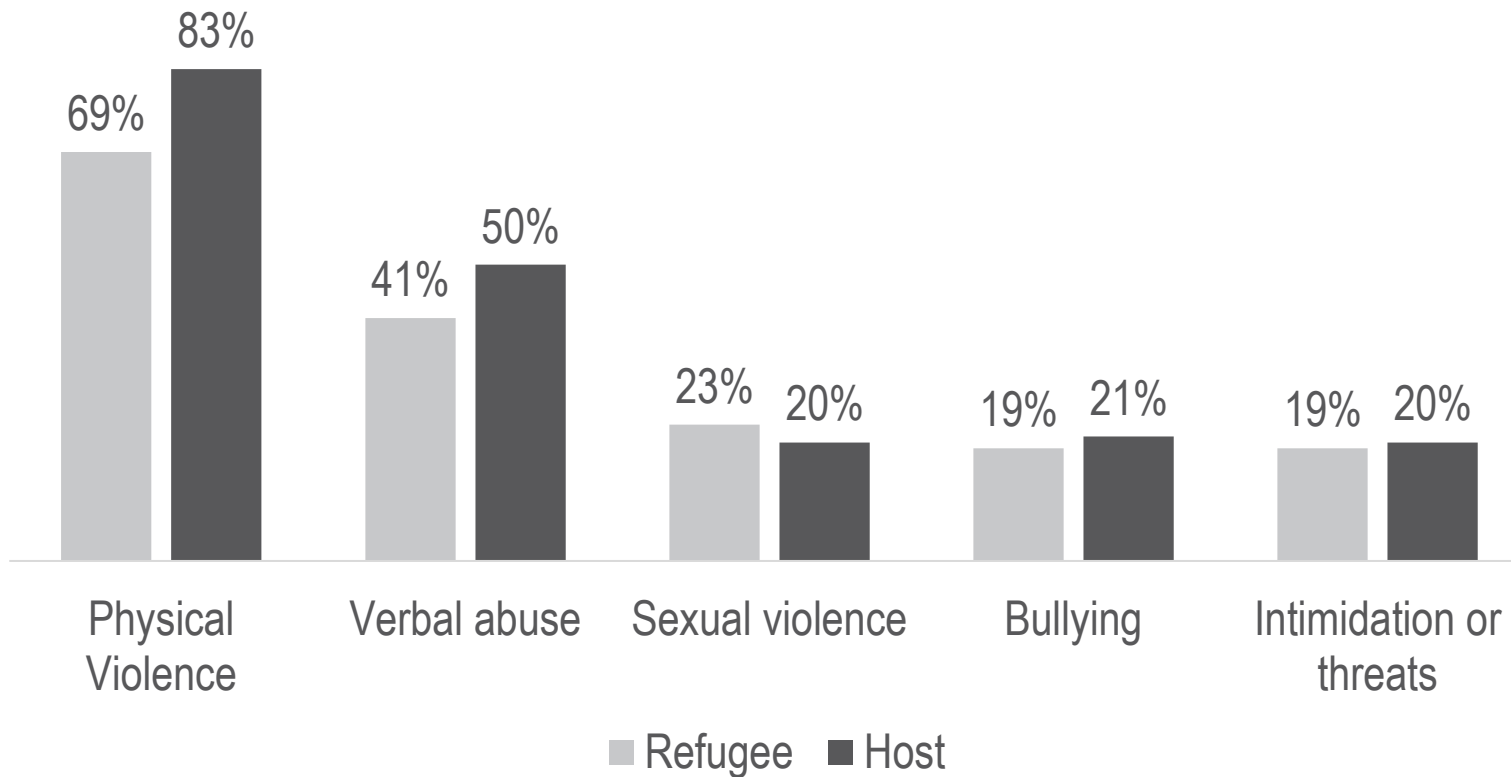
The HVAC conducted in 2022 found that across the 13-refugee settlement, **37%** of girls aged 18-24 years old were married before the age of 18 years old, compared to 12% for boys.

"You may go to fetch water in the night, then you meet hooligans, they come and tie something on your face and then they take you in the forest, they tie your arms and legs, then they rape you and leave you tied on a tree"

– Female participant, Kyangwali refugee settlement, aged 16-19

Violence Against Children (VAC)

Top-five types of Violence Against Children (VAC), reported by refugee and host community caregivers across Uganda's 13 refugee settlements



