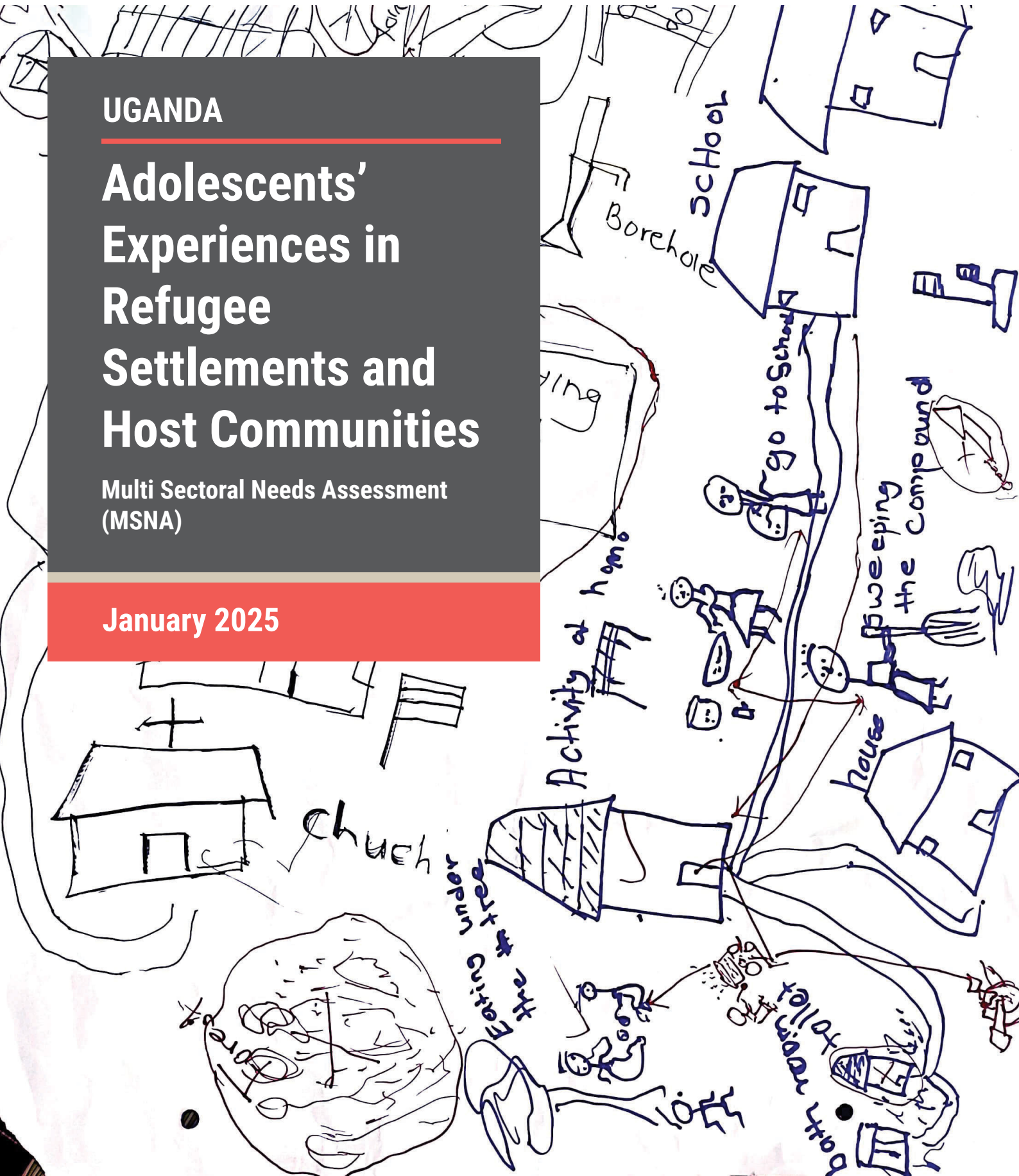


UGANDA

Adolescents' Experiences in Refugee Settlements and Host Communities

Multi Sectoral Needs Assessment (MSNA)

January 2025



Cover photo: September 2024, Uganda. IMPACT-REACH. "Adolescents girls explaining their daily activities in their communities, Pagirinya refugee settlement."

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit [our website](#). You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

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Collaboration with Plan International

This assessment was conducted with funding from, and in close collaboration with Plan International Uganda, whose partnership and support were instrumental in ensuring its successful completion. Plan International’s expertise and commitment were vital in facilitating key aspects of the assessment, from design and data collection to analysis. We recognize and value Plan International’s significant role in this process, which has contributed to generating meaningful insights for refugee and host community adolescents.



SUMMARY

As of October 31, 2024, Uganda hosted 1,771,389 refugees and 49,089 asylum-seekers, making it the largest refugee-hosting country in Africa.¹ The majority of refugees reside across 13 formal settlements (91%) and Kampala (9%), originating primarily from South Sudan (55%) and the Democratic Republic of Congo (31%).² The influx of refugees, coupled with Uganda's limited resources, has strained essential services, particularly in education, healthcare, and livelihoods. According to the 2019 [Vulnerability and Essential Needs Assessment \(VENA\)](#), 91% of refugee households were economically vulnerable.³ Uganda's refugee population includes a high proportion of children and adolescents under 18 (54%), with 37% under the age of 12.⁴ Adolescents face unique challenges, including disrupted education, mental health issues, and exposure to gender-specific risks such as child marriage and exploitation. Despite significant humanitarian efforts, data gaps remain, especially regarding adolescents' perspectives and experiences.

