

# Research Methodology Note

Uganda MSNA 2024: Adolescents' Needs Module

UGA2405

Uganda

July 2024

Version 1

**REACH** Informing  
more effective  
humanitarian action


## 1. Executive Summary

<b>Country of intervention</b>	Uganda				
<b>Type of Emergency</b>	<input type="checkbox"/>	Natural disaster	<input type="checkbox"/>	Conflict	<input type="checkbox"/> Other ( <i>specify</i> )
<b>Type of Crisis</b>	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
<b>Mandating Body/ Agency</b>	UNHCR, Plan International				
<b>IMPACT Project Code</b>	UGA2405				
<b>Overall Research Timeframe</b> ( <i>from research design to final outputs / M&amp;E</i> )	04/01/2024 to 01/03/2025				
<b>Research Timeframe</b> <i>Add planned deadlines (for first cycle if more than 1)</i>	1. Pilot/ training: 19/08/2024		6. Preliminary presentation: 4/11/2024		
	2. Start collect data: 26/08/2024		7. Outputs sent for validation: 18/11/2024		
	3. Data collected: 03/09/2024		8. Outputs published: 2/12/2024		
	4. Data analysed: 14/10/2024		9. Final presentation: 01/12/2024		
	5. Data sent for validation: 29/10/2024				
<b>Number of assessments</b>	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle) <i>[Describe here the frequency of the cycle]</i>			
<b>Humanitarian milestones</b> <i>Specify what will the assessment inform and when</i> <i>e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;</i>	<b>Milestone</b>		<b>Deadline (can be tentative)</b>		
	<input checked="" type="checkbox"/>	Donor plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	Inter-cluster plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	Cluster plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	NGO platform plan/strategy	_ _ / _ _ / _ _ _ _		
<input type="checkbox"/>	Other (Specify):	_ _ / _ _ / _ _ _ _			
<b>Audience Type &amp; Dissemination</b> <i>Specify who will the assessment inform and how you will disseminate to inform the audience</i>	<b>Audience type</b>		<b>Dissemination</b>		
	<input checked="" type="checkbox"/>	Strategic	<input type="checkbox"/> General Product Mailing		
<input checked="" type="checkbox"/>	Programmatic	<input checked="" type="checkbox"/> Sector Mailing			
<input type="checkbox"/>	Operational	<input checked="" type="checkbox"/> Presentation of findings to Plan International, ATWG, and relevant sectors			
<input type="checkbox"/>	[Other, Specify]	<input checked="" type="checkbox"/> Website Dissemination (Relief Web & REACH Resource Centre)			
		<input type="checkbox"/> [Other, Specify]			

<b>Stakeholder mapping</b> <i>Has a detailed stakeholder mapping been conducted during research design to identify all actors that could contribute to and/or benefit from the research?</i>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>General Objective</b>	To comprehensively identify and understand the needs and priorities across key sectors (protection, education, psychosocial well-being, health and livelihoods) of adolescents aged 10-19 years old in refugee settlements and host communities surrounding refugee settlements in Uganda, including separated minors, with a specific focus on capturing their own perspectives and experiences.			
<b>Specific Objective(s)</b>	Identify the needs and priorities across key sectors (protection, education, psychosocial well-being, health and livelihoods) of adolescents aged 10-19 years old in refugee settlements and host communities surrounding refugee settlements from a children and adolescents perspective in Uganda.			
<b>Research Questions</b>	<ol style="list-style-type: none"> <li>1. What are the main protection needs of refugee/host-community children and adolescents, including separated children?</li> <li>2. What are the main education needs for refugee/host community adolescents and children, including separated children?</li> <li>3. What are the main risk and protective factors influencing the well-being of refugee/host community children and adolescents, including separated children?</li> <li>4. What are the main health needs of refugee/host community children and adolescents, including separated children?</li> <li>5. What are the current livelihood needs for refugee/host-community adolescents, including separated adolescents?</li> </ol>			
<b>Geographic Coverage</b>	Three settlements (Bidibidi, Adjumani and Kyangwali) and their surrounding host communities, and neighbourhoods in Kampala with a high concentration of refugee households.			
<b>Secondary data sources</b>	REACH, <a href="#">Child Protection Assessment in Refugee-hosting Districts</a> , July 2022 UNICEF, <a href="#">Uganda Humanitarian Situation Report No.1, January to February 2024</a> , March 2024 UNHCR, Monthly Child Protection Dashboard, Settlement Level, March 2024 UNHCR, Monthly Child Protection Dashboard, National Level, March 2024 UNHCR, <a href="#">Inter-Agency Country Refugee Response Plan (UCRRP) 2022-2025</a> , May 2022 UNICEF, <a href="#">Understanding Child Subjective Well-Being: A Call for more Data, Research and Policymaking Targeting Children</a> , August 2021 The Alliance, <a href="#">Contextualising and Measuring Child Well-Being in Humanitarian Action</a> , February 2021			
<b>Population(s)</b> <i>Select all that apply</i>	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites
	<input type="checkbox"/>	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]
	<input checked="" type="checkbox"/>	Refugees in settlements	<input type="checkbox"/>	Refugees in informal sites

	<input type="checkbox"/>	Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]
	X	Host communities	<input type="checkbox"/>	[Other, Specify]
<b>Stratification</b> <i>Select type(s) and enter number of strata</i>	X	Geographical # 2 Host communities and refugees Population size per strata is known? <input type="checkbox"/> Yes X No	X	Gender #: 2 Gender male/female Population size per strata is known? <input type="checkbox"/> Yes X No
			X	Age #: 4 10-12 years old 13-15 years old 16-19 years old Adults (parents and caregivers) <input type="checkbox"/> Yes X No
<b>Data collection tool(s)</b>	<input type="checkbox"/>	Structured (Quantitative)	X	Semi-structured (Qualitative)
		<b>Sampling method</b>		<b>Data collection method<sup>1</sup></b>
<b>Semi-structured data collection tool (s) # 1</b> <i>FGD with adolescents aged 10-12, including separated minors</i>	X	Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Individual interview (Target #):_____ X Focus group discussion (Target #): 8 <input type="checkbox"/> [Other, Specify] (Target #):_____
<b>Semi-structured data collection tool (s) # 2</b> <i>FGD with adolescents aged 13-15, including separated minors</i>	X	Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Individual interview (Target #):_____ X Focus group discussion (Target #): 8 <input type="checkbox"/> [Other, Specify] (Target #):_____
<b>Semi-structured data collection tool (s) # 3</b> <i>FGD with adolescents aged 16-19, including separated minors</i>	X	Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Individual interview (Target #):_____ X Focus group discussion (Target #): 16 <input type="checkbox"/> [Other, Specify] (Target #):_____
<b>Semi-structured data collection tool (s) # 4</b> <i>FGD with parents and caregivers, including those of separated minors</i>	X	Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Individual interview (Target #):_____ X Focus group discussion (Target #): 18 <input type="checkbox"/> [Other, Specify] (Target #):_____
<b>Semi-structured data collection tool (s) # 5</b> <i>Sectoral (protection, MHPSS, education, health, livelihood) experts</i>	X	Purposive X Snowballing <input type="checkbox"/> [Other, Specify]		X Key informant interview (Target #): minimum 7 <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Focus group discussion (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____
<b>Disaggregation by gender and age</b>		Gender		Age
	X	Yes	X	Yes

<sup>1</sup> The total number of FGDs will be 52, spread across three settlements and the capital city, Kampala. In this executive summary, only 50 FGDs are accounted for, as the 2 FGDs with separated minors have not yet been specified. At the time of writing the ToR, the ages of these participants are uncertain, as their selection will depend on the open cases of separated minors in Bidibidi. Therefore, while these 2 FGDs with separated minors are included in the methodology section, they are not included in this summary.

Are you planning to conduct sex/age disaggregated analysis?	<input type="checkbox"/>	No	<input type="checkbox"/>	No		
Data management platform(s)	X	IMPACT	<input type="checkbox"/>	UNHCR		
	<input type="checkbox"/>	[Other, Specify]				
Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	<input type="checkbox"/>	Report #: __	<input type="checkbox"/>	Profile #: __
	X	Presentation (Preliminary findings) #: 1	X	Presentation (Final) #: 1	X	Factsheet #: 1
	<input type="checkbox"/>	Interactive dashboard #: __	<input type="checkbox"/>	Webmap #: __	<input type="checkbox"/>	Map #: __
Access	X	Qualitative Data Saturation and Analysis Grid (DSAG)				
	X	Public (available on REACH resource center and other humanitarian platforms)				
Visibility Specify which logos should be on outputs	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
		<b>REACH</b> <b>Donor: FCDO/UKAid, ECHO, UNHCR, Plan International</b>  <b>Partners: Plan International</b>				
Overview Annexes	Annex 1: Risk Assessment Matrix (Plan International) Annex 2: Meaningful Participation Annex Annex 3: Procedures to be followed before, during and after data collection Annex 4: Consent Form: Adult Participants (age 18+) Annex 5: Consent Form: Parents/Caregivers of Participants (age -18) Annex 6: Consent Form (Assent): Minor Participants (age -18)					

## 2. Rationale

### 2.1 Background

Uganda hosts approximately 1.6 million refugees, ranking fourth globally in refugee population. The majority reside in rural settlements in the South-West and West Nile regions, originating mainly from the Democratic Republic of Congo and South Sudan.<sup>2</sup> The Ugandan government's refugee policies are inclusive, providing land, urban residency options, and access to public services in designated refugee settlements. Refugee settlements and host communities are closely linked through an integrated approach, with refugees living within host areas rather than in isolated camps. This approach aims to foster resource sharing, economic interaction, and social integration. Given significant shifts in Uganda's humanitarian landscape since the last MSNA in 2018, including funding challenges, increased refugee numbers, and disease outbreaks, a new MSNA is underway to better understand and address evolving needs. In 2019, a Vulnerability and Essential Needs Assessment (VENA) was conducted<sup>3</sup>, aiming for comparability with this year's MSNA to track changes in socio-economic vulnerability among refugees.

Although the MSNA includes indicators regarding adolescents' needs in areas like protection, healthcare, disability, and education, these are limited by their quantitative nature, restricting deeper insights into the challenges and pressures experienced by adolescents. This limitation arises because the MSNA questions are directed only at an adult member of the household. Adolescence is a crucial period for cognitive, emotional, and social development, and the unique

<sup>2</sup> [UNHCR. Data portal: Uganda.](#)

<sup>3</sup> [REACH. Uganda Vulnerability and Essential Needs Report. 2020.](#)

circumstances of living in settlements in Uganda, coupled with displacement, can significantly affect the well-being of refugee children. Beyond the MSNA, information on adolescents' needs is primarily derived from caregivers or experts rather than from the adolescents themselves. It is crucial to recognize that adolescent's perspectives, which may differ from those of their caregivers, are underrepresented in existing literature. In response to this, and considering continuous changes in the humanitarian response in Uganda in terms of aid provision, **this MSNA will encompass a qualitative element centered on adolescents needs across key humanitarian sectors (protection, education, health, MHPSS and livelihood)**. This addition aims to offer a more comprehensive insight into the needs and priorities concerning refugee and host communities' adolescents.