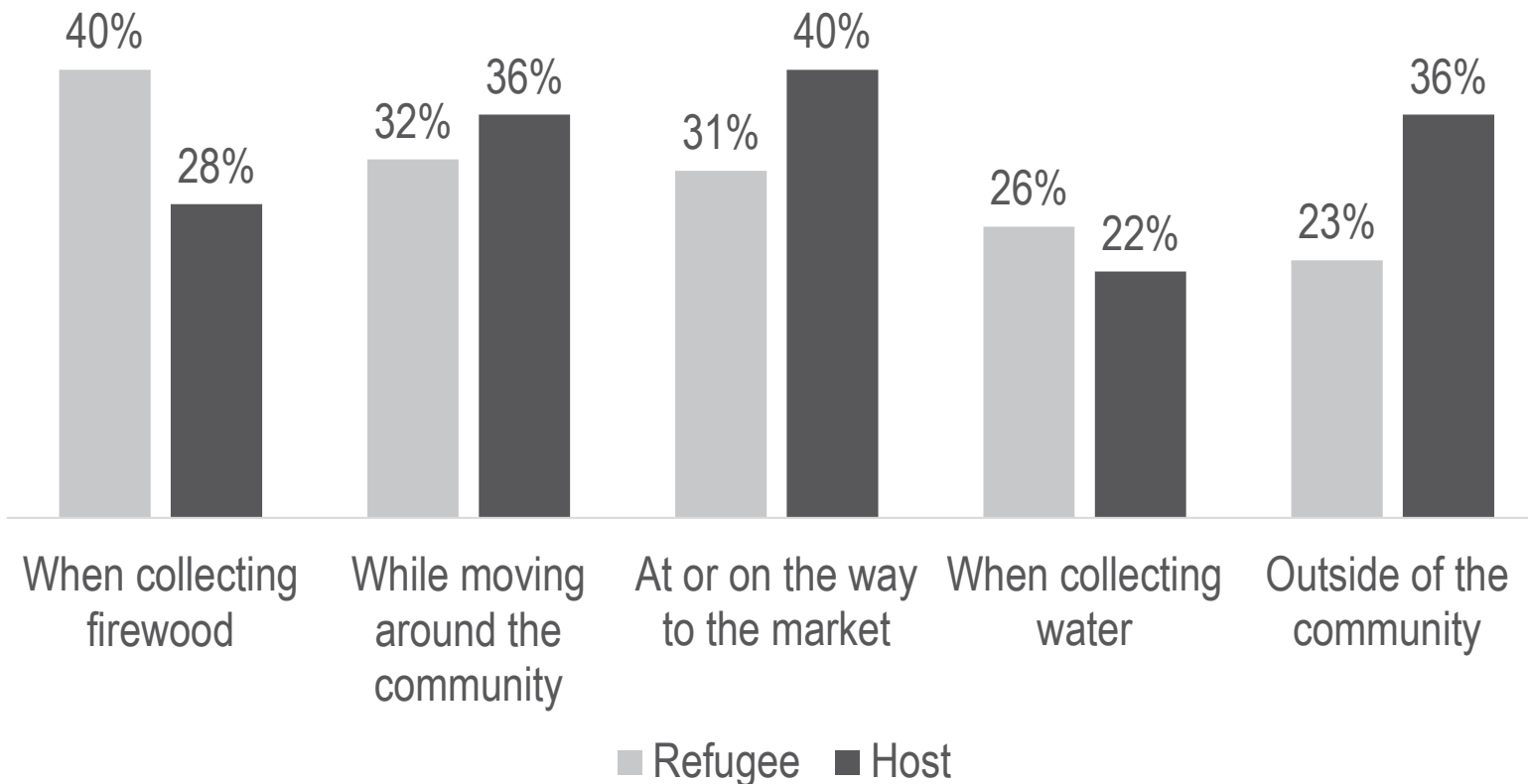
The 2022 IMPACT-REACH Child Protection Assessment found that refugee and host community parents/caregivers reported that **girls** are more at risk of facing violence than boys.

Respondents could select multiple answers, findings may exceed 100%

Source: IMPACT- REACH. [Child Protection Assessment in Refugee-Hosting Districts](#). 2022

Sexual Violence

Top-five situations where sexual violence occurs, reported by refugee and host community caregivers across Uganda's 13 refugee settlements



The Ugandan Humanitarian Violence Against Children Survey (HVACS), conducted in 2022 in all 13 refugee settlements, found that **19%** of girls and **10%** of boys experienced different types of sexual violence prior to age 18.

Respondents could select multiple answers, findings may exceed 100%

Source: IMPACT- REACH. [Child Protection Assessment in Refugee-Hosting Districts](#). 2022

Impact of Child Protection Issues

During the KII, experts mentioned ...

Physical Impact

Health risk from overworking, hazardous labor conditions and sexual abuses, which can result in injuries, diseases like STIs and HIV, and premature physical maturity

Social Impact

Family breakdowns and parental neglect lead to the rise of child-headed households, school dropouts and stigmatization, particularly for pregnant girls and child mothers, who often face discrimination and isolation.

Emotional Impact

Psychological distress, trauma and low self-esteem, with some children expressing despair or suicidal thoughts due to unmet basic needs, exploitation and neglect.

"Children and adolescents that are affected by these protection issues feel emotionally tortured. For example, one day, a young girl said, "I'm like committing suicide. It is too much on me. No food. No school. OPM, can you take me back to my original country?"

– Protection Expert, Bidibidi

Strategies for Adolescents to Feel Safer

During the FGDs, adolescents aged 10-19 mentioned...

Installing streetlights

Police patrols

Safe and clean latrines

**Walking in groups when
fetching water and
firewood**

**Parents accompany them
when necessary**

Wear gumboots

**Reducing workload and
resting**

**Community meetings and
educational programs**

"Organizations should help us, and construct water taps for us to avoid walking in the night looking for water so that those hooligans cannot kidnap and take us to the forest. If they can help us and install streetlights around the villages, it would be helpful."