The 2024 Adolescent Needs Module was conducted collaboratively by REACH and Plan International Uganda, and funded by Plan International Germany and Australia, the United Nations High Commissioner for Refugees (UNHCR), the European Civil Protection and Humanitarian Aid Operations (ECHO), and the Foreign, Commonwealth & Development Office (FCDO). It sought to address critical gaps in understanding adolescents' needs, as previous assessments largely relied on caregiver and expert perspectives, neglecting adolescents' voices. These gaps hinder effective policymaking and program design, particularly for education, protection, healthcare, mental health, and livelihoods. The assessment aimed to amplify adolescent voices and provide actionable insights to improve humanitarian interventions.

The assessment employed a qualitative approach, targeting both refugee and host community adolescents aged 10–19 years in Bidibidi, Adjumani, and Kyangwali settlements, as well as urban neighborhoods in Kampala with high refugee populations. Data was collected from August 24 to September 13, 2024, through 46 focus group discussions (FGDs) and 7 key informant interviews (KIIs). FGDs were disaggregated by age (10–12, 13–15, and 16–19) and gender to ensure inclusivity and address sensitive topics. Participants were mobilized with the support of Plan International, adhering to ethical guidelines and safeguarding principles. While the initial target of 52 FGDs was reduced to 46 due to logistical challenges, the assessment successfully captured diverse adolescent perspectives. Key limitations include access constraints with host communities in Kyangwali and contextual challenges.

Key Findings

- **Financial barriers, peer pressure, and limited resources** (e.g., food or school material) **hinder education for refugee and host community adolescents.** Poverty limits affordability of school fees and supplies, while cultural norms often prioritize boys' education. Girls face added challenges like **child and early marriage**, pregnancy, domestic duties, and inadequate menstrual support, further contributing to absenteeism and dropout rates.
- Adolescents across refugee and host communities face **gender-specific protection risks**, with girls being more vulnerable to sexual violence, exploitation and child and early marriage, while boys are more vulnerable to physical harm from hazardous labor, peer pressure and recruitment into risky behaviors, all worsened by unsafe environments and limited protective services.
- Adolescents engage in both domestic and income-generating activities. **Balancing these demands leaves many adolescents stressed and with fewer opportunities for personal growth.** Girls focus more on tasks like cooking and cleaning, and boys take on tasks such as digging, cattle herding or bricklaying. These responsibilities often conflict with education, leading to irregular attendance or dropout, and less time for social or recreational opportunities.

- Access to healthcare was reported as being limited for adolescents due to **financial constraints, discrimination and inadequate infrastructure**. Several participants advocated for more female healthcare providers and gender-separated services. Across communities, adolescents emphasized the need for specialized youth programs and dedicated adolescents' wards to address their unique health issues.
- Adolescents' mental health is impacted by **neglect, bullying, unmet needs, and academic pressures, leading to stress, isolation, and low self-esteem**. Many turn to peers, recreation, or unhealthy coping mechanisms like substance use, while gaps in mental health services leave them vulnerable to long-term emotional challenges. While some participants mentioned a few support systems in the settlements and urban areas, **others expressed the need for more support regarding adolescents' mental health**.

Summary of Recommendations Proposed by Adolescents



Education

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



Child Protection

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



Livelihoods

- **Support for out-of-school adolescents:** vocational training in skills like baking, tailoring, and carpentry. Providing financial support like scholarships and capital for small businesses. Community business centers to balance work and education, alongside mental health services to cope with trauma and guide adolescents away from anti-social behaviors.



Health

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



Mental Health and Psychosocial Support

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

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List of Acronyms

- AVSI:** Associazione Volontari per il Servizio Internazionale
DSAG: Data and Analysis Saturation Grid
ECHO: European Civil Protection and Humanitarian Aid Operations
FCDO: Foreign, Commonwealth & Development Office
FCS: Food Consumption Score
FGD: Focus Group Discussion
ILO: International Labour Organization
INGO: International Non-Governmental Organization
KII: Key Informant Interview
LWF: Lutheran World Federation
MHPSS: Mental Health and Psychosocial Support
MSNA: Multi-Sectoral Needs Assessment
NGO: Non-Governmental Organization
OPM: Office of the Prime Minister
PWD: Person with Disabilities
RLO: Refugee-Led Organization
RWC: Refugee Welfare Council
UNHCR: United Nations High Commissioner for Refugees
UNICEF: United Nations Children's Fund
VAC: Violence Against Children
VENA: Vulnerability and Essential Needs Assessment
WFP: World Food Programme

Geographical Classifications

- Settlement:** Refers to a designated area where refugees and asylum-seekers reside, managed by the Government of Uganda in collaboration with international organizations like the UNHCR. Settlements in Uganda are distinct from traditional refugee camps in several ways and align with Uganda's Refugee Act of 2006 and Comprehensive Refugee Response Framework (CRRF) principles. Host communities reside around the settlement.

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INTRODUCTION

As of the 31st October 2024, Uganda hosted 1,771,389 refugees and 49,089 asylum-seekers, making Uganda Africa's largest refugee hosting country.⁵ Most refugees live across 13 formal settlements (91%) and Kampala (9%). They are primarily South Sudanese (55%) and Congolese (31%).⁶ The 2019 [Vulnerability and Essential Needs Assessment \(VENA\)](#) by IMPACT-REACH, WFP and UNHCR revealed that 91% of refugee households were highly economically vulnerable.⁷ Given significant shifts in Uganda's humanitarian landscape since the last Multi Sectoral Needs Assessment (MSNA) in 2018, including funding challenges, increased refugee numbers, and disease outbreaks, an MSNA was conducted in 2024 to better understand and address evolving needs of both refugees and host communities. For more information on the 2024 MSNA, consult the [Terms of Reference](#), the [Data Analysis Plan](#) and the [Quantitative Analysis](#).