## 2.2 Intended impact

The intended impact of this assessment is to supplement the 2024 MSNA's understanding of adolescents needs within refugee settlements and host communities surrounding refugee settlements, as well as neighbourhoods with a high concentration of refugee households in Kampala, in Uganda. By incorporating a qualitative element focused specifically on adolescents' needs across key sectors, this MSNA seeks to provide a more thorough understanding of the needs and priorities affecting adolescents in both refugee settlements and host communities. Through this addition, the assessment aims to ensure that the voices of refugee and host community adolescents are not only heard but also valued, empowering them to actively participate in shaping policies and interventions that directly impact their lives. Ultimately, the goal is to improve the overall well-being and quality of life for refugee and host community adolescents by recognizing their agency and perspectives within the broader humanitarian context in Uganda.

## 3. Methodology

### 3.1 Methodology overview

To complement the 2024 MSNA indicators, the qualitative component will explore the needs and priorities of adolescents' - in refugee settlements and host communities surrounding the refugee settlements. The planned assessment will employ a qualitative method. Four teams of two Plan International staff (one Research Assistant (RA) and one Senior Staff) and one REACH field officers will carry-out **52 focus group discussions (FGD) and minimum 7 key informant interviews (KII) in three settlements (Bidibidi, Adjumani and Kyangwali) across Uganda and the capital city of Kampala**. These settlements were chosen based on Plan International's presence and expertise, and the ability to provide coverage of the three largest refugee settlements in the North and West regions, as well as urban centres (Kampala). Bidibidi, Adjumani and Kyangwali are also the refugee settlements with the highest proportion of 12 – 17-year-olds adolescents in Uganda as of April 2024.<sup>4</sup>

They will do so using semi-structured interview guides, tailored for the different FGDs groups and KIIs. The research design phase involved consultation with Plan International on the design of this qualitative component, as well as with the Child Protection Sector in Uganda. In consultation with Plan International, five semi-structured tools were developed: one for adolescents aged 10-12, one for adolescents aged 13-15, one for adolescents aged 16-19, one for parents and caregivers of the children and adolescents interviewed, and one for key informant interviews (KIIs). Separated adolescents will be consulted using the same tool as other focus group discussions (FGDs). Following [Plan International's guidance on consulting children with disabilities](#), adolescents with disabilities will be integrated into the 'regular' FGDs, as children with disabilities should be treated the same way as those without disabilities.<sup>5</sup> The selection of participants for the focus group discussions (FGDs) and KIIs relies on Plan International's experience and network in the Bidibidi, Adjumani and Kyangwali settlements, as well as in Kampala. Interviewed KIIs will be asked to provide contacts of other KIIs who could be relevant for the objective of this assessment (i.e., snowballing). A pilot assessment will be carried out in Kampala to test the tools ahead of data collection.

<sup>4</sup> UNHCR. [Uganda: Refugee Statistics April 2024, Active Population by Settlement, 2024](#)

<sup>5</sup> Plan International. [Guidelines for consulting with children and young people with disabilities](#). 2016.

Key definitions:

- **Adolescents:** adolescents are defined as individuals between the ages of 10 and 19. This age range represents a critical transition period from childhood to adulthood, characterized by significant physical, psychological, and social development. Adolescents have distinct needs and vulnerabilities that differ from younger children and adults, which is why they are often given special attention in humanitarian programs and policies.<sup>6</sup>
- **Separated adolescents:** a "separated adolescent" is a youth aged 10-19 who is separated from both parents or their primary caregiver due to conflict, disaster, or other emergencies. This makes them more vulnerable to exploitation and abuse.<sup>7</sup>
- **Settlements** in the Ugandan context are areas assigned for refugee settlement by the Government of Uganda. The settlements are managed by the Office of the Prime Minister (OPM) with the support of UNHCR.
- **Refugees** are "people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country".<sup>8</sup>
- **Needs** refer to the essential requirements necessary to ensure the well-being, and dignity of individuals and communities affected by crises. These needs include access to food, water, shelter, healthcare, protection, education and livelihood support.<sup>9</sup>

Plan International will facilitate focus group discussions with adolescents because of their remarkable and wide experience, strict ethical guidelines, and robust legal framework designed to protect adolescents' rights and well-being. Their staff are specifically trained in conducting focus group discussions with adolescents, ensuring that they use child-friendly communication techniques and create a safe, supportive environment. REACH field officers will be present during the FGDs to ensure proper transcription and recording. FGDs will maintain gender congruence between participants and facilitators/notetakers in order to create a more conducive environment for adolescents of each gender.

### 3.2 Population of interest

This qualitative component of the MSNA covers three refugee settlements and their surrounding host communities in Uganda (Bidibidi, Adjumani and Kyangwali), and the capital city, Kampala. The Population of Interest (PoI) includes adolescents and adolescents with disabilities aged 10 to 19 years old living in these settlements and surrounding host communities, with a focus on separated minors in refugee settlements. Adolescents are targeted due to the lack of information regarding their needs and their perceptions on relevant topics that concern them.

The primary unit of measurement for this assessment will be the adolescents of the community (i.e., settlements and host communities), given the sensitivity of the subject. The unit of measurement will be separated by age group: adolescents aged 10-12, adolescents aged 13-15 and adolescents aged 16-19 of the community. Participants in adolescent focus group discussions (FGDs) will be asked about their knowledge and observations concerning adolescents in the settlement/community. This approach is chosen to make discussing sensitive topics more comfortable, as framing questions in the context of the settlement rather than personal experiences helps mitigate sensitivity and stigma, fostering more open and candid discussions. Additionally, to gain a deeper and more nuanced understanding of the protective and risk factors affecting adolescents' needs, information will also be gathered at the settlement and host-community level through parents (of the interviewed adolescents), caregivers (of the interviewed adolescents) and key informant interviews (KIIs) with sectoral experts working with adolescents needs and priorities in refugee settlements and surrounding host-communities in Uganda.

### 3.3 Secondary data review

Secondary source	Purpose of source
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<sup>6</sup> UNHCR. [Adolescent Development and Participation](#).

<sup>7</sup> UNHCR. [Separated and Unaccompanied children](#).

<sup>8</sup> UNHCR. [Who we protect: Refugees. 2024](#).

<sup>9</sup> Humanitarian Coalition. [Humanitarian Needs](#).



<p>UNICEF, <a href="#">Uganda Humanitarian Situation Report No.1, January to February 2024</a>, March 2024</p> <p>REACH, <a href="#">The Realities of Self-Reliance within the Ugandan Refugee Context</a>, April 2023</p> <p>REACH, <a href="#">Uganda Refugee Operation – Participatory Assessment 2021</a>, December 2021</p> <p>UNHCR, <a href="#">Population Dashboard: Overview of Refugees and Asylum-seekers in Uganda as of 30 April 2024</a>, May 2024</p> <p>UNHCR, <a href="#">Uganda Comprehensive Refugee Response Portal</a>, last updated 30 April 2024</p> <p>REACH, <a href="#">Uganda: Vulnerability and Essential Needs Assessment</a>, October 2020</p> <p>UNHCR, <a href="#">Inter-Agency Country Refugee Response Plan (UCRRP) 2022-2025</a>, May 2022</p> <p>UNHCR, <a href="#">Uganda Fact Sheet April 2024</a>, May 2024</p> <p>Government of Uganda, <a href="#">National Child Policy</a>, October 2020</p>	<p>General contextual understanding</p>
<p>REACH, <a href="#">Child Protection Assessment in Refugee-hosting Districts</a>, July 2022</p> <p>UNICEF, <a href="#">Understanding Child Subjective Well-Being: A Call for more Data, Research and Policymaking Targeting Children</a>, August 2021</p> <p>UNHCR, Monthly Child Protection Dashboard, Settlement Level, March 2024</p> <p>UNHCR, Monthly Child Protection Dashboard, National Level, March 2024</p> <p>UNHCR, <a href="#">Uganda Refugee Response: Protection Dashboard, Quarter 4 2023</a>, March 2024</p> <p>Fatuma A &amp; Kateshumbwa M, <a href="#">Exploring The Child Protection System and Child Well-being in Nyamanzi Refugee Settlement in Uganda</a>, May 2020</p> <p>Freccero J &amp; Taylor A, <a href="#">Child Marriage in Humanitarian Crisis: Girls and Parents Speak Out on Risk and Protective Factors, Decision-Making and Solutions</a>, May 2021</p> <p>UNICEF, <a href="#">Education Case Study: Uganda</a>, June 2021</p> <p>Crowe P, <a href="#">No Time to Play: Childhood in Uganda’s biggest Refugee Settlement</a>, January 2020</p> <p>World Bank, <a href="#">Violence Against Children: Prevention and Response</a>, January 2020</p>	<p>Assessment-specific contextual understanding and identification of information gap</p>

<p>Save the Children, <a href="#">Children's Consultations in Humanitarian Contexts</a>, 2023</p> <p>The Alliance, <a href="#">Contextualising and Measuring Child Well-Being in Humanitarian Action</a>, February 2021</p> <p>Child Protection Area of Responsibility, Analytical Framework V2 (CP % EiE integration)</p> <p>Save the Children, <a href="#">Psychosocial Care &amp; Protection of Children in emergencies: A Field Guide</a>, 2004</p> <p>The Alliance, <a href="#">Minimum Standards for Child Protection in Humanitarian Action</a>, 2019</p> <p>The Alliance, <a href="#">Identifying and Ranking Risk and Protective Factors: A Brief Guide</a>, 2021</p>	<p>Definition and protocols for assessment with children</p>
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### 3.4 Primary Data Collection

The research aims to gain a comprehensive understanding of the needs of adolescents living in refugee settlements and surrounding host communities in Uganda. Given the limited existing information and the sensitive nature of the topic, qualitative methods appear to be more suitable for the research objective. The iterative nature of qualitative methods will enable a thorough exploration of the factors that influence the needs of adolescents living in refugee settlements and surrounding host communities and their access to services. Data collection will involve the use of semi-structured tools, including focus group discussions (FGDs) with adolescents, separated minors, parents, caregivers and KIIs with sectoral experts. Each tool has been designed to accommodate participants' age, level of expertise, and potential knowledge about the topic.

REACH note takers will undergo a 2-days training before starting data collection on the 24<sup>th</sup> of August 2024. Data collection is expected to last four weeks during the school holidays to avoid disrupting adolescents' attendance at school. It will take place in Bidibidi, Adjumani, Kyangwali, and Kampala. Due to the sensitivity of the topic and the stigma surrounding it, adolescent, parents and caregivers focus group discussions (FGDs), and the field officers will be of the same gender as the participants. For FGDs, teams will be composed of one research assistant (RA) and one senior officer from Plan International Country Office that will oversee the FGD, and one transcriber (locally recruited enumerator team leader) from REACH.