– Female participant, Kyangwali refugee settlement, aged 16-19

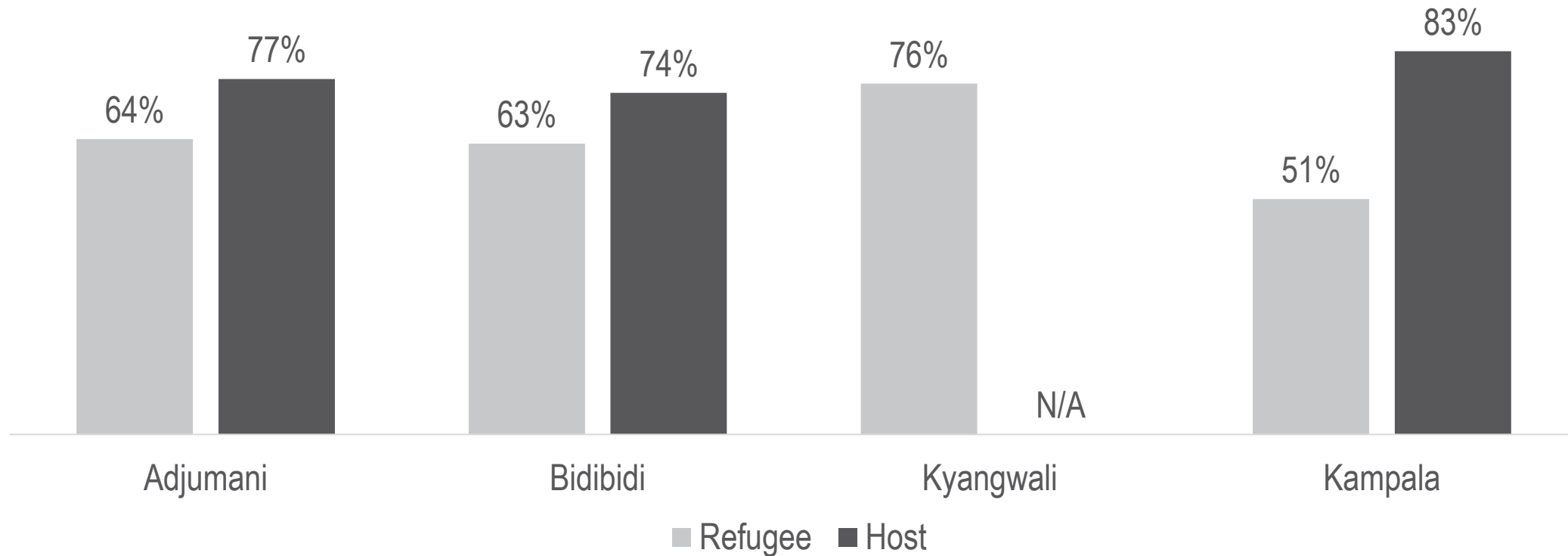
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05

Livelihoods

Household Activities

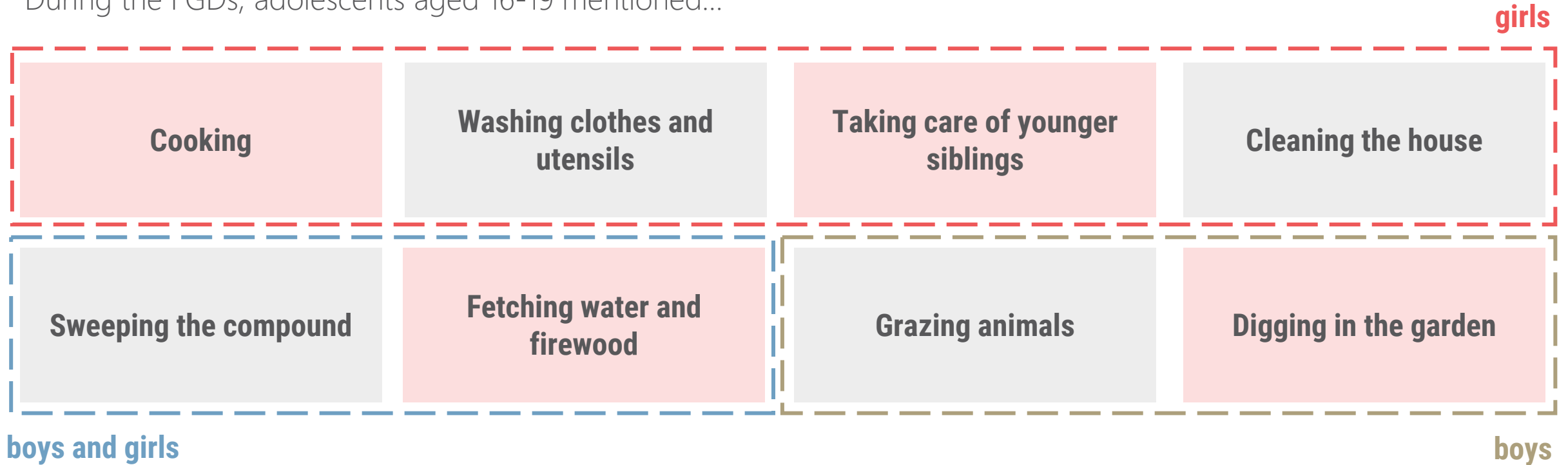
% of children aged 5-17 engaged in domestic work in the week prior to the survey for at least one hour (e.g., washing, ironing other's clothes, taking care of children, running errands for other, among others), as reported by household responds, by gender, location and group



Source: IMPACT- REACH. [Multi Sectoral Needs Assessment \(MSNA\) 2024](#)