About 54% of refugees in Uganda are under 18 years old, with 37% of them being under 12 years old.⁸ 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 (individuals aged 10 to 19 years old). This limitation arises because the MSNA questions are directed only at an adult member, responding on behalf of the household. Adolescence is a crucial period for cognitive, emotional, and social development, and the unique circumstances of living in settlements in Uganda, coupled with displacement for refugee children, can significantly affect the well-being of 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 data and reports. In response to this and considering continuous changes in the humanitarian response in Uganda in terms of aid provision, the 2024 MSNA encompasses a qualitative module centered on adolescents' needs across key humanitarian sectors (protection, education, health, MHPSS and livelihood).

The Adolescent's Needs Module aims to supplement the 2024 MSNA with an understanding of the adolescents' needs within refugee settlements and host communities surrounding refugee settlements, as well as neighborhoods with a high concentration of refugee households in Kampala. This mixed-method module aims to ensure that voices of refugees 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.

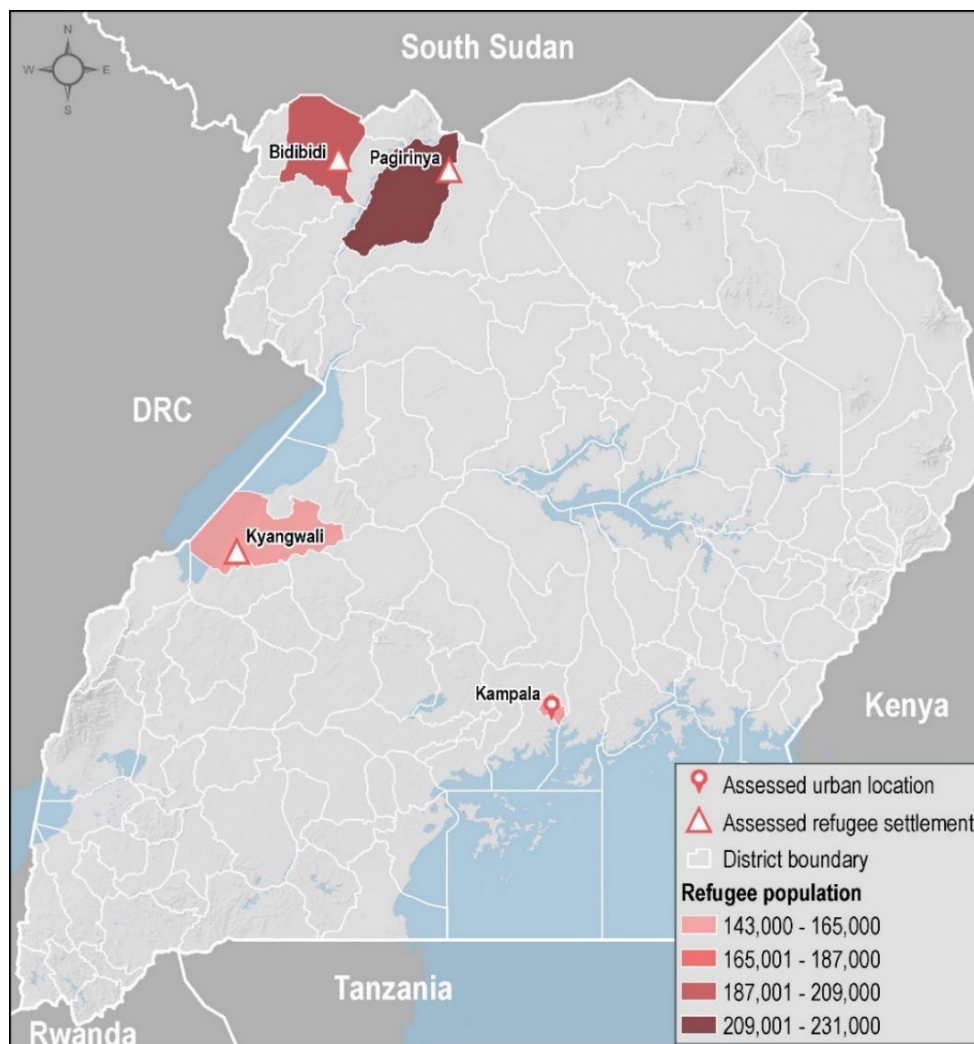
The Adolescent's Needs Module was conducted in collaboration with [Plan International Uganda](#) and with funding from Plan International [Germany](#) and [Australia](#), the United Nation High Commissioner for Refugees (UNHCR), the European Civil Protection and Humanitarian Aid Operations (ECHO), and the Foreign, Commonwealth & Development Office (FCDO).

METHODOLOGY

This assessment employed a **mixed-method approach**. The primary **qualitative** component was conducted in collaboration with Plan International Uganda, leveraging on their expertise and extensive experience working with adolescents in Uganda. The **quantitative** component draws on secondary data from three surveys: the **IMPACT-REACH 2024 Uganda Multi Sectoral Needs Assessment**, the **IMPACT-REACH 2022 Child Protection Assessment in Refugee-Hosting Districts** and the **2022 Ugandan Humanitarian Violence Against Children Survey (HVACS)**.

In this assessment, adolescents were defined according to UNHCR as individuals aged 10 to 19 years.⁹ Data collection included 46 Focus Group Discussions (FGDs) conducted with both refugees and host communities across **Bidibidi, Adjumaniⁱ, and Kyangwali refugee settlements**, as well as **neighborhoods in Makindye in Kampala with high concentrations of refugee households** (see Map 1). Data collection included 7 Key Informant Interviews (KIIs) with sector experts in the settlements and Kampala.