**Focus Group Discussions (FGDs):** FGDs with adolescents, separated minors, parents and caregivers will be conducted as gender-separated semi-structured discussions. A total of 52 FGDs across the three settlements and Kampala, resulting in 8 FGDs with adolescents aged 10 to 12 (4 with refugees and 4 with host communities), 8 FGDs with adolescents aged 13 to 15 (4 with refugees and 4 with host communities), 16 FGDs with adolescents aged 16 to 19 (8 with refugees and 8 with host communities), 16 FGDs with parents and caregivers (8 with refugees and 8 with host communities) of the children and adolescents interviewed, 2 FGDs with separated minors in settlements and 2 FGDs with the separated minors caregivers. Adolescents from the same household will not participate in the same FGD. All FGDs will have between 6 to 8 participants. Following [Plan International's guidance on consulting children with disabilities](#), adolescents with disabilities will be integrated into the 'regular' FGDs, as children with disabilities want to be treated the same way as those without disabilities.<sup>10</sup> Adolescents and unaccompanied minors face unique challenges in refugee settlements, and FGDs allow them to share their experiences and needs directly. This method empowers them, providing critical insights into their needs and aiding in the design of tailored, culturally sensitive interventions. Additionally, FGDs help identify vulnerabilities and protective factors specific to this age group, ensuring more effective support. Parents and caregivers play a crucial role in adolescents'

<sup>10</sup> Plan International. [Guidelines for consulting with children and young people with disabilities](#). 2016.



lives, serving as their main source of support and guidance. Their close relationship allows them to provide valuable insights into adolescents' needs and challenges, complementing the information shared by the children and adolescents themselves. Additionally, caregivers possess cultural and contextual knowledge that can inform tailored interventions, ensuring they are sensitive and relevant to the community's needs.

**Key informant interviews (KIIs)** with minimum seven experts (one minimum per sector: protection, WASH, education, nutrition, SRHR, MHPSS, livelihood) on adolescents' needs and priorities in settlements and surrounding host communities in Uganda. Experts with an overarching view of refugee and/or host community children (e.g., community health worker) will also be considered for KIIs. Semi-structured interviews will be carried out across the two settlements and Kampala, totalling in minimum seven interviews. Participants will be chosen for their sectoral expertise and experience with adolescents, including separated minors, in the two refugee settlements and surrounding communities and Kampala. Sectoral experts interviewed will be asked to provide contacts of other sectoral experts who could be relevant for the objective of this assessment (i.e. snowballing). Their input will illuminate pull factors and risks impacting the needs of youth in these communities. Furthermore, these sectoral experts can offer insights into service availability and utilization by adolescents, as well as identify potential gaps in formal support services for refugee and host-community youth.

**Table 1:** Breakdown of number of FGDs with adolescents per settlement and gender.

FGD with children and adolescents	Type	Refugee						Host						TOTAL	
	Gender	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	Age	10 to 12		13 to 15		16 to 19		10 to 12		13 to 15		16 to 19			
<b>Bidibidi</b>	North		1	1		1	1		1	1		1	1	4	4
<b>Adjumani</b>	North	1			1	1	1	1			1	1	1	4	4
<b>Kyangwali</b>	West		1	1		1	1		1	1		1	1	4	4
<b>Kampala</b>	Urban	1			1	1	1	1			1	1	1	4	4
<b>Total</b>		<b>32</b>												<b>16</b>	<b>16</b>

**Table 2:** Breakdown of number of FGDs with parents and caregivers per settlement and gender.

FGD with parents and caregivers		Refugee		Host Community		Total	
		Men	Women	Men	Women	Men	Female
<b>Bidibidi</b>	North	1	1	1	1	2	2
<b>Adjumani</b>	North	1	1	1	1	2	2
<b>Kyangwali</b>	West	1	1	1	1	2	2
<b>Kampala</b>	Urban	1	1	1	1	2	2
<b>Total</b>		<b>16</b>					

**Table 3:** Breakdown of number of FGDs with separated minors in refugee settlements and care givers per settlement and gender

FGD with separated children and caregivers in refugee settlements		Children		Caregivers	
		Boys	Girls	Men	Women
<b>Bidibidi</b>	North	1	1	1	1
<b>Total</b>		<b>4</b>			

#### Scoping:

Potential participants to the FGDs purposive sampling through Plan International's network of local and international partners working in refugee settlements in Uganda. KIIs will also be identified through purpose sampling and snowballing. Data collection will be jointly carried out by Plan International and REACH. Plan International will identify potential respondents that meet the criteria for the group of interest, location and gender, as specified in the detailed data collection tools that will be used for data collection. REACH will assist with the data collection by conducting the KIIs, and by providing a transcriber, who will take notes and record the FGDs.

Training:

Plan International' staff (Research Assistants (RAs) conducting the FGDs and Senior Officers overseeing them) will already be experienced or trained in facilitating FGDs and/or conducting activities with minors. This includes prior training and experience on data collection techniques within humanitarian settings including instructions on conducting FGDs, usual procedures and protection guidelines to ensure a safeguarding environment for adolescents (i.e., safe identification and referral processes, referral protocols and risk assessment, child protection principles, psychological first aid (PSA), child participatory methodologies and tools as well as the fundamental requirements for conducting meaningful and ethical data collection with children). Prior to data collection, Plan International's RAs will undertake a two-day refresher training conducted by Plan International, in which REACH transcribers will participate in. REACH will conduct a half-day training session for the RAs to ensure they understand the tool and the objectives of the questions posed to children.

### 3.5 Data Processing & Analysis

The KIIs and FGDs will be recorded when the consent of participants over 18 years old and assent of children is granted. Annex 4 to 6 outlines the consent and assent forms for (i) participants over 18 years old, (ii) parents and caregivers of children that are under 18 years old and (iii) participants under 18 years old. In addition to the recordings, REACH field officers will take detailed notes during the interviews and discussions. The recordings will be transcribed by the REACH field team and checked by the field coordinator to ensure completeness and accuracy of transcription. Subsequently, the transcriptions will be translated into English (if required) for data analysis and will be thoroughly reviewed by the assessment team. This review process, which involves retroactive transcription/translation, will involve a comparison of the translated text with the original recordings and transcripts to identify any discrepancies, errors or needs for clarifications from enumerators. By doing so, the team will ensure that the translated data faithfully captures the participants' perspectives and maintains the integrity of the research findings. After the data cleaning and analysis, all the recordings and raw data will be permanently deleted.

All qualitative data will be handled in strict accordance with REACH's Management of Personally Identifiable Information - SOP to safeguard the privacy and anonymity of the participants. The data analysis will involve the construction of a data saturation and analysis grids (DSAGs), which serve as systematic tools to organize and analyse qualitative data. These grids will help identify common patterns, recurring themes, areas of consensus, and areas of disagreement across the adolescents' FGDs and KIIs. Finally, a summary of the key findings will be written according to the DSAG.

For the analysis process, REACH will use MaxQDA, a qualitative data analysis software. The analysis will be carried out in parallel with data cleaning (once an interview is cleaned, it will be coded), with codes being iteratively built based on the content of the interviews. The codes will be categorized according to the saturation grid/analysis plan, referring to different components of the indicator (e.g., needs) and cross-cutting issues (e.g., barriers to needs). Additionally, new topics that were not included in the saturation grid will be assigned appropriate codes. The analysis will be conducted in accordance with REACH's Minimum Standards Checklist for Semi-Structured (Qualitative) Data Processing and Analysis. Finally, the coding, analysis, and saturation grid will be reviewed by IMPACT HQ and Plan International prior to validation and publication.

### 3.6 Limitations

Geographical coverage: the assessment aims to provide insights into the needs of adolescents living in refugee settlements and surrounding host communities in Uganda, including urban centers. However, it is important to acknowledge that the qualitative nature of the assessment and the limited number of settlements and host communities assessed may restrict the generalizability of findings. The knowledge and perspective of adolescents, and parents and caregivers are likely to be specific to their respective locations of residence and may not fully encompass the entire region. Therefore, it is important to interpret the findings considering this limitation and findings will be indicative only of the specific areas of knowledge of the respondents. Additionally, urban areas, which may have different perceptions and challenges regarding the topic, are underrepresented in the sample. Their perspectives of individuals residing in these areas remain an information gap that should be addressed in future research.

**Social desirability bias:** Some of the topics potentially discussed, such as protection, are culturally sensitive and often stigmatized, which may lead to social desirability bias or under-reporting. Additionally, the respondents, who are adolescents aged 10-12, 13-15 and 15-17, may be inclined to provide answers they perceive as socially acceptable or aligned with societal norms, or the views of other participants in the FGD, rather than expressing their true thoughts and experiences.

**Selection bias:** the sampling will be purposive based on Plan International's local network and partner knowledge. This approach is likely to exclude individuals who are harder to reach and do not fall under the existing programmes of Plan International. The non-inclusion of potential more vulnerable persons or people with greater barriers to access might result in under-reporting of challenges and barriers.

**Unit of measurement:** the unit of measurement for the assessment will be the community (i.e., refugee settlement and host-community). However, it is important to recognize that using the community as the unit of measurement may not fully capture the nuances and individual variations within the community. Different members of the community may have diverse experiences, opinions, and needs that might not been captured by the indirect reporting method (i.e., capturing information at the community level through interviews with some community members).

## 4. Key ethical considerations and related risks

Throughout all stages of the research cycle, the assessment team will take all necessary measures stipulated in the global IMPACT Data Protection Policy in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households. In addition to personal data protection, the assessment team will uphold responsibility: the safe, ethical and effective management of data as outlined in the [IASC Operational Guidance on Data Responsibility in Humanitarian Action](#). This includes asking for informed consent and taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security is in line with the principles of data responsibility in humanitarian action. The assessment team will also take all the necessary measures stipulated in the [Plan International Uganda National Policy on Safeguarding](#) and related policies to ensure protection and safeguarding of children during FGDs.

The proposed research design meets / does not meet the following criteria:

<b><i>The proposed research design...</i></b>	<b><i>Yes/ No</i></b>	<b><i>Details if no (including mitigation)</i></b>
... Has been coordinated with relevant stakeholders to <b>avoid unnecessary duplication</b> of data collection efforts?	Yes	
... <b>Respects respondents, their rights and dignity</b> ( <i>specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided</i> )?	Yes	
... Does not <b>expose data collectors to any risks as a direct result</b> of participation in data collection?	Yes	
... Does not <b>expose respondents / their communities to any risks as a direct result</b> of participation in data collection?	Yes	
... Does not involve <b>collecting information on specific topics which may be stressful and/ or re-traumatising</b> for research participants (both respondents and data collectors)?	No	Assessing the needs of children, adolescents and separated minors in Uganda requires sensitivity to avoid triggering trauma related to their displacement and previous experiences. To mitigate this risk, the research design excludes direct

		<p>questions about potentially traumatizing events, such as displacement or life before arriving in Uganda. Questions on the evolution of needs will focus only on the period since their arrival in the settlements. Inquiries will be addressed primarily at the community level and through indirect approaches to minimize stress, cultural stigma, or trauma. FGDs will employ age-appropriate and culturally sensitive semi-structured tools.</p> <p>Field officers from Plan International will be conducting the FGDs with adolescents. They adhere to strict ethical guidelines and a robust legal framework designed to protect children's rights and well-being. Plan International's field officers are specifically trained in conducting focus group discussions with minors, ensuring that they use child-friendly communication techniques and create a safe, supportive environment.</p>
<p>... Does not involve <b>data collection with minors</b> i.e. anyone less than 18 years old?</p>	<p>No</p>	<p>The population of interest is refugee and host-community adolescents and separated refugee minors. It is important to gather their own perspectives, experiences, and voices, as they may provide a more comprehensive understanding of the challenges that their group is experiencing in terms of needs. To ensure all protective and ethical considerations related to interviews with minors are applied, this assessment will follow the Annex 3 on reporting safeguarding and SHEA concerns (i.e., child protection concerns) of <a href="#">Plan International Uganda Policy on Safeguarding</a>. This protocol ensures that urgent issues that can put the life and/or well-being of a child in immediate danger detected during the implementation of the activities are timely and efficiently referred through existing in-country child protection</p>