Household Activities

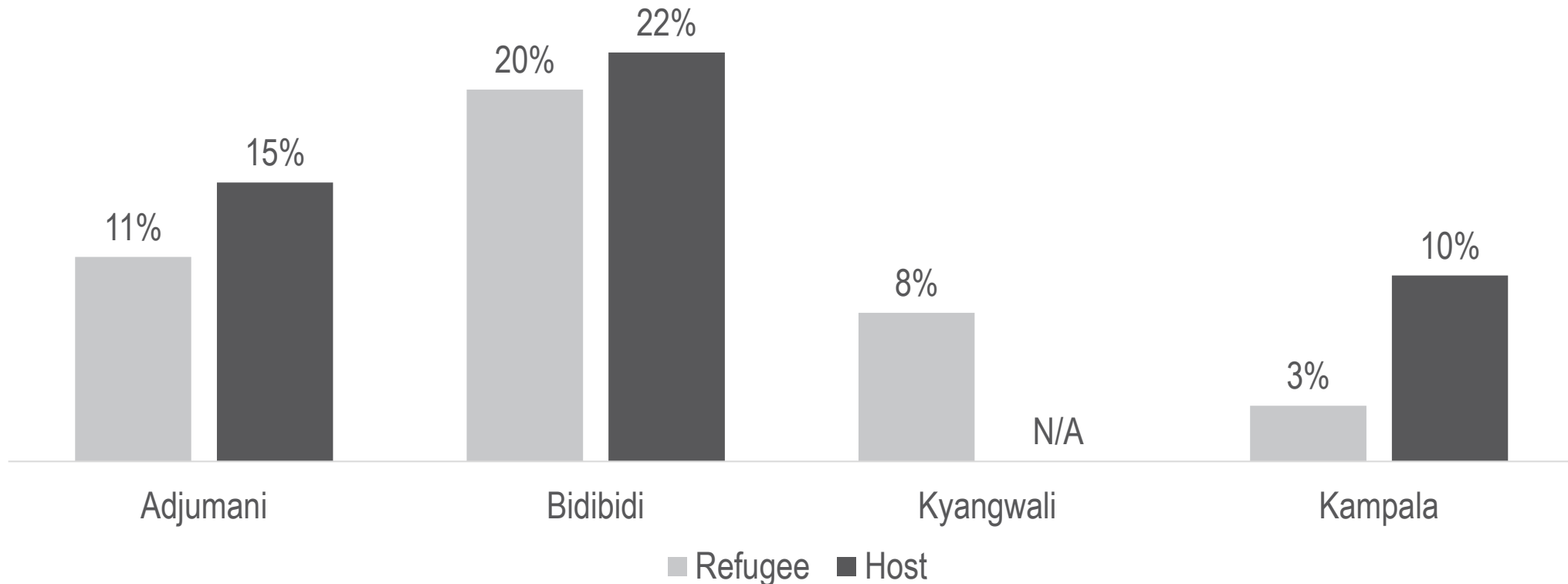
During the FGDs, adolescents aged 16-19 mentioned...



Across all surveyed locations, the MSNA 2024 found that among refugee and host community children engaged in domestic work the week prior to data collection, they worked on average **7 hours per week**.

Income-Generating Activities

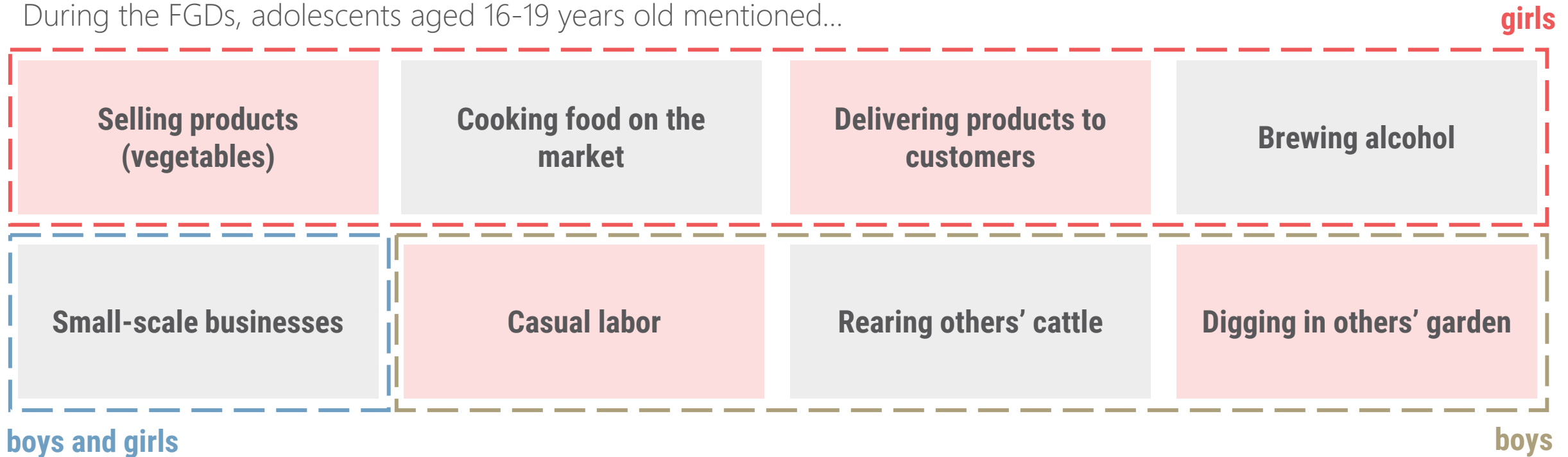
% of children aged 5-17 engaged in child work (family business, selling or repairing things, help family plot, catching fish or animals or any other activities in return for income in cash or in-kind), for at least one hour in the week prior to the survey, as reported by household respondents, by location and group



Source: IMPACT- REACH. [Multi Sectoral Needs Assessment \(MSNA\) 2024](#)

Income-Generating Activities

During the FGDs, adolescents aged 16-19 years old mentioned...



Across all surveyed locations, the quantitative MSNA 2024 results indicate among the refugee and host community children that are engaged in income-generating activities the week prior to data collection, they worked on average

8 hours per week.