Map 1: FGDs locations; Adjumani (Pagirinya), Bidibidi and Kyangwali refugee settlements and Kampala



ⁱ In Uganda, Adjumani district comprises of 19 settlements, which are collectively referred to as Adjumani refugee settlement. For this assessment, data was collected in Pagirinya refugee settlement, in Adjumani district.

The selected locations were chosen based on Plan International's presence, expertise, and capacity to cover the largest refugee settlements in northern and western Uganda, as well as urban areas. Bidibidi and Adjumani are among the settlements with the highest proportions of adolescents aged 12-17 in Uganda, with Bidibidi at 22% and Adjumani at 20% as of October 2024.¹⁰ Plan International facilitated participant mobilization for the FGDs, drawing on their experience, adherence to ethical guidelines, and legal frameworks designed to safeguard adolescents' rights and well-being. Meanwhile, REACH ensured detailed notetaking, transcription, coding, and analysis of the FGDs. The KIIs were conducted independently by REACH. Given the sensitivity of certain discussion topics and the need to ensure meaningful participation, adolescents were grouped by gender (male/female) and age: **10-12 years**, **13-15 years**, and **16-19 years**. Tailored tools (semi-structured questionnaires) and activities were developed by IMPACT-REACH for each group, in collaboration with Plan International. The detailed questionnaires, per age group, are available in the [Data Analysis Plan](#).

The KIIs and FGDs were recorded when the consent of participants over 18 years old and assent of children were granted. Annexes 4 to 6 of the [Terms of Reference](#) outline 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 took detailed notes during the interviews and discussions. The recordings were transcribed by the REACH field team and checked by the field coordinator to ensure completeness and accuracy of transcription.

The data analysis involved the construction of a data saturation and analysis grids (DSAG), which serves as a systematic tool to organize and analyse qualitative data. These grids helped identify common patterns, recurring themes, areas of consensus, and areas of disagreement across the adolescents' FGDs and KIIs. A summary of the key findings was written according to the DSAG. For the analysis process, REACH used MaxQDA, a qualitative data analysis software. The codes were being iteratively built based on the content of the interviews. The codes were categorized according to the saturation grid/analysis plan, referring to different components of the indicator and cross-cutting issues. Additionally, new topics that were not included in the saturation grid were assigned to appropriate codes. The analysis was conducted in accordance with REACH's Minimum Standards Checklist for Semi-Structured (Qualitative) Data Processing and Analysis. For additional information on the qualitative sample, full analysis overview and methodology, please refer to the [data and analysis saturation grid \(DSAG\)](#).

Data collection occurred between 24 August 2024 and 13 September 2024, during school holidays, to avoid disrupting children's education. Two teams conducted data collection simultaneously in Adjumani and Bidibidi between the 26th and 30th August 2024 and in Kyangwali and Kampala between the 2nd and 6th September 2024. KIIs were conducted either during or shortly after the FGDs.

In total, **46 gender-separated FGDs** and **7 KIIs** were carried out across Adjumani, Bidibidi, Kyangwali and Kampala. More specifically, 7 FGDs with adolescents aged 10-12 years, 9 FGDs with adolescents aged 13-15 years, 14 FGDs with adolescents aged 16-19 years and 16 FGDs with parents and caregivers were conducted. For a complete overview of the number of FGDs by gender, age, community, and location, consult Annex 1.

The quantitative findings presented in this report are drawn from three different sources:

- The **IMPACT-REACH 2024 Uganda Multi Sectoral Needs Assessment** [quantitative findings](#). Data was collected across the 13 formal refugee settlements and surrounding host communities, and four divisions of high refugee concentration in Kampala. In total, 11,358 quantitative surveys were analyzed. Throughout the report, the results are presented at settlement level: Adjumani, Bidibidi, Kyangwali and Kampala, unless mentioned otherwise (e.g., at country level). The results are weighted at the country level, with findings at both the country and settlement levels being representative at a 95% confidence interval and a 5% margin of error.

- The **IMPACT-REACH 2022 [Child Protection Assessment in Refugee-Hosting Districts](#)**. Data was collected across the 13 formal refugee settlements and surrounding host communities, and in Kampala. In total, 5,139 surveys were collected among refugee and host community children and caregivers. Throughout the report the results are presented and weighted at the country level, with findings being representative at 95% confidence interval and a 8% margin of error.
- The **[Ugandan Humanitarian Violence Against Children Survey \(HVACS\)](#)** published by the Government of Uganda in collaboration with the Baobab Research Programme Consortium, UNHCR, and other partners and conducted in 2022 only in the 13 refugee settlements, and published in 2024. In total, 8,643 household and 2,265 individual surveys were collected among refugees. Throughout the report the results are presented and weighted at the country level, with findings being representative at 95% confidence interval within a certain margin of error (not specified).

Some challenges impacted the planned number of FGDs and KIIs, particularly around participant mobilization and contextual issues in specific settlements. While the initial target was 52 FGDs, only 46 were achieved. In Kyangwali, security concerns led to the cancellation of FGDs with host communities, resulting in 6 FGDs being conducted exclusively with refugee adolescents, instead of the planned 12. Results for the host community in Kyangwali are therefore not available. Overall, only 7 KIIs were conducted instead of the planned 8, due to mobilization challenges in Kampala.

Despite these minor obstacles, the assessment successfully provided critical insights into the experiences and perspectives of adolescents and their communities in both refugee and host settings. For further details on the methodology and tools used, please consult the [Terms of Reference](#) and the [Data Analysis Plan](#).

Finally, throughout the report the report, in cases where we found differences between gender, population, and age groups, we have elucidated them within the written analysis.