		<p>mechanisms for their follow-up in full respect of the International Convention of the Rights of the Child and following Protocols. The protocol clearly defines all procedures related to Child Protection that the team must follow, including training, consents/assents, reporting/referral procedures. The protocol clearly outlines all procedures for addressing concerns of abuse and harm. Once a report is made, either to Safeguarding focal staff or through other reporting channels, responses are implemented in line with the survivor-centered approach. Where applicable, local authorities such as the police are notified. Appropriate case management, including medical support, psychosocial support, and referrals for additional services, is provided. The children and adolescents FGDs will take place in existing safe spaces catering to minors. In addition, training on Safeguarding will be provided to all field officers involved in the assessments, covering the topics of safeguarding, safe identification and referral, referral protocol and risk assessment, child protection principles, Psychosocial first aid (PFA)/ Psychosocial Support (PSS), child participatory methodology and tools, and basic requirements for meaningful and ethical data collection with children.</p>
<p>... Does not involve <b>data collection with other vulnerable groups</b> e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?</p>	No	<p>While not purposively targeted, refugee parents and caregivers may have been survivors of or witnesses of protection-related incidents.</p> <p>There will be a sensitivity component to the refresher training delivered by Plan International for the data collection teams.</p>
<p>... Follows IMPACT SOPs for management of <b>personally identifiable information</b>?</p>	Yes	

## 5. Roles and responsibilities

REACH will oversee, the research design, data processing (including notetaking, recording, cleaning and transcribing), analysis, output production, dissemination, and monitoring and evaluation. Inputs from Plan International will be crucial at research design stage (scope, sampling, planning), as well as in the form of input and review during output production and dissemination. Plan International, leveraging their expertise in working with refugee and host community minors, will lead in the organizational, resource mobilization and facilitation aspects of the FGDs, while REACH organizes the actual data collection efforts (transcription and cleaning of the data). Specifically Plan International will be responsible for the operational tasks such as allocating RAs for conducting FGDs, identifying suitable respondents based on predefined criteria regarding group, location, and gender, selecting appropriate venues for FGDs facilitation, arranging transportation logistics for both FOs and participants, and managing other logistics pertinent to data collection in refugee settlements and host communities.

REACH will provide one FOs in each settlement who will be responsible for transcription, recording FGDs, and conducting KIIs. It's essential to note that all data collected during this assessment will be transcribed, cleaned, analysed, and owned by REACH.

<b>Task Description</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
<i>Research design</i>	SAO <sup>11</sup>	RM <sup>12</sup>	CP cluster, Plan International, REACH HQ specialists	Plan International
<i>Data collection<sup>13</sup></i>	REACH (SAO, RM), Plan International	RM	REACH (SAO, RM)	REACH (SAO, RM)
<i>Facilitation of qualitative participatory sessions</i>	Plan International	Plan International	SAO, RM	SAO, RM
<i>Supervising data collection</i>	SAO, FM <sup>14</sup>	RM	Plan International	Plan International
<i>Data processing (checking, cleaning)</i>	SAO	RM	Plan International, REACH HQ	Plan International
<i>Data analysis</i>	SAO	RM	Plan International, REACH HQ	Plan International

<sup>11</sup> SAO: Senior Assessment Officer (REACH)

<sup>12</sup> RM: Research Manager (REACH)

<sup>13</sup> REACH is mainly responsible for overseeing data collection goes according to plan, of data management (recording and transcription) and facilitation of KIIs. Plan International for the organization of resources, FGD/KIIs set-up, mobilization of participants and facilitation of the FGDs.

<sup>14</sup> FM: Field Manager (REACH)



<i>Output production</i>	SAO	RM	Plan International, REACH HQ	Plan International
<i>Dissemination</i>	SAO	RM	Plan International, REACH HQ	Plan International
<i>Monitoring &amp; Evaluation</i>	SAO	RM	RM, CC <sup>15</sup>	REACH HQ
<i>Lessons learned</i>	SAO	RM	RM, CC, REACH HQ	Mission-level

**Responsible:** the person(s) who executes the task

**Accountable:** the person who validates the completion of the task and is accountable of the final output or milestone

**Consulted:** the person(s) who must be consulted when the task is implemented

**Informed:** the person(s) who need to be informed when the task is completed

## 6. Data Analysis Plan

The data analysis plan has been published as a separate document in the REACH Resource Centre: [Data Analysis Plan | Uganda MSNA 2024: Adolescents' Needs Module](#)

<sup>15</sup> CC: Country Coordinator (REACH)

## ANNEX 1: RISK ASSESSMENT MATRIX (PLAN INTERNATIONAL)

Risk assessment matrix score and legend according to colours:

TABLE A - Likelihood of risk happening (in next 12 months)			TABLE B - Impact of the risk on the people involved		
1	Very Low	Is not expected to occur	1	Very Low	No injury or ill-health experienced
2	Low	Small chance that it will occur	2	Low	Very minor injury in short-term ill-health suffered by one or more individuals resulting from or associated with the activities of Plan
3	Medium	Less likely to occur than to occur	3	Medium	Minor but notable injury or ill-health suffered by one or more individuals resulting from or associated with the activities of Plan. Any potential minor child protection incident perpetrated against a child not engaged with Plan by either staff or associates.
4	High	More likely to occur than not	4	High	Significant potential for serious / life changing injury or ill-health to one or more individuals resulting from or associated with the activities of Plan. Any potential serious child protection incident perpetrated against a child not engaged with Plan by either staff or associates. Any potential minor child protection incident perpetrated against a child engaged with Plan International by either staff or associates.
5	Very High	Is expected to occur	5	Very High	Real potential for fatal injury to one or more individual resulting from or associated with the activities of Plan. Any potential serious child protection incident perpetrated against a child engaged with Plan by either staff or associates.

Impact ↓					
Very high	5	10	15	20	25
High	4	8	12	16	20
Medium	3	6	9	12	15
Low	2	4	6	8	10
Very Low	1	2	3	4	5
Likelihood →	Very Low	Low	Medium	High	Very High

Legend	
1-3	Low risk
4-10	Moderate Risk
12-16	High Risk
20-15	Extreme risk

Risk assessment matrix:

Section 3: Risk Matrix									
1. What is the activity?	2. What are the risks?	3. Who is at risk?	4. What measures are in place to mitigate the risk?	5. Risk Rating			6. Additional actions to mitigate the risk (only if necessary and for medium, high or very high risks)	Action owner	Action Target Date
				Likelihood (on 5)	Impact (on 5)	Net Risk Rating			

Implement

Research Assistants understanding of PII's MER ethical considerations, PIU National policy on safeguarding of children & program participants safeguarding policy and ethical principles.	<p>1. Abuse &amp; violation of Research Assistants rights by PIU and REACH staff which will limit the quality of data being collected, hence affecting the overall assessment and the participants of the assessment (i.e., adolescents and participants over 18 years old).</p> <p>2. Abuse &amp; violation of respondents by the research assistants (RAs), putting the assessment and PIU and REACH image at stake.</p>	Respondents and Research Assistants, Plan and REACH Staff.	<p>1. Orient the Research Assistants on PIU's National Policy on safeguarding, ethical considerations and risk matrix prior to any field engagements.</p> <p>2. Share contacts of the Safeguarding focal persons with the assessment team and <b>respondents</b> for any safeguarding concerns.</p> <p>3. Ensure the assessment team and Research Assistants (PIU and REACH) sign PIU's National Policy on safeguarding.</p>	2	4	8	NA	PIU focal point PIU safeguarding focal point REACH focal point	July 2024
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<p>Field data collection with respondents</p>	<ol style="list-style-type: none"> <li>1. Subjecting respondents to FGDs and KIs without obtaining informed consent by the Research Assistants which can cause conflicts and tensions at the community and household level if private and confidential information is disclosed.</li> <li>2. Sexual harassment, exploitation and abuse by the research assistants and/or note-takers which will cause reputational damage to PIU, REACH and the participants.</li> <li>3. Long FGDs and interviews conducted by the research assistants, leading to fatigue and unclear responses.</li> <li>4. Disclosure of respondent's information by research assistants will create fear to the respondents to continue participating in the data collection process.</li> <li>5. Research Assistants taking photos with respondents and sharing these photos on social media exposing them to risks such as cyber bullying and potential human trafficking.</li> <li>6. Use of inappropriate statements by the research assistants while conducting FGD which will lead to withdrawal from the assessment by the respondents.</li> <li>7. Language barrier requiring the need for translation which will also affect the quality of data collected.</li> <li>8. Participants are distressed after or during the FGD due to the sensitivity of the topics covered.</li> </ol>	<p>Respondents</p>	<ol style="list-style-type: none"> <li>1. Research Assistants will be trained on PIU's National Policy on safeguarding, signing and adhere to it.</li> <li>2. Research assistants will be oriented on research ethics (seeking informed consent, confidentiality, voluntary participation and integrity) &amp; appropriate language to be used.</li> <li>3. Respondents will be reliably informed that their participation is voluntary &amp; they can opt out if they feel uncomfortable to continue with the discussions. Respondents will be given prior information on how long the FGD is likely to take. Research assistants are trained and have experience conducting FGDs and will finalise the FGD if they see respondents' fatigue or non-participation.</li> <li>4. The RAs will follow internal guidelines to limit the time of the FGD based on agreed tool and maximum time. The RAs will also ensure to adapt the tools to the participants to reduce the risk of fatigue.</li> <li>5. Consent forms will be provided and used to obtain informed consent prior to engaging respondents in any interviews.</li> <li>6. Research Assistants will be prohibited to take photos of the respondents.</li> <li>7. Research Assistants will be trained on PIU's National Policy on safeguarding, sign and adhere to it. Contacts of PIU safeguarding focal points will be shared with both Research Assistants &amp; respondents for further support.</li> <li>8. FGD participants will be organized in small groups based on sex, age and language where appropriate and in safe spaces.</li> <li>9. Personal information such as the name and national identification numbers of respondents will not be collected. REACH and PIU will ensure clauses regarding data protection and safeguarding of respondents are ensured and respected.</li> <li>10. Personal Identification Information will be deleted by REACH when publishing the DSAG to ensure anonymity of the participants. Notes, recording and transcripts will be deleted once the data analysis is finalised and published.</li> </ol>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Daily debrief meetings with Research Assistants and note-takers to reinforce confidentiality and safeguarding standards.</p>	<p>PIU focal point PIU safeguarding focal point REACH focal point</p>	<p>Sept. 2024</p>
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			11. RAs from PIU are trained facilitators with experience conducting activities with minors. Mandatory training for the RAs includes safe referral in case of child protection issues and Psychological First Aid (PFA) / Psychosocial Support (PSS), among others.				
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<p>Travel to and from the field</p>	<p>1. Accidents on the road to and from FGDs and interviews venues which will bring the whole data collection process to a standstill.</p> <p>2. Late arrival to the field by the Research Assistants which may lead to extended time of field data collection beyond the stipulated time which in turn might put respondents at risk of harm.</p>	<p>Respondents and Research Assistants, Plan and REACH Staff</p>	<ol style="list-style-type: none"> <li>1. Use roads worthy of vehicles.</li> <li>2. Use of recommended number of passengers per vehicle.</li> <li>3. Vehicle inspection by the admin &amp; logistic assistant prior to field trip.</li> <li>4. Drivers to observe road safety precautions including always ensuring all passengers wear seat belts</li> <li>5. Following agreed movement plans including time for leaving for the field and time to leave the field.</li> <li>6. Minimise use of motorbikes for Research Assistants during data collection exercise</li> <li>7. Work with local leaders to mobilize participants and to ensure participants do not have to travel far from their places of residence. Priority is given to spaces for FGD within or close to the [settlements][community].</li> </ol>	<p>3</p>	<p>3</p>	<p>9</p>	<p>N/A</p>	<p>PIU focal point PIU safeguarding focal point REACH focal point</p>	<p>August – Sept. 2024</p>
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<p>Use of tablets / mobile phones for data collection and hosting of data on cloud/server</p>	<ol style="list-style-type: none"> <li>1. Data loss or misuse of sensitive data by research team which will lead to breach of confidentiality ethical principal.</li> <li>2. Unauthorized access to the data on the cloud/server or tablet / mobile phone by other people except the REACH note takers breaching confidentiality and leading to loss of trust by the respondents.</li> <li>3. Damages and or loss of the gadgets during transit and in the field leading to loss of data already collected and potentially data breach.</li> <li>4. Use of tablets/smart phones to access prohibited sites by PIU and REACH leading to breach of conduct.</li> </ol>	<p>Research Assistants</p>	<ol style="list-style-type: none"> <li>1. Brief note takers on REACH data protection &amp; privacy protocols.</li> <li>2. Research assistants oriented on the purpose of the tablets/mobile phones for the time they will be contracted by PIU.</li> <li>3. The Research Assistants and note takers will be encouraged to carry power banks to charge phones.</li> <li>4. Note takers will be encouraged to upload data to the server on a daily basis to mitigate data loss.</li> <li>5. The server for hosting collected data shall be accessed by only authorized personnels from REACH During data cleaning, personal identification information will be deleted.</li> </ol>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Daily debrief meetings with Research Assistants and note-takers to reinforce confidentiality and safeguarding standards.</p> <p>Close supervision of the field teams during data collection.</p>	<p>PIU focal point REACH focal point</p>	<p>August – Sept. 2024</p>
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<p>Community mobilization of respondents to the interview venue.</p>	<ol style="list-style-type: none"> <li>1. Risk of moving long distances to meeting venues by the respondents hence limiting their willingness to participate in the interviews affecting quality of data that will be obtained.</li> <li>2. Accidents occurring to the respondents on their way to the interview venues affecting achievement of the target respondents.</li> <li>3. Community leaders mobilizing wrong groups to participate in the data collection which affecting the quality of the data collected.</li> <li>4. Sexual violence to and from the FGD or KII, leading to PIU and REACH accusations and affecting reputation of both organisations, as well as respondents' well-being and potentially further data collection.</li> <li>5. Longer than planned FGD and/or late arrival of respondents to their homes after the FGD. Further data collection can be denied by parents and reputational risks for REACH and PIU.</li> </ol>	<p>Community leaders, Respondents.</p>	<ol style="list-style-type: none"> <li>1. FGDs and KIIs will be conducted in a neutral and safe location that favours all participants</li> <li>2. Children and young people escorted by their caregivers/parents.</li> <li>3. Community leaders guided on who to mobilize prior to the activity</li> <li>4. Conducting interviews at times convenient and safe for both the respondents and research assistants.</li> </ol>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Data collection schedule for the different locations, shared ahead of time with responsible stakeholders of this assessment.</p>	<p>PIU focal point REACH focal point.</p>	<p>August – Sept. 2024</p>
<p>The venue for interviews</p>	<ol style="list-style-type: none"> <li>1. Unsafe venues put at risk respondents physically and mentally.</li> <li>2. Noisy and distractive venues during FGDs which will affect the data collection process and the quality of data collected.</li> <li>3. Unfavorable weather changes (rainy/high heat temperature) affecting respondents' participation.</li> </ol>	<p>Respondents</p>	<ol style="list-style-type: none"> <li>1. Conducting risk assessments of all venues before engaging any respondents in the FGD and KIIs.</li> <li>2. Working with the community leaders to identify favorable environment for the interviews i.e. churches, community halls, school compounds.</li> <li>3. Flexibility during activities in case of rain and too much heat.</li> <li>4. Venues chosen will ensure minimal movement for respondents.</li> </ol>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Brief all respondents on the venue's safety guidelines.</p>	<p>PIU focal point REACH focal point</p>	<p>August – Sept. 2024</p>