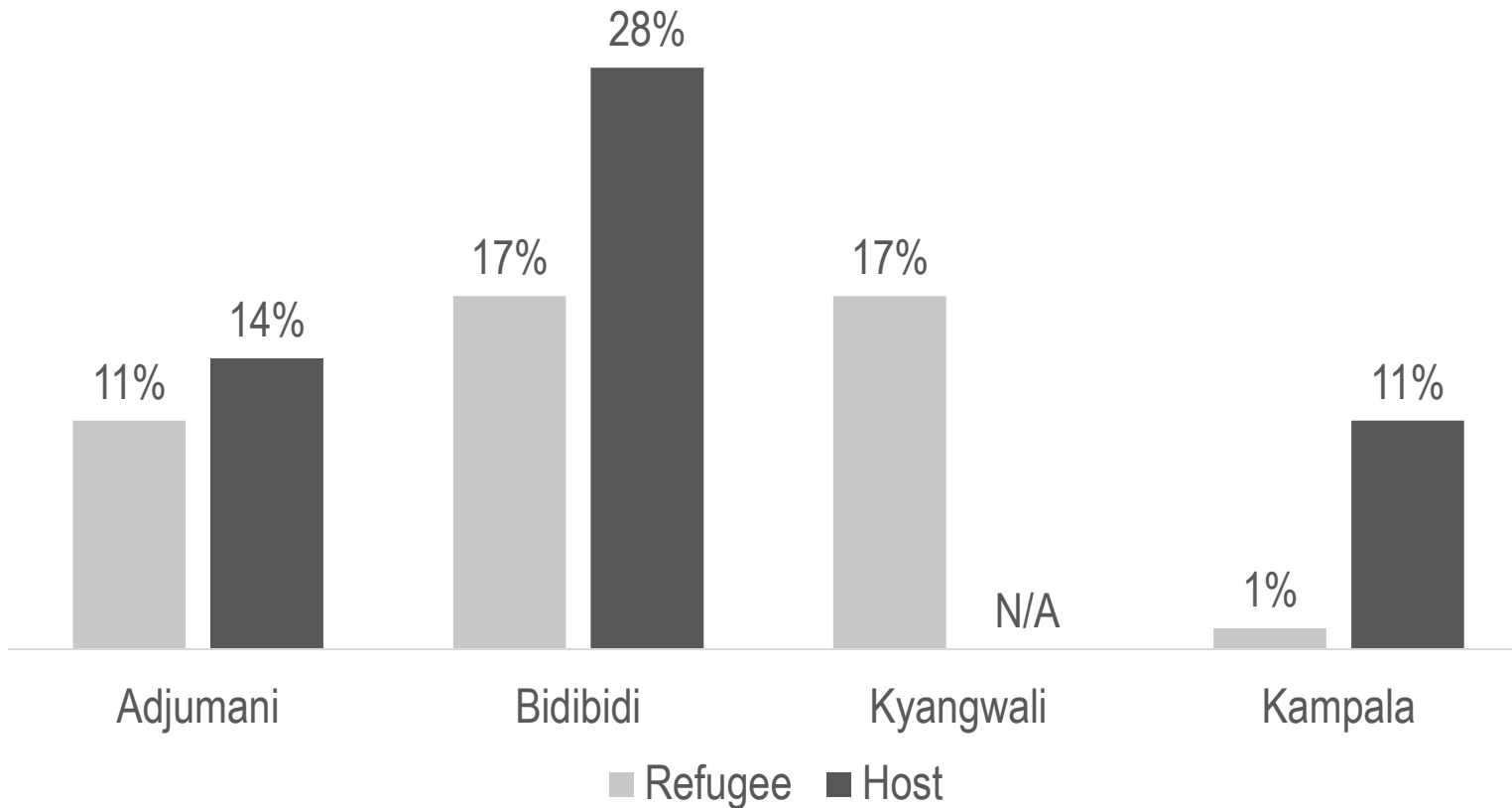
Child labor

Child labor is defined as work (domestic and/or income-generating activities) that exceeds a minimum number of hours per week, depending on the age of a child and the type of work according to the International Labor Organization (ILO) and UNICEF definitions.

Age group	Threshold for domestic work	Threshold for income-generating activities
< 5 years old	at least 1 hour a week	at least 1 hour a week
5 – 11 years old	at least 21 hours a week	at least 1 hour a week
12 – 14 years old	at least 21 hours a week	at least 14 hours a week
15 – 17 years old	no threshold	at least 43 hours a week

Child Labor

% of households with at least one child aged 5-17 in their household being involved in child labor