FINDINGS

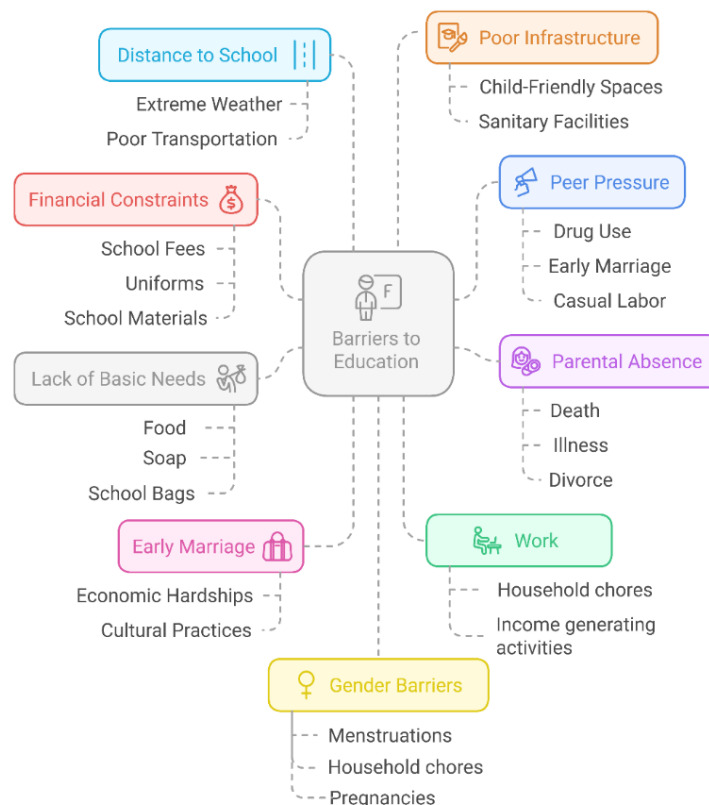
Education

This section delves into the educational barriers faced by refugee and host community adolescents. It highlights gender-specific hurdles, and examines the interplay of these barriers with cultural norms and parental expectations. The section also underscores the disparities in access to education between refugees and host communities and identifies strategies proposed by adolescents and caregivers to improve educational access, quality, and inclusivity. In cases where we found differences between gender, population, location and age groups, we have elucidated them within the written analysis. However for more details, please consult the [qualitative analysis](#).

(a) Barriers

This section explores the barriers to education among refugee and host community children, as identified through the quantitative MSNA 2024 results and qualitative findings from the FGDs and KIIs. Educational needs and barriers for adolescents in refugee settlements and host communities are shaped by intersecting financial, societal, health and safety, institutional and cultural factors. First financial constraints are examined as a central barrier to school enrolment attendance. This is followed by a discussion of other contributing factors, including domestic responsibilities, peer pressure, food insecurity, adverse weather conditions, distance to schools and poor school infrastructure. The section also highlights gender-specific barriers faced by girls and boys, such as menstruation, early marriage, cultural expectations and economic pressure. By presenting these barriers one-by-one, the section aims to provide a comprehensive understanding of the challenges adolescents faced in accessing education, as well as the nuances between refugee and host community experiences. Figure 1 presents and summarizes the different challenges raised by adolescents and parents/caregivers.

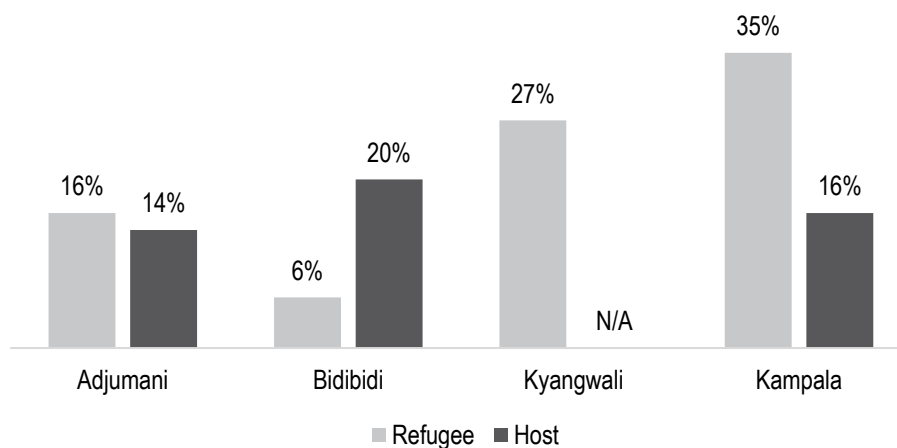
Figure 1: Barriers to education according to FGDs with adolescents aged 10 to 19 years old and parents/caregivers in Adjumani, Bidibidi, Kyangwali and Kampala



According to the quantitative MSNA results (presented in Figure 2), during the 2023-2024 school year, Kampala recorded the highest proportion of children not attending school or early childhood education programs. The proportion of refugee children not attending school remained relatively high in Kyangwali. In contrast, Adjumani reported lower rates of school absenteeism for both refugee and host community children. Notably, in Bidibidi, a higher proportion of host community children (20%) were out of school compared to the other locations and refugee adolescents (6%).