Use

Data analysis, reporting & dissemination	<p>1. Failure to ensure confidentiality while reporting causing harm and risk to the respondents.</p> <p>2. Disclosing sensitive information and respondents' personal identification information included in the analysis and final report, causing harm and risk to the respondents.</p>	Respondents	<p>1. The data analysis and final report will be reviewed by REACH's SAO, RM and Impact's Initiative HQ, as well as by Plan International before publication.</p> <p>2. Data analysis will be conducted at an aggregated level.</p>	3	3	9	Comply with the IMPACT Data Cleaning Minimum Standards Checklist and IMPACT Personally Identifiable Data Protection SOPs and Plan International Uganda National Policy on Safeguarding	PIU focal point REACH focal point REACH RM Impact Initiative's HQ	Sept – October 2024
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**STEP 7: Decisions and Justifications**

***Please note that if any of your risks score high or very high, the MER initiative will need to get ethics approval. For the full list of when to apply for ethics approval, see***

Have you thought through all the possible risks and inputted additional actions as necessary?	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Please give a final justification for the risks associated with this assessment.	This assessment will help identify the priority needs of children and adolescents from their perspective. It will inform and help organisation working in settlements and host-communities in Uganda prioritise their interventions for the most pressing needs and the most vulnerable.

## ANNEX 2: MEANINGFUL PARTICIPATION ANNEX

Please reflect on the following questions to ensure the children’s consultation can be meaningful and conducted with quality.

### **DATA HAS AN ADDED VALUE**

1 - What is the purpose and benefit to children and communities, and in particular to the children that would participate in the consultation?

*Guiding questions: Is there a gap in data about children’s needs and priorities? Have children already been asked by IMPACT or other organizations to share their views on the theme covered by this assessment?*

Answer:

While some information may be available, it is often insufficient, outdated, or not comprehensive enough to fully understand the specific needs and priorities of children, especially in different regions and among various demographics. This gap is particularly pronounced in areas affected by humanitarian crises, such as refugee settlements and host communities, where data collection is challenging, and in sensitive topics such as mental health, protection risks, and sexual and reproductive health. Addressing this gap is crucial for developing effective policies and programs to support the well-being and development of children in Uganda. An assessment involving minors was conducted by IMPACT in 2021, but only focus protection. Triangulation with this assessment will be ensured in the final report.

2-Which are the research questions where children voices are essential and can provide different information than the one caregivers or other adults can provide?

Answer:

While caregivers and other adults can provide information on children's needs, it is crucial to ask the children themselves about their priority needs, especially since their voices are often overlooked in programs targeting them. This assessment focuses specifically on the needs of children in settlements and host communities in Uganda, making their input essential for all research questions of this assessment.

### **DATA WILL BE USED**

3- Do humanitarian organizations and/or governments indicate that they will use the data to inform their assistance planning and policymaking? If so, how?

*Guiding questions: Could the findings and recommendations from the children’s consultation contribute to internal/external needs analysis, response planning or serve to inform other actors? Will there be any process soon after the consultation where data from child participation will feed into (for example, Response strategy, Humanitarian Plan, Child Rights Situational Analysis or longer-term Country Strategy)?*

Answer:

This assessment is an “add-on” to the Multi-Sectoral Needs Assessment (MSNA) conducted concurrently. This assessment’s goal is also to fill in the gaps of the MSNA (i.e., questions only being asked the head of household, and a few of the indicators are focused on child protection and education). The MSNA provides critical data and insights that inform planning and policymaking by feeding into the Humanitarian Response Plan (HRP). This ensures interventions are relevant, targeted, and effective in addressing the needs of affected communities. Consequently, this assessment will contribute to internal and external needs analysis, response planning, and provide valuable information to other actors working with children in Uganda. Additionally, the results will be presented to any stakeholders interested in the findings to support their planning efforts

### I – BEFORE DATA COLLECTION

#### Plan International staff is well trained:

Plan International staff (both Research Assistant and Senior Staff) should receive a specific training on how to refer child protection urgent cases and basic requirements for meaningful and ethical data collection with children, as well as the referral system for any child protection or related concerns. The training should be conducted by child protection specialists and should cover topics of safeguarding, safe identification and referral, local referral protocol and risk assessment, and child protection principles. If Plan International staff is already trained, refresher training on all of the above should be conducted, and REACH's note-takers should participate.

#### Selection of participants (Plan International)

- **Participation is transparent and informative:**
  - Child-friendly information about the consultation is provided in appropriate and accessible languages/formats in a timely manner.
  - It is recommended to create a “Frequently Asked Questions” document during your planning process to ensure that staff leading consultations have the information children might ask about before data collection take place.
- **Participation is voluntary:**
  - Children have enough information and time to decide about whether they want to participate or not.
  - Children must be informed that they can stop participating at any time, without repercussions.
  - Children must provide **informed assent** and caregivers should provide **informed consent** (see below).
- **Participation is inclusive:**
  - The process ensures that the voices of children impacted by discrimination and inequality are heard and valued.

#### Informed assent/consent

- After the selection of the potential participant, the facilitators should engage with their caregivers to seek their **written consent** for the child to participate in the data collection exercise using a Consent Form (Plan International).
- Upon consent from the child's parent/caregiver, the facilitators should engage with the child to seek his/her assent to participate in the data collection exercise using an Assent form.
- The Consent and Assent forms outline important elements of which the potential participant and her/his parent/caregiver should be informed, including the purpose of the research, the criteria for the selection of the participants, the voluntary nature of the participation, the procedures of relevant data collection methods, the confidentiality of the research, the data management policy, the risks involved in taking part in the research, the no-compensation/no-benefit policy as well as the way findings will be shared.
- Facilitators shall inform the participants that if there is any suspicion, disclosure or evidence of abuse or harm occurring, it will have to be reported to the relevant child protection services.
- No data collection exercise may be carried out without the formal written consent of the parent/caregiver AND the assent from the child.
- Here there is an important distinction that should be made between informed consent and informed assent:
  - **Informed consent:** is the voluntary agreement of an individual who has the legal capacity to give consent (depending on country's legislation).
  - **Informed assent:** is the expressed willingness to participate.