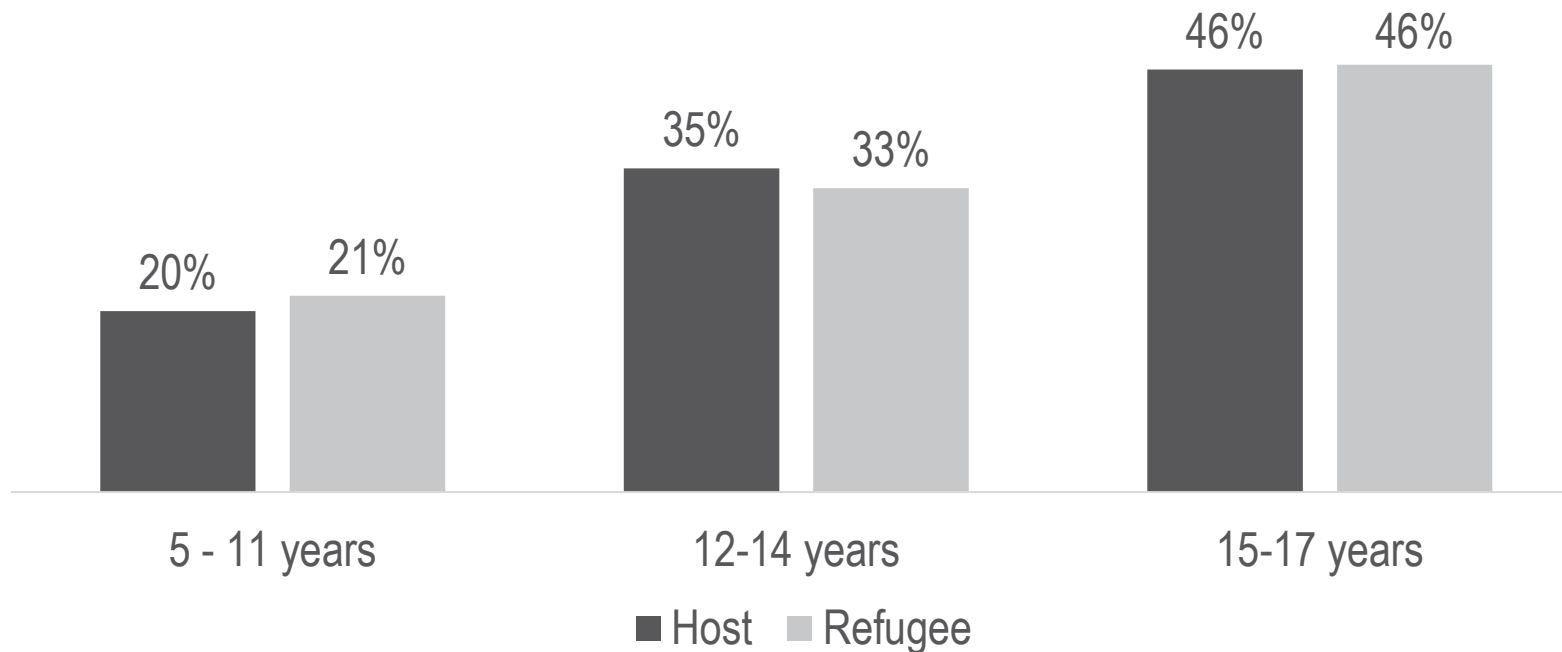


The MSNA 2024 results show that child labor is most frequently reported by household respondents among **children aged 5-11 (70%)**, followed by 12-14 (30%) and 15-17 (3%), for both refugee and host community children

Source: IMPACT- REACH. [Multi Sectoral Needs Assessment \(MSNA\) 2024](#)

Challenges with Domestic and Income-Generating Activities

% of children aged 5-17 who were engaged in income-generating activities deemed dangerous to their physical or emotional health according to households' respondents, among children who reportedly worked at least one hour in the week prior to the interview, by location, and age group



The MSNA 2024 results show that across all locations, among the refugee and host community children who reportedly worked, about **30%** were deemed by the household respondents as engaging in income-generating activities harmful to their physical or emotional health.

Source: IMPACT- REACH. [Multi Sectoral Needs Assessment \(MSNA\) 2024](#)

Challenges with Domestic and Income-Generating Activities

During the FGDs, adolescents aged 16-19 mentioned...

Physical pain

Accidents and health issues

Underpaid or not paid at all

Sexual harassment

Difficulties balancing school and chores

Missing school

Social and emotional challenges

Less time for leisure activities

"You may want to have your own personal time to read and prepare [for exams] but the time will not be enough because you have chores to do, customers to serve, and responsibilities to help my parent."

– Female participant, Kampala, aged 16-19

Adolescents' Views of their Future

- Adolescents aged 16 -19 expressed a wide range of career aspirations: healthcare, education, business, skilled traders, engineers, teachers, interior or fashion designers, and athletes.
- Concerns on their ability to secure jobs that match education and aspirations:
 - Financial barriers
 - The inability to pay tuition fees
 - Illiteracy and language barriers
 - Pressure from families to follow career choices that differ from their own aspirations
 - Teenage pregnancies
 - Discrimination and lack of connections to secure jobs
 - Limited job market opportunities and available positions in Uganda

*"[...] some have given up on the dreams they had while they were young because of the many challenges they faced.
Some are even idle at home doing nothing"*

– Female participant, Kampala, aged 16-19

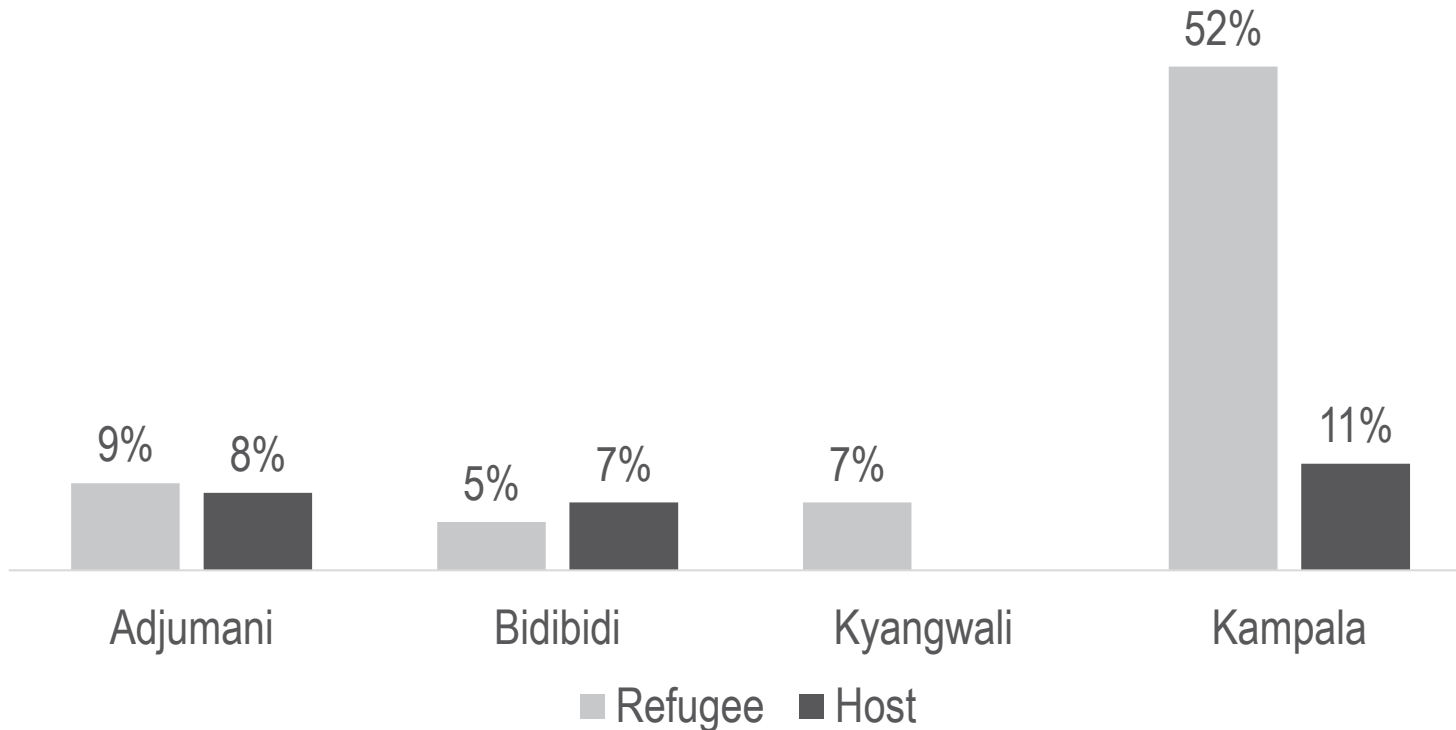
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06