Figure: 2 % of children aged 3 to 18 years old in the surveyed locations not attending school or any early childhood education program at any time during the 2023-2024 school year, as reported by household respondents, by settlement and group¹¹

[Subset: none]



In the Bidibidi refugee settlement, education, particularly at the primary level, is heavily supported by humanitarian and development partners, such as [Finn Church Aid](#) and the [INCLUDE](#) program funded by the European Union, to ensure access to education for refugee adolescents.¹² In contrast, communities surrounding the settlement often have access to fewer public schools or schools supported by international partners and therefore must pay higher fees, creating barriers to education. In Kampala, however, the trend is reversed, with more refugee adolescents out of school compared to their host community counterparts. This disparity is likely due to the higher cost of living and school fees in the capital city, which pose substantial challenges for refugees seeking education.

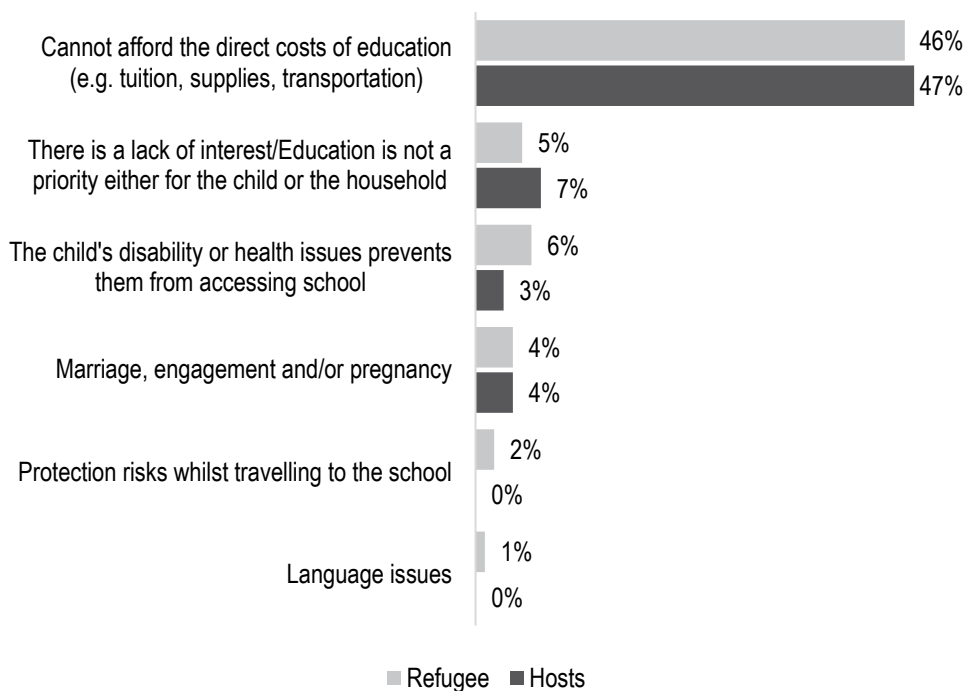
Financial constraints emerged as a central barrier to education by both refugee and host community household respondents. Indeed, according to the quantitative MSNA 2024 results, household respondents reported that, during the 2023-2024 school year, 15% (n=3,104) of refugee and 17% (n=2,618) of host community children across the 13 settlements and Kampala were not attending school or early childhood education program¹³. Of these, almost 50% of both refugee and host community children were not able to attend because their **household could not afford the direct costs of education, such as tuition, supplies and transportation** (presented in Figure 3). Similarly, it was often reported in the FGDs with adolescents and parents/caregivers that households struggle to cover school fees, purchase uniforms, and provide necessary school material (bags, books, pens), with adolescents frequently mentioning they were sent home for non-payment of school fees or not having a uniform. In both refugee and host communities, parents cited the inability to buy basic items like soap and school bags as the main reason why adolescents cannot attend school regularly.

"[...] you know for us refugees to get money these days, to be able to support our children with school fees is very hard. Now, for example, I have a family with eight children and the money that I get as assistance is less than UGX100,000, so, I will not be able to send a child to school, yet I want that child to be in school"

– Male participant, Kyangwali refugee settlement, Parent

Figure 3: % children aged 3 to 18 years old not attending school or any early childhood education program at any time during the 2023-224 school year, as reported by household respondents across the 13 settlements, by main reason and group, in Uganda¹⁴

[Subset: children not attending school, 15% (n = 3,104) refugee and 17% (n =2,618) host community children aged 3 to 18 years old]



Refugee adolescents participating in the FGDs reported facing heightened vulnerabilities due to their households' reliance on **diminishing external aid**.^{15,16} Similarly, host community children contend with poverty, as many families depend on agriculture, a livelihood highly susceptible to climate shocks such as droughts and flooding. Poverty exacerbates barriers to education, with both refugee and host community adolescents often reporting irregular school attendance or dropping out entirely. During the FGDs, these adolescents frequently reported engaging in **domestic work, casual labor (paid or unpaid) or small-scale businesses** to support their households or meet their educational needs.

As presented in Figure 2, a significant proportion of children aged 3 to 18 years old across the four settlements and Kampala were not attending school or any early childhood development program in the 2023-2024 school year. Of those not attending aged 5 to 17 years old, nearly half of the refugee and host community children in Adjumani and Kyangwali settlements were reported by the household respondent as being engaged in domestic work during the week preceding data collection (see Table 1). In Bidibidi, these proportions are even higher, suggesting heightened economic pressures in this settlement. This contrasts with Kampala, where the figure rose to nearly 90% among the 35 host community children in Kampala, who were not attending school during the 2023-2024 school year. This disparity may be attributed to the higher cost of living in Kampala compared to the settlements, placing greater economic pressure on households, requiring children to assist parents with household tasks.

Table 1: % of children aged 5 to 17 years old not enrolled in school for the 2023-2024 school year that are engaged in domestic work (e.g., washing, ironing other's clothes, taking care of children, running errands for other, among others), as reported by household respondents¹⁷

[Subset: refugee and host community children not attending school in the 2023-2024 school year, aged 5 to 17 years old – refugees 15% (n=3106) and host community 17% (n=2622) at country level.]