- Children cannot give informed consent as they do not have the legal capacity to do so. Instead, they can provide their informed assent. If there is no adult parent/caregiver, a trusted adult (identified by the child) should be approached to give consent. Below a summary of how consent should be sought by group of age

AGE	CHILD	CAREGIVER	MEANS <sup>16</sup>
10-12	Informed assent	Informed consent	Oral assent, Written consent
13-15	Informed assent	Informed consent	Written assent, Written consent
16-19	Informed assent	Obtain Informed consent with child's permission	Written consent

### **Facilitators selection and training:**

- At least two adult female facilitators (at least one facilitator (Plan International), and one note taker (REACH)) should be selected to facilitate groups of girls and two adult male facilitators should be selected to coordinate groups of boys.
- **Ensuring cultural sensitiveness:**
  - The facilitator team shall account for potential political and cultural sensitivities of participants. Facilitators are trained to ensure full respect of participants' political or cultural sensitivities. Linguistic sensitivities will be considered by ensuring that the facilitator speaks a language in which participants feel comfortable communicating.
  - Facilitators will not provide any information regarding their religious or political affiliations.
  - To the extent possible, facilitators should have a similar cultural background as the group of children.
- Selected staff should be screened (interview questions, referee checks, criminal history check).
- Selected staff should have the competences to make children feel relaxed and build their self-esteem and confidence. All adults interacting with children possess the confidence, skills and support to facilitate meaningful children's participation processes. **Consequently, previous experience in dealing with children is a must.**
- All facilitators should undergo training on child safeguarding that includes the aspects covered of this protocol. In particular, this training should include one session on Psychological-First Aid (PFA)/Psychosocial Support (PSS) and another one on safe identification and referral mechanisms, to ensure that concerns and distress are timely detected and addressed during the data collection phase. Ideally this training should be facilitated by members of the MHPSS and CP working groups, nominated by the leads of the respective working groups.
- In particular, facilitators should be trained on when and how to fill out the "Annex 3: Do not Harm Decision Tree" (Plan International) i.e. procedures that need to be followed if enumerators encounter an 'urgent action case' - a situation in which lack of prompt response can put the life and/ or well-being of a child in immediate danger - during the course of data collection. The procedures are explained in "Annex 3: Do not Harm Decision Tree" of [Plan International Uganda National Policy Safeguarding](#).
- **Confidentiality:**
  - Before starting data collection, facilitators will be asked to sign a Confidentiality Agreement with IMPACT whereby they commit not to disclose any information they collect as part of their facilitation role to anyone but their team members<sup>17</sup>, direct supervisor, and the assessment lead, as well as to avoid, to the best of their ability, unauthorized disclosure of the information they collect or obtain during their facilitation role.
  - Data collection forms are anonymous, and the facilitator shall not record the names of the participants.

<sup>16</sup> Asking for a signature may not always be appropriate, especially if the existence of such a form (or section in a form) signed by the concerned individual poses risk to their safety. Alternative options are for the provider to sign a form confirming consent was given.

<sup>17</sup> The term "team members" specifically refers to a team of 2 to 3 enumerators conducting focus group discussions together.



**Planning the activity:**

- Children's own time commitments (to study, work, play) are respected and taken into consideration when planning the consultation.
- Facilitators shall make sure with both the parents/caregivers and the adolescents participating in data collection that the time of this activity does not interfere with the daily schedule of the adolescents (schooling, recreational activities, meals, rest, praying, etc.).
- Referrals for psychosocial support (or other urgent support) to children should be established in consultation with the relevant specialized actors in the country (e.g., CPAoR, Protection Cluster or WG).

**II –DURING DATA COLLECTION**

**IMPORTANT: facilitators should never be alone with a child, to avoid any risks and allegations of maltreatment.**

**Data collection space and privacy**

- A safe space is provided for different groups of children to explore issues relevant to them (for example, girls working separately from boys, if needed with facilitators and translators of corresponding sex).
- Consultation locations and times are child friendly and accessible by children.
- The focus group should take place in a space that guarantees the security and privacy of the participants. Therefore, the space of the data collection shall be identified based on these considerations, and facilitators shall also ask the management of the identified facilities providing the space for FGDs for a place where they and the participants will not be heard by non-participants, and where the adolescents will feel comfortable.
- If non-participants are present in the data collection room, facilitators shall explain to them that in order to protect the participants' privacy, non-participants should leave the room.
- If privacy cannot be guaranteed the focus group is rescheduled and facilitators refer to the members of the Assessment team.
- If third parties are interfering with the focus group, the facilitators will interrupt the data collection exercise and refer to the Field Coordinator.

**Facilitation:**

- **Participation is respectful:**
  - Children can freely express their views, and these are listened to by adults and other children, without being humiliated, frightened to speak out or discriminated against.
  - Effective facilitation ensures that the ways of working are culturally- and gender- sensitive.
- **Participation is child-friendly:**
  - Staff have the competencies to make children feel relaxed and build their self-esteem and confidence.
  - The methods and tools are child friendly, and appropriate for the age and capacity of children involved.
- **Participation is inclusive:**
  - Children are not discriminated against by reason of age, gender, race, colour, sex, sexual orientation, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth or other status.
  - A safe space is provided for different groups of children to explore issues relevant to them (for example, girls working separately from boys, if needed with facilitators and translators of corresponding sex).

**Data collection time**

- Data collection should take strictly the time needed to collect relevant information to minimize their impact on the adolescents' daily schedule.

**Addressing discomfort from a child during data collection**

- Facilitators shall remind the participants that they have the right to interrupt their participation in the focus group at any point and are free not to answer specific questions if they wish so.
- Facilitators shall address children's concerns in the first instance and provide response during the data collection phase, by interrupting the focus group and investigating and replying to children's concerns.

**Confidentiality and anonymization**

- To protect confidentiality during the activity, facilitators shall demand participants to refrain from referring to individual cases presented during the discussion outside the group with non-participants.
- However, facilitators shall inform participants about the risk of other participants reporting topics discussed during the session.

**III – AFTER DATA COLLECTION****Collecting complaints about data collection**

- **Important:** test the functioning of the complaint and feedback mechanisms (CFM) before data collection starts.
- After data collection, facilitators should provide information on how participants can give feedback (on the data collection, on the behaviour of staff, etc.), by distributing to all participants and caregivers Plan International CFM flyer containing contact reference for complaints. Any complaints will be followed up by the Plan International CFM team through internal procedures.
- Children should receive child-friendly information about how they can share their feedback and concerns.
- Lessons learned are captured and used to inform quality improvements, both within a response and from one children's consultation to the next.

**Urgent action cases and referrals**

There will be three channels through which protection cases would be detected and need to be referred:

- 1- During / directly after consultations if there is any disclosure to facilitators.
- 2- Via Plan International CFM.
- 3- When Assessments Officers reads through the transcripts.

- After every data collection activity, there will be a debrief with facilitators and the members of the Assessment team to discuss any issues that arose during discussions. Any issues that need to be reported (including anything children have disclosed that is concerning or concerning behaviour) will be done so by the Assessment Officer after the debrief.
- For any within-team concerns, facilitators will report to the Field Coordinator who will report the concern to the Assessment Officer or directly to the Assessment Officer. The Assessment Officer will report to a referral partner if the situation dictates this action.

**Urgent cases not related to abuse or neglect:**

- For urgent cases which are not related to abuse or neglect, consent will be sought from the parent/caregiver to support the needed intervention/referral.
- Facilitators shall provide information about available child protection, case management, and social assistance services, as identified in the Child Protection Referral Pathways that is in place.

- Participants who wish to be referred to specific child protection, case management or social assistance services may provide their name and their contact information in the Referral Form, following the assent/consent of the child and caregiver. This information will not be shared beyond the identified Child Protection focal point of Plan International or referred service provider, nor be part of the data available for the research. This information will only be available to the Field Coordinator and Assessment Officer and will be shared with the reference organisation through the identified Child Protection focal point of Plan International or indicated in the Referral pathways.
- In cases when participants and/or their caregivers express preference to contact the suggested service provider directly, facilitators shall provide the service provider contact details.

***Urgent cases related to child abuse or neglect:***

- In the event of any emergency, the data collection will be halted and rescheduled. In case of an emergency, facilitators shall contact the pertinent authority (police, ambulance, or the legal guardianship authorities), based on the situation, and the Field Coordinator and Assessment Officer shall be notified immediately.
- While facilitators are not asking about abuse, if there is suspicion, disclosure or evidence of abuse occurring, if there is a situation in which the lack of prompt response can put the life and/or well-being of a child in immediate danger, it will have to be reported, following the Child Protection Referral Pathways (Annex 3: Do not Harm Decision Tree).
- In that case, the facilitator will fill the Safeguarding Case Decision Three and forward this to the Safeguarding (and PSHEA) focal point at Plan International and inform the Field Coordinator and Assessment Officer.
- By the end of the day, the Safeguarding (and PSHEA) focal point at Point International, Field Coordinator and the Assessment Officer will debrief with the facilitator having recorded the abuse or the immediate safety/security risk to the child using the Urgent Action form.

**Reporting**

- Facilitators shall inform the participants that the outcome of the research process will be a public report, where all information will be de-identified, and sensitive information omitted to ensure the protection of the participants.
- The Assessment Officer shall make sure that the research outputs present information that in no way could be traced back to individual participants.
- Draft reports shall be reviewed by the IMPACT Assessment Officer as well as by IMPACT Geneva HQ and Plan International to ensure that information cannot be traced back to individual participants.
- IMPACT and Plan International should ensure an appropriate, child-friendly version of the results of the children's consultation is shared back to children.

## ANNEX 4: CONSENT FORM: ADULT PARTICIPANTS (AGE 18+) (PLAN INTERNATIONAL)

### Information sheet for adult participants (age 18+)

#### [Uganda MSNA 2024: Adolescents' Needs Module]

You are being invited to take part in the Uganda MSNA 2024: Adolescents' Needs Module initiative. Before you decide to take part, it is important that you understand why the needs assessment is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

#### What is the Uganda MSNA 2024: Adolescents' Needs Module about?

The MSNA needs assessment is a critical exercise in emergency response and settlement contexts globally, aimed at gathering data to inform evidence-based decision-making processes that address the welfare of refugees. In Uganda, REACH (Impact Initiatives) is conducting this assessment. In partnership with Plan International Uganda, the MSNA will also focus on with a unique module looking at adolescent's needs in refuge settlements and host communities.

#### Why are we doing this Uganda MSNA 2024: Adolescents' Needs Module?

The primary purpose of this adolescent's needs assessment is to ensure representation of the voices of adolescents within the Multisectoral Needs Assessment. By incorporating the perspective of adolescents, the aim is to influence inclusive and comprehensive decision-making processes related to refugee and emergency response initiatives that leave no one behind.

#### Why have you been invited to take part?

As critical stakeholders (i.e. **parents of adolescents in this community OR sectoral experts**) you have been invited to participate in this exercise. Your input will be invaluable in providing information that will inform this research and contribute to a comprehensive needs assessment report. Please share your experiences to help us achieve a thorough understanding of the current needs of adolescents in your community.

#### How will the information you give be used?

The information you provide will be used to write comprehensive reports and will be analyzed alongside data from other participants to inform our research. This analysis will help shape better response programming and policies. Additionally, the data may be included in media reports and made publicly available online. Please be assured that your data will not be used for any other purposes without obtaining your explicit consent. If we wish to use the data for any purposes beyond those originally intended, we will contact you to request more consent.

#### What will happen if you decide to take part in this study?

If you decide to take part in this study, you will participate in [**individual interviews/focus group discussions**], along with other parents of adolescents of this community [**only for FGDs**]. A focus group discussion is friendly meeting where participants (here parents and caregivers of adolescents aged 10-19 years old) talk about their ideas and experience on specific topic. During the discussion, everyone gets a chance to share their thoughts. It is a way to hear everyone's opinion and learn from each other in a relax and enjoyable setting.

The data collection will take place on [specific date] at [specific location] and will last approximately [duration, e.g., one hour and half].

During the session, the discussion will be recorded using [notes/a digital recorder] to accurately capture participants input. These recordings will be used solely for the purpose of the study and will be kept confidential. If there are any follow-up research activities, you will be informed in advance, and participation in further activities will be entirely voluntary.