Health

Access to Health Services

% of individuals aged 5-18 with an unmet healthcare need within three months prior to the survey, who could not access healthcare when they needed it, as reported by household respondents, by population group and location



The MSNA 2024 found that **consultation for an acute illness** was the primary unmet need across all three settlements and in Kampala.

Barriers to Access Health Services

During the FGDs, adolescents aged 16-19 mentioned...

Gender-specific challenges

Distance to health centers

Discrimination

Unable to afford prescriptions

High cost of treatments

Drug shortages

Shortages of qualified health workers

Limited availability of health specialists

"Some of adolescents may fear to go to the Health Centre because of shame and embarrassment."

– Male participant, Adjumani refugee settlement, host community parent

Strategies to Improve Access to Health Services

During the FGDs, adolescents aged 16-19 mentioned...

Improve availability of medicine

More qualified and trained health workers

Youth wards

Gender-separated services

Village Health Teams

Mobile clinics

Translators

Free sanitary pads and health services

"Government should provide ambulances to help transport patients in time of emergency and the road should be maintained. Leaders at the Health Centres should also sensitize the workers about discrimination in places of work like Health Centres."

– Male participant, Kyangwali refugee settlement, host community parent

Barriers to Dignified Menstrual Health

During the FGDs, adolescent girls aged 16-19 mentioned...



Leading to...

Reduces ability to perform chores effectively

Missing school

Missing social activities

Strategies to Improve Menstrual Health

During the FGDs, adolescent girls aged 16-19 mentioned...

**Providing adequate
sanitary pads**

**Education on usage of both
disposable and reusable
sanitary pads**

**Sensitization on menstrual
health**

**Menstrual health kits (incl.
soap and underwear)**

Clean latrines

Clean water access

**Trainings on making pads
and soaps**

"For those that can't afford pads they should be provided with pads. For those who don't know how to use them they can be taught how and also how to use re-washable pads."

– Female participant, Kampala, aged 16-19

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07

Mental Health and Psychosocial Support

Happiness

During the FGDs, adolescents aged 10-19 mentioned...

**Supportive and friendly
relationship with parents**

Having basic needs met

Recreational activities

Having personal time

**Family outings and
celebrations**

**Peaceful home
environment**

**Positive community
interactions**

Sanitary pads

"When there is peace at home, especially no fighting between parents"

– Female participant, Bidibidi refugee settlement, aged 13-15

Unhappiness

During the FGDs, adolescents aged 10-19 mentioned...

Lack of parental supervision leading to negative behaviors

Bullying from peers

Parental neglect or abusive behaviour

Lack of basic needs

Hunger at home or at school

Academic pressure

Being overworked

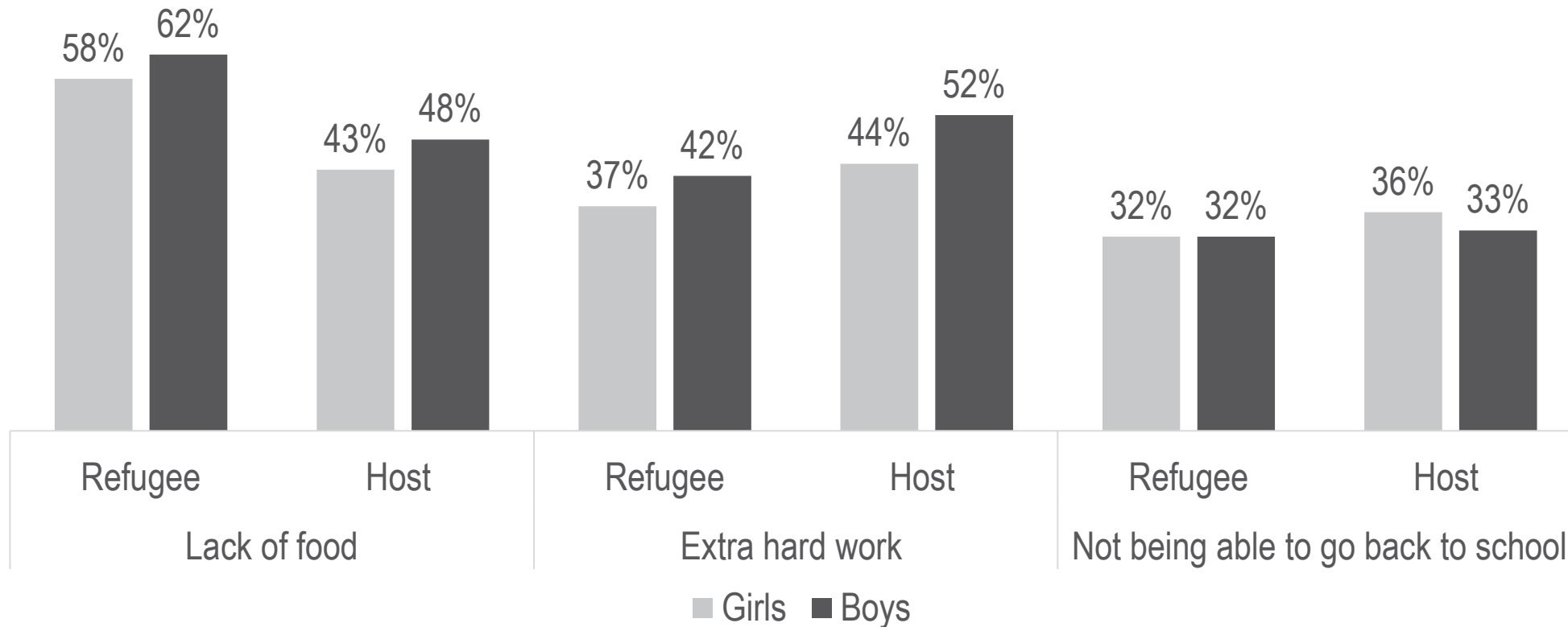
Death or divorce of parents

"Hunger at home is not good. You always live in sadness"