Settlement	Community, by children not attending school in the 2023-2024 school year	% engaged in domestic work
Adjumani	Refugee (10%, n=157)	41%
	Host (8%, n=94)	56%
Bidibidi	Refugee (3%, n=47)	72%
	Host (11%, n=149)	68%
Kyangwali	Refugee (16%, n=145)	61%
Kampala	Refugee (29%, n=158)	48%
	Host (9%, n=35)	89%

The **lack of food at home or of school meals programs** were mentioned during the FGDs across all settlements, for both refugee and host community adolescents as a key barrier to education. However, it was less mentioned by adolescents and parents in Kampala, perhaps due to the greater availability of markets in the city, greater infrastructures and services, diversified food sources and less reliance on agriculture unlike in rural settlements.¹⁸ Additionally, both refugee adolescents and parents in settlements cited that the World Food Programme (WFP) categorizationⁱⁱ increased the proportion of children not going to or skipping school because of hunger, or missing school to support their household with income-activities to buy food.

“Our household was categorized as category three by WFP, so we have been put off from receiving food assistance from WFP. Since then, we have not been having meals at home regularly. Sometimes when I come home for lunch, there is no food and even in the morning, I go without taking breakfast, so sometimes I end up missing classes because of hunger”

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

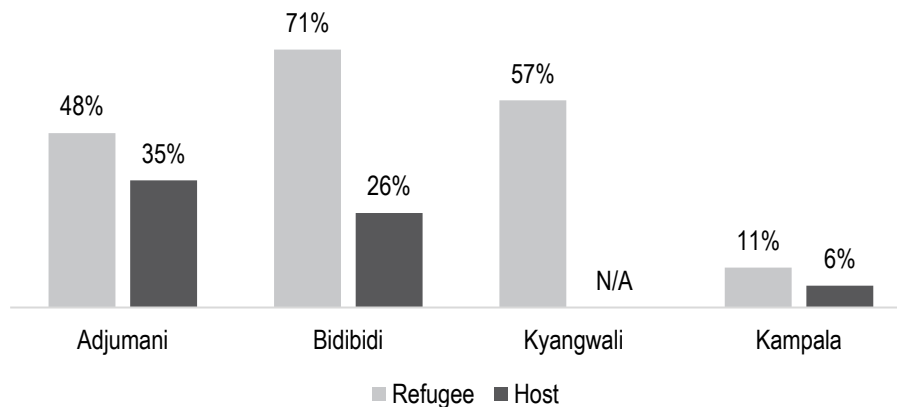
According to the quantitative MSNA results (presented in Figure 4), refugee households in all settlements exhibit lower Food Consumption Scores (FCS)ⁱⁱⁱ compared to host community households. The proportion of refugee households with a borderline or FCS is higher in Bidibidi at 71%, compared to Kyangwali and Adjumani. While Adjumani and Kyangwali reported a lower proportion, the rates remain concerningly high across all settlements. Conversely, in Kampala, refugee households fare significantly better than those in the settlements, with only 11% identified as having a borderline or poor FCS. Again, this could be linked to the relatively better food security in urban areas compared to rural areas in Uganda, as explained above. However, it is important to recognize that urban food security is not without challenges.

ⁱⁱ Due to funding shortfalls in Uganda, WFP had to prioritize the people they can support through General Food Assistance (GFA). This has been done in three phases. The final phase III categorized refugee households in three categories: category 1 receiving 60% of the food ration, category 2 receiving a 30% ration and category 3, no longer receiving GFA. For more details on the prioritization process, consult WFP. [Uganda – Analyzing the Impact of Prioritisation in Uganda: A Longitudinal Study of Refugees' Food Security, August 2024](#). 2024.

ⁱⁱⁱ This indicator is a composite score based on households' dietary diversity, food consumption frequency, and relative nutritional value of different food groups. The FCS is calculated by asking how often households consume food items from the 8 different food groups (plus condiments) during a 7-day reference period. For more information on the FCS, consult WFP. [Food Consumption Score](#). 2019.

Figure 4: % of households with borderline or poor Food Consumption Score (FCS), by location and group¹⁹

[Subset: none.]



Peer pressure was identified during the FGDs as a significant factor influencing adolescent behavior, particularly among refugee and host community boys, where groups of peers often **encourage drug use, child and early marriage, or dropping out of school in favor of quick financial gains** through casual labor such as boda-boda riding, gardening, or selling goods. **Substance abuse**, including alcohol and drug use, was notably prevalent among host community boys around the three settlements, with many adolescents linking these behaviors to peer pressure and social activities like attending 'disco nights' or parties, especially in Adjumani. Additionally, **academic failure** and the stigma associated with repeating a grade or having an age discrepancy in the classroom (particularly mentioned in Bidibidi) further discouraged school attendance or enrolment.

"Love for money; for instance, if I see my friends who are not going to school but are doing well financially, I may start following them and leave school. So, admiring our friends the way they do things may also lead to school drop-out."

– Male participant, Adjumani refugee settlement, aged 16-19 years old

"Peer group influence especially with the boy child. The same boys who don't go to school are terrorizing people in the community. They miss out on school or even drop out and end up drinking alcohol and taking opium."

– Education expert, Adjumani

Additionally, many adolescents, especially girls, reported being burdened with household chores such as cooking, cleaning, fetching water and caring for siblings, often leaving them too tired or late to attend school. It was mentioned that parents sometimes prioritize younger children's education or assign older children work responsibilities, including supporting the family business of helping during food distribution.