Your participation is voluntary, and you can withdraw at any time without any consequences.

### **How will your privacy and confidentiality be protected?**

Your privacy and confidentiality will be protected by ensuring that all information you provide is kept strictly confidential. Participants will remain anonymous in the analysis, final reports or publications, with any personal identification information (PII) details removed. As participants in FGD or KIIs, we will not write your name. Data will be securely stored and only accessible to the research team prior to anonymization. Once the data is analyzed and finalized, transcript and recording of the FGD and KIIs will be deleted.

### **Explain the limits of confidentiality:**

“If you agree to take part, your name will not appear in any reports and your comments will remain completely anonymous. Any information you provide will remain confidential, unless we have reason to believe that a child, young person or someone else is at risk of harm. Then we have a responsibility to share that information with Plan International or others so that they can help that person.”

### **Sensitive personal data**

We will collect sensitive personal data/group data such as location, ethnicity of participants, and experiences and understanding of the different elements of this research. This data will be collected through [FGDs][KIIs] and securely stored in encrypted files accessible only to authorized personnel. For [FGDs][KIIs], we will only record your name and contact information for the sole purpose of (i) planning and (ii) contacting you for follow-up information and to provide feedback on the study’s findings. All sensitive information will be handled with the utmost confidentiality and will not be shared with any third parties without your explicit consent. The data will be handled strictly according to REACH's Management of Personally Identifiable Information - SOP to safeguard the privacy and anonymity of the participants.

Participants of the [FGDs][KIIs] have the right to request to see or correct any information REACH (Impact Initiatives) in collaboration with Plan International holds on them. They can also ask that REACH (Impact Initiatives) removes all the information it holds on them from its systems and REACH (Impact Initiatives) will take all reasonable steps to do so (please note this in any case, this is completed once the analyses is validated). In order to exercise these rights, they should contact Plan International.

### **Data transferred abroad**

Clean data (i.e., the qualitative analysis) will be transferred to REACH (Impact Initiatives) HQ in Geneva, Switzerland, for secondary review and validation. It will be transferred to the Impact

Initiatives Geneva Research Africa-Europe Department. The clean data (i.e. the qualitative analysis) transferred is anonymized, with all personal identification information (PII) deleted.

### **What are the benefits?**

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to inform refugee response programming by government and development partners in refugee settlements in Uganda.

### **What are the risks?**

Should you feel uncomfortable answering certain sensitive questions related to personal or protected characteristics, please know that you are not obligated to answer any questions that make you uncomfortable. Your well-being and comfort are our top priorities throughout this research process.

### **Can you change your mind and withdraw from the initiative?**

Participation in this study is entirely voluntary. It is completely up to you whether or not you wish to take part. You are not obligated to answer any questions that you do not want to, and you can request to stop the interview or discussion at any time without any negative consequences. If you choose to withdraw and prefer that we do not use the information you have already provided, we will ensure that your data is deleted.

### **How will you find out what happens with this project?**

We are committed to keeping you informed about the outcomes of this project. After the research is completed, we will provide feedback to participants and communities through summary reports and presentations. These findings will also be shared with government bodies and development partners to serve as a factual reference for proper planning and advocacy.

### **Contact details for further information**

For any feedback you would like to provide to Plan Uganda, please contact Judith Angelah Amanyanya, Technical Advisor, Protection and Safeguarding, at +256 759 000 915 or via email at [Angelah.Amanyanya@plan-international.org](mailto:Angelah.Amanyanya@plan-international.org).

### **Support services**

For any anonymous communication, our Safe Call: +44 207 696 5966 OR [www.safecall.co.uk](http://www.safecall.co.uk) are available to receive your feedback.

### **Do you have any questions?**

*Allow time for participants to ask questions about the monitoring/evaluation/research initiative.*



## Consent form for adult participants (age 18+)

### [Uganda MSNA 2024: Adolescents' Needs Module]

	Tick box if you approve
I confirm that I have read the information sheet concerning this Uganda MSNA 2024: Adolescents' Needs Module/the information sheet concerning this initiative has been read to me	<input type="checkbox"/>
I understand what is required of me if I take part in this Uganda MSNA 2024: Adolescents' Needs Module assessment.	<input type="checkbox"/>
I understand why you are doing this research/evaluation/monitoring initiative.	<input type="checkbox"/>
I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.	<input type="checkbox"/>
I understand that participation is voluntary and that I may withdraw at any time without giving a reason.	<input type="checkbox"/>
I consent to any information given by me being used in future reports, articles or presentations by the assessment and analysis team.	<input type="checkbox"/>
I understand that my name will not appear in any reports, articles or presentations.	<input type="checkbox"/>
I understand that REACH (Impact Initiatives) in collaboration with Plan International may process my sensitive personal information, which could include information on religious beliefs, specific identity, medical health and personal whereabouts.	<input type="checkbox"/>
I understand that information I provide may be transferred abroad to REACH (Impact Initiatives) Headquarters in the Geneva, Switzerland.	<input type="checkbox"/>
I give permission that the data collection can be recorded by using written notes/ and/ or using an audio recorder.	<input type="checkbox"/>
I understand who I can speak to at any time should I have any questions about the research.	<input type="checkbox"/>
I consent to take part in the Uganda MSNA 2024: Adolescents' Needs Module assessment.	<input type="checkbox"/>

Please use EITHER the written consent box OR the verbal consent box as appropriate. Delete the box that is not needed.

Written consent

Participant's name / initials: \_\_\_\_\_

Signature/Thumbprint of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Data Collector Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal consent

Participant's name / initial : \_\_\_\_\_

Verbal consent has been given by participant      Yes                       No

Data Collector Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNEX 5: CONSENT FORM: PARENTS/CAREGIVERS OF PARTICIPANTS UNDER 18 YEARS OF AGE (PLAN INTERNATIONAL)

### Information sheet for parents/guardians of participants who are under the age of 18

#### [Uganda MSNA 2024: Adolescents' Needs Module]

Your child is being invited to take part in the Uganda MSNA 2024: Adolescents' Needs Module. This assessment is jointly led by Plan International and REACH (Impact Initiatives). Before you decide if your child can take part, it is important that you understand why this research initiative is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

#### What is the Uganda MSNA 2024: Adolescents' Needs Module about?

The primary purpose of this adolescent's needs module is to ensure representation of the voices of adolescents within the Multisectoral Needs Assessment. By incorporating the perspective of adolescents, the aim is to influence inclusive and comprehensive decision-making processes related to refugee and emergency response initiatives that leave no one behind.

#### Why are we doing this initiative?

The MSNA needs assessment is a critical exercise in emergency response and settlement contexts globally, aimed at gathering data to inform evidence-based decision-making processes that address the welfare of refugees. In Uganda, REACH (Impact Initiatives) is conducting this assessment. In partnership with Plan International Uganda, the MSNA will also focus on with a unique module looking at adolescent's needs in refuge settlements and host communities.

#### Why has your child been invited to take part?

Adolescents and children are often overlooked in most in most research, despite having unique needs that may not be fully understood or addressed. To bridge this gap, REACH (Impact Initiatives) in collaboration with Plan International have included an adolescent module in their research to ensure their voices are heard. By participating, your child will have the opportunity to provide valuable information that will help us understand their specific needs and contribute to more effective and inclusive planning. This input is crucial for achieving our objective of addressing the unique concerns of adolescents in our programs.

#### How will the information your child gives be used?

The information your child provides will be used in several keyways: it will contribute to comprehensive reports and be analyzed alongside data from other participants to identify important trends and insights. The findings will be made publicly available online and may be shared with media outlets to raise awareness about the unique needs of adolescents. Additionally, the insights gained will inform Plan's programs and policies, government and any other refugee response agency in ensuring they are better tailored to address the specific concerns of adolescents. Your child's participation is crucial for achieving a more comprehensive understanding and effective planning.

### **What will happen if your child decides to take part in this initiative?**

If your child decides to participate in this initiative, they will be involved in focus group discussions with other adolescents of a similar age group. A focus group discussion is a friendly meeting where participants (here children and adolescents) talk about their ideas and experience on a specific topic. During the discussion, everyone gets a chance to share their thoughts, sometimes playing games and using fun activities. It is a way to hear everyone's opinion and learn from each other in a relaxed and enjoyable setting.

The data collection will take place on [specific date] at [specific location] and is expected to last approximately [estimated duration]. We have scheduled the sessions to ensure minimal disruption to your child's school attendance, and they will not miss any critical school activities.

During the session, the discussion will be recorded using [notes/a digital recorder] to accurately capture the children's input. These recordings will be used solely for the purpose of the study and will be kept confidential. If there are any follow-up research activities, you and your child will be informed in advance, and participation in further activities will be entirely voluntary.

Your child's participation is voluntary, and they can withdraw at any time without any consequences.

### **How will your child's privacy and confidentiality be protected?**

If you agree for your child to take part, their name will not appear in any reports that we write, and their comments will remain completely anonymous.

Participants of the focus group discussions will remain anonymous in the analysis, final report or publication, with any personal identification information (PII) details removed. As participants in the FGD, we will not write the name of your children. Data will be securely stored and only accessible to the research team prior to the deletion of PII. Once the data is analyzed and finalized, transcripts and recordings of FGD will be deleted.

Any information your child provides us with will remain confidential, unless we have reason to believe that a child, young person or someone else is at risk of harm. Then, we have a responsibility to share that information with Plan International or others so that they can help that person.

### **Sensitive Personal Data**

We will collect sensitive personal data/group data such as location, ethnicity of participants, and experiences and understanding of the different elements of this research. This data will be collected through [FGDs] and securely stored in encrypted files accessible only to authorized personnel. For [FGDs], we will only record your name and contact information for the sole purpose of (i) planning and (ii) contacting you for follow-up information and to provide feedback on the study's findings. All sensitive information will be handled with the utmost confidentiality and will not be shared with any third parties without your explicit consent. The data will be handled strictly according to REACH's Management of Personally Identifiable Information - SOP to safeguard the privacy and anonymity of the participants.

Participants of the [FGDs] have the right to request to see or correct any information REACH (Impact Initiatives) in collaboration with Plan International holds on them. They can also ask that REACH (Impact Initiatives) removes all the information it holds on them from its systems and

REACH (Impact Initiatives) will take all reasonable steps to do so (please note this in any case, this is completed once the analyses is validated). To exercise these rights, they should contact Plan International.

### **Data transferred abroad**

Clean data (i.e., the qualitative analysis) will be transferred to REACH (Impact Initiatives) HQ in Geneva, Switzerland, for secondary review and validation. It will be transferred to the Impact Initiatives Geneva Research Africa-Europe Department. The clean data (i.e. the qualitative analysis) transferred is anonymized, with all personal identification information (PII) deleted.

### **What are the benefits?**

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to inform refugee response programming by government and development partners in refugee settlements in Uganda.

### **What are the risks?**

Should your child feel uncomfortable answering certain sensitive questions related to personal or protected characteristics, please know that they are not obligated to answer any questions that make them uncomfortable. Your child's well-being and comfort are our top priorities throughout this research process. All of Plan International' and REACH staff involved in the FGDs are trained on safeguarding for activities with children.

### **Can you or your child change their mind and withdraw from the initiative?**

Participation in this study is entirely voluntary. It is completely up to you or your children whether you wish to take part. Your child is not obligated to answer any questions that they do not want to, and they can request to stop the interview or discussion at any time without any negative consequences. If they choose to withdraw and prefer that we do not use the information they have already provided, we will ensure that their data is deleted.