– Male participant, Bidibidi refugee settlement, aged 16-19

Unhappiness

Top-three stressors for refugees and host community boys and girls, as reported by refugee and host community caregivers



Respondents could select multiple answers, findings may exceed 100%

Source: IMPACT- REACH. [Child Protection Assessment in Refugee-Hosting Districts](#). 2022

Unhappiness: Adolescents' Strategies

During the FGDs, adolescents aged 10-19 mentioned...

Self-isolation

Physical activities

**Drug and alcohol
consumption**

Crying

Harmful behaviors

Sleeping longer than usual

Being with peers

"I cry behind the house or go inside the house where no one will see me."

– Female participant, Adjumani refugee settlement, aged 16-19

Services Available

During the FGDs, adolescents aged 10-19 years and parents/caregivers mentioned...

- In **Bidibidi**, respondents mentioned Early Childhood Development (ECD) centers, women's centers, and counseling services provided by churches, para-social workers and child protection desks. Additionally, organizations like SINA and LC1 leaders offer mediation support for adolescents.
- In **Adjumani**, respondents mentioned that Plan International provides critical support, including sanitary materials, hygiene education and guidance. Youth leaders and child-friendly space also offer recreational and advisory support, while cluster leaders mediate family issues and provide community-level counseling. Religious leaders and schools contribute to adolescents' well-being through guidance and counseling services.
- In **Kyangwali**, Alight was reported by refugee participants as being a notable organization offering support to survivors of sexual violence, including counseling, medical attention, and provision of soap and pads, though the consistency of these services is questioned by respondents.
- In **Kampala**, respondents mentioned benefiting from organizations like Amani Sasa and the Norwegian Refugee Council (NRC), which provide counseling and guidance, as well as mosques which sometimes offer self-help programs.



08

Summary of Recommendations from Adolescents

Education



- **Improve financial and material support:** cash assistance for school fees, school material, uniforms, and sanitary pads.
- **Improve infrastructure and resources:** closer schools, transportation options like buses, and improved facilities such as furnished classrooms, accessible resources for non-English speakers and school meals.
- **Improve quality of education and learning:** improve teacher qualifications, stop corporal punishment, and create a supportive learning environment.
- **Ensure family and community involvement:** families reducing household chores of children to allow more time for school, with a focus on monitoring adolescents' movements to avoid harmful activities like attending parties.
- **Provide guidance:** counselling to promote the importance of education, mentorship programs, and structured support to address personal challenges.

Child Protection

- **Improve safety:** streetlights, increased police patrols, and ensuring safer routes for fetching water or firewood. Walking in groups and shorter working hours during unsafe times.
- **Improve community engagement:** engaging with gangs through community meetings and education to reduce harassment and promote safety.
- **Address sexual harassment:** measures to protect girls from sexual violence and harassment (e.g., walking in groups), especially in public spaces like markets or while fetching water.

Livelihoods



- **Support for out-of-school adolescents:** vocational training in skills like baking, tailoring, and carpentry. Providing financial support like scholarships and capital for small businesses. Community business centers to balance work and education, alongside mental health services to cope with trauma and guide adolescents away from anti-social behaviors.
- **Reduce working hours:** balance the workload of children relating to income-generating activities and household chores and schoolwork.
- **Increase safety:** access to gumboots when digging in the fields, going to fetch water or grazing animals. Reduce work hours and strenuous tasks to prevent sickness and harm.

Health

- **Improve healthcare access:** ensuring the availability of medicine, affordability of services, qualified health workers, and mobile clinics. Adolescents in urban areas emphasized the need for youth-specific health facilities.
- **Availability of sanitary products:** free access to sanitary pads, menstrual kits and the provision of facilities like clean latrines and water to manage menstrual health.



- **Ensure psychosocial support:** emotional support through counseling and mentorship programs. Support for adolescents coping with trauma or emotional distress, by reaching out to community leaders, teachers, and peers being essential sources of help.
- **Create safe spaces:** developing child-friendly spaces for recreation and psychosocial support, including mental health services tailored to adolescents.



09

Conclusion

Conclusion

Financial constraints emerged as a pervasive challenge, with both refugee and host community households struggling to afford education, healthcare, and essential needs like food. These financial pressures exacerbate poverty and curtail opportunities for growth.

Livelihood challenges compound these issues, as adolescents struggle to **balance education with income-generating activities**, leading to school dropouts, stress, and exploitation.

Child protection concerns remain acute, as adolescents are routinely exposed to risks such as **exploitation, violence, substance abuse, and neglect**. Boys are particularly vulnerable to peer pressure, leading to substance use and hazardous labor, while girls face elevated risks of **sexual violence**, especially when fetching water or firewood in settlements.

Access to healthcare is a critical concern, marked by **insufficient services for sexual and reproductive health, inadequate mental health support**, and limited affordability of treatment for common illnesses.

Thank you for your attention

Please find more information about this assessment by looking at the [published report](#), [Terms of Reference](#), the [Data Analysis Plan](#), the [qualitative](#) and [quantitative MSNA analysis](#)

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