### **How will you and your child find out what happens with this project?**

We shall produce a children and adolescent friendly report and will be shared back to you and local authorities for reference.

### **Contact details for further information**

For any feedback you would like to provide to Plan Uganda, please contact Judith Angelah Amany, Technical Advisor, Protection and Safeguarding, at +256 759 000 915 or via email at [Angelah.Amany@plan-international.org](mailto:Angelah.Amany@plan-international.org).

### **Support services**

For any anonymous communication, our Safe Call: +44 207 696 5966 OR [www.safecall.co.uk](http://www.safecall.co.uk) are available to receive your feedback.

"If you are worried about something, or feel uneasy about someone, it is important that you know there are people you can go to. Please talk to [details of safeguarding focal point of the data collection team] about your concerns. You can approach him/her during or after the initiative. She/he will ensure that your concerns are addressed properly.

If you don't want to talk to the data collection team, or we are the cause of you feeling uneasy, then you could speak to (contact details for Plan's safeguarding focal point AND other local services, such as helplines). Your protection is so important to us! "

**Do you have any questions?**

*Allow time for participants to ask questions about the monitoring/evaluation/research initiative*

**Consent for parents/guardians of participants of who are under the age of 18**

**[Uganda MSNA 2024: Adolescents' Needs Module]**

**Child participant's name: -**

\_\_\_\_\_

	Tick box if you approve
I confirm that I have read the information sheet concerning this this research / the information sheet concerning this initiative has been read to me]	<input type="checkbox"/>
I understand what is required of my child if he/she takes part in this initiative.	<input type="checkbox"/>
I understand why you are doing this research on adolescents needs in [refugee settlements] [host communities in Uganda	<input type="checkbox"/>
I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.	<input type="checkbox"/>
I understand that participation is voluntary and that my child may withdraw at any time without giving a reason.	<input type="checkbox"/>
I consent to any information given by my child being used in future reports, articles or presentations by the research team	<input type="checkbox"/>
I understand that my child's name will not appear in any reports, articles or presentations.	<input type="checkbox"/>
I give permission for the information my child gives to be recorded using written notes and audio record	<input type="checkbox"/>
I understand who I can speak to at any time should I have any questions about the research	<input type="checkbox"/>

I give permission for my child to take part in the above MSNA 2024:  
Adolescent Needs Assessment

Please use EITHER the written consent box OR the verbal consent box as appropriate. Delete the box that is not needed.

Written consent

Child participant's name/initials/code

---

Parent's/guardian's name OR initial OR code (delete if not applicable)

---

Signature/thumbprint of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Data collector name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verbal consent

Child participant's name/initials/code:

---

Parent's/guardian's name OR initial OR code (delete if not applicable)

---

Verbal consent has been given by parent/guardian

Yes

No

Data collector name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ANNEX 6: CONSENT FORM: MINORS PARTICIPANTS (AGE -18) (PLAN INTERNATIONAL)

### Information sheet for participants under the age of 18

#### [Uganda MSNA 2024: Adolescents' Needs Module]

You are being invited to take part in a Uganda MSNA 2024: Adolescents' Needs Module. Before you decide to take part, it is important that you understand why the research initiative is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

#### What are we doing?

The MSNA needs assessment is a critical exercise in emergency response and settlement contexts globally, aimed at gathering data to inform evidence-based decision-making processes that address the welfare of refugees. In Uganda, REACH (Impact Initiatives) is conducting this assessment. In partnership with Plan International Uganda, the MSNA will also focus on with a unique module looking at adolescent's needs in refuge settlements and host communities.

#### Why are we doing this initiative?

The MSNA needs assessment is a critical exercise in emergency response and settlement contexts globally, aimed at gathering data to inform evidence-based decision-making processes that address the welfare of refugees. In Uganda, REACH (Impact Initiatives) is conducting this assessment. In partnership with Plan International Uganda, the MSNA will also focus on with a unique module looking at adolescent's needs in refuge settlements and host communities.

#### Why have you been invited to take part?

Adolescents and children are often overlooked in most research on their needs, despite having unique needs that may not be fully understood or addressed. To bridge this gap, an adolescent module in addition to the general MSNA was developed, to ensure adolescent's voices are heard. By participating, you will have the opportunity to provide valuable information that will help us understand adolescent's specific needs and contribute to more effective and inclusive planning. This input is crucial for achieving our objective of addressing the unique concerns of adolescents in our programs.

#### How will the information you give be used?

The information you give will be used in several keyways: it will contribute to comprehensive reports and be analyzed alongside data from other participants to identify important trends and insights. The findings will be made publicly available online and may be shared with media outlets to raise awareness about the unique needs of adolescents. Additionally, the insights gained will inform Plan's programs and policies, government and any other refugee response agency in ensuring they are better tailored to address the specific concerns of adolescents. Your child's participation is crucial for achieving a more comprehensive understanding and effective planning

#### What will happen if you decide to take part?

If you decide to participate in this initiative, you will be participating in focus group discussion where you will discuss various topics such as education, protection among others. A focus group discussion is friendly meeting where participants (here children and adolescents) talk about their ideas and experience on specific topic. During the discussion, everyone gets a chance to share their thoughts, sometimes playing games and using fun activities. It is a way to hear everyone's opinion and learn from each other in a relax and enjoyable setting.

The data collection will take place on [specific date] at [specific location] and is expected to last approximately [time].

During the session, the discussion will be recorded using [notes/a digital recorder] to accurately capture your input. These recordings will be used solely for the purpose of the study and will be kept confidential. If there are any follow-up research activities, you will be informed in advance, and participation in further activities will be entirely voluntary

### **What are the benefits?**

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to inform refugee response programming by government and development partners in refugee settlements in Uganda.

### **What are the risks?**

If you feel uncomfortable answering certain sensitive questions related to personal or protected characteristics, please know that you are not obligated to answer any questions that make you uncomfortable. Your well-being and comfort are our top priorities throughout this research process. All of Plan International' and REACH staff involved in the FGDs are trained on safeguarding for activities with children.

### **Do you have to take part?**

Your participation is entirely voluntary and your choice.

### **What if you don't want to participate anymore?**

Participation in this study is entirely voluntary. It is completely up to you whether or not you wish to take part. You are not obligated to answer any questions that you do not want to, and you can request to stop the interview or discussion at any time without any negative consequences. If you choose to withdraw and prefer that we do not use the information you have already provided, we will ensure that your data is deleted.

### **Keeping your information private and safe**

Your privacy and confidentiality will be protected by ensuring that all information you provide is kept strictly confidential. Participants will remain anonymous in the analysis, final reports or publications, with any personal identification information (PII) details removed. As participants in FGD, we will not write your name. Data will be securely stored and only accessible to the research team prior to anonymization. Once the data is analyzed and finalized, transcript and recording of the FGDs will be deleted.

### **Explain the limits of confidentiality:**

"If you agree to take part, your name will not appear in any reports and your comments will remain completely anonymous. Any information you provide will remain confidential, unless we have reason to believe that a child, young person or someone else is at risk of harm. Then we have a responsibility to share that information with Plan International or others so that they can help that person."

### **Sensitive personal data**

We will collect sensitive personal data/group data such as location, ethnicity of participants, and experiences and understanding of the different elements of this research. This data will be collected through FGDs and securely stored in encrypted files accessible only to authorized personnel. For

FGDs we will only record your name and contact information for the sole purpose of (i) planning and (ii) contacting you for follow-up information and to provide feedback on the study's findings. All sensitive information will be handled with the utmost confidentiality and will not be shared with any third parties without your explicit consent. The data will be handled strictly according to REACH's Management of Personally Identifiable Information - SOP to safeguard the privacy and anonymity of the participants.

Participants of the FGDs have the right to request to see or correct any information REACH (Impact Initiatives) in collaboration with Plan International holds on them. They can also ask that REACH (Impact Initiatives) removes all the information it holds on them from its systems and REACH (Impact Initiatives) will take all reasonable steps to do so (please note this in any case, this is completed once the analyses is validated). To exercise these rights, they should contact Plan International.

### Data transferred abroad

Clean data (i.e., the qualitative analysis) will be transferred to REACH (Impact Initiatives) HQ in Geneva, Switzerland, for secondary review and validation. It will be transferred to the Impact Initiatives Geneva Research Africa-Europe Department. The clean data (i.e. the qualitative analysis) transferred is anonymized, with all personal identification information (PII) deleted.

### How can you find out more about the initiative?

For any feedback you would like to provide to Plan Uganda, please contact Judith Angelah Amanyah, Technical Advisor, Protection and Safeguarding, at +256 759 000 915 or via email at [Angelah.Amanyah@plan-international.org](mailto:Angelah.Amanyah@plan-international.org).

### Support services you can contact

For any anonymous communication, our Safe Call: +44 207 696 5966 OR [www.safecall.co.uk](http://www.safecall.co.uk) are available to receive your feedback.

"If you are worried about something, or feel uneasy about someone, it is important that you know there are people you can go to. Please talk to **[details of safeguarding focal point of the data collection team]** about your concerns. You can approach him/her during or after the initiative. She/he will ensure that your concerns are addressed properly.

If you don't want to talk to the data collection team, or we are the cause of you feeling uneasy, then you could speak to **[contact details for Plan's safeguarding focal point AND other local services, such as helplines]**. Your protection is so important to us! "

### Do you have any questions?

*Allow time for participants to ask questions about the monitoring/evaluation/research initiative*

## Assent form for children and adolescents under the age of 18

### [Uganda MSNA 2024: Adolescents' Needs Module]

	Tick box if you approve
I have read the information sheet/ the information sheet has been read to me.	<input type="checkbox"/>
I understand why you are doing this Adolescent's Needs Module	<input type="checkbox"/>
I understand that I can stop at any time and that I don't have to answer any questions that I don't want to.	<input type="checkbox"/>
I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.	<input type="checkbox"/>
I understand who I can speak to should I feel worried or sad about this research.	<input type="checkbox"/>
I know that you will not share my name or other personal information in your reports or other publications.	<input type="checkbox"/>
I am happy for you to record the information with notes and a recorder	<input type="checkbox"/>
I am happy to talk to you and take part in this Adolescent's Needs Module	<input type="checkbox"/>
I understand that REACH (Impact Initiatives) in collaboration with Plan International may process my sensitive personal information, which could include information on religious beliefs, specific identity, medical health and personal whereabouts.	<input type="checkbox"/>
I understand that Plan International may share the information you provide with companies that provide services to Plan International (such as editing, design, printing or consulting services). Please note we (Plan International and REACH (Impact Initiatives)) will not share your sensitive personal data with third parties.	<input type="checkbox"/>
I understand that information I provide may be transferred abroad to REACH (Impact Initiatives) Headquarters in the Geneva, Switzerland.	<input type="checkbox"/>

Please use EITHER the written consent box OR the verbal consent box as appropriate. Delete the box that is not needed.

Written assent

Child/Adolescent participant's name/initials:

\_\_\_\_\_

Signature/Thumbprint of child/adolescent: \_\_\_\_\_ Date: \_\_\_\_\_

Data Collector Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal assent

Child/Adolescent participant's name/initials:

\_\_\_\_\_

Verbal assent has been given by child/adolescent Yes  No

Data Collector Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_