"Some parents discriminate us girls because they put too much work like all domestic work on us. Some parents leave home for business and the girls have to take care of the family. We end up having irregular school attendance unlike the boys."

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

Parental absence, whether due to death, illness, divorce, or neglect, was stated as a critical barrier to education for both refugee and host community adolescents. In the case of parental absence or unavailability, boys need to assume familial duties or seek income to support their family, while girls

are burdened with domestic chores. In case of parental illness, adolescents must often stay home to provide care, further disrupting their education. Parental separation exacerbates the issue, as one parent may refuse to pay school fees, leaving the child unsupported. In some cases, refugee adolescents and parents reported, during FGDs, the lack of consistent parental oversight and encouragement, leading to several children abandoning their education altogether.

“Whenever my mother travels, I become the mother of the family, and for those days I will have to miss classes so that I can help at home”

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

Adolescents did not specify if their parents were going back to their home country, nor the frequency of those hypothetical trips. However, according to the 2024 [IMPACT-REACH assessment on urban refugees in Adjumani Town](#), almost half (44%) of refugee households in Adjumani Town reported having members who frequently travelled back to their home country. Of those, about 62% traveled back to their home country at least once a month.²⁰ In the 2024 [IMPACT-REACH assessment on urban refugees in Mbarara](#), the frequency of these movements stayed unclear, but according to the KIIs and FGDs in this assessment, these movements between Uganda and the home-country appeared to be related to livelihood and education opportunities.²¹ In the [2022 IMPACT-REACH assessment on urban refugees and sustainable livelihoods in Uganda](#), about 29% of refugee households declared that at least one member of their household was travelling back to their home-country. Of those, 24% traveled back to their home-country at least once a month.²²

Child and early marriage significantly impacts school attendance and completion for both refugee boys and girls, with girls being disproportionately affected. In refugee and host communities, economic hardships, cultural practices and lack of parental guidance are prominent drivers of child and early marriage. It was reported, during the FGDs, that girls can be forced into marriage to alleviate family financial burdens, or because of cultural expectations, while boys may stop attending school after marriage due to the associated responsibilities (i.e., providing income for the household). Adolescents sometimes perceive marriage as an escape from the difficult circumstances at home or school. Difficulties associated with child and early marriage towards attendance at school were only mentioned in FGDs in refugee settlements among refugee groups, especially in Bidibidi. Among the subset of children aged 3 to 18 years old who were reported by household respondents as not attending school for the 2023-2024 school year as reported in Figure 2, 4% of refugee and host community children^{iv} were not attending school due to marriage, engagement or pregnancy in Adjumani, Bidibidi, Kyangwali and Kampala.

“Poverty at home may also make adolescent girls stop attending school. This can allow other men to take advantage over the girl. Some men who have money may promise to marry the girl cash and the parents may end up giving the girl for marriage”

– Male participant, Adjumani refugee settlement, aged 16-19 years old

Sickness also emerged as a barrier to school attendance during the FGDs with both refugee and host community adolescents. Malaria, fever, asthma and severe illnesses were commonly cited as reasons for absenteeism.

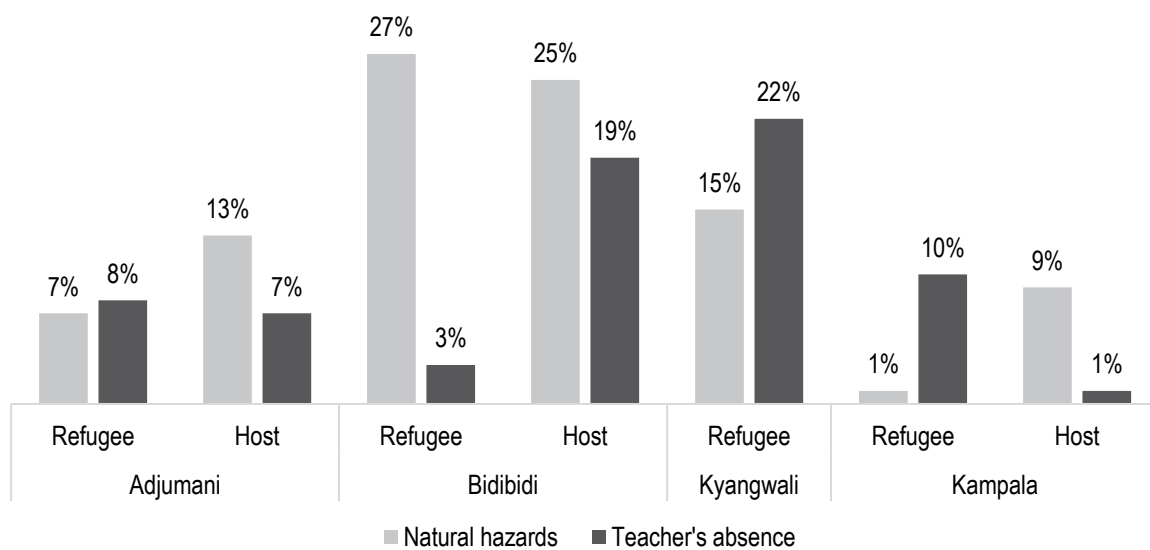
Adverse weather conditions, particularly heavy rainfall, emerged as a recurring barrier to school attendance among adolescents in both refugee and host communities FGDs, with frequent mentions of this in Bidibidi. According to the quantitative MSNA 2024 results (presented in Figure 5), 27% of refugee and 25% of host community adolescents in Bidibidi experienced disruptions to their education during the 2023-2024 school year due to natural hazards such as floods, heavy storms, droughts, and wildfires. In Adjumani, on the other hand, fewer disruptions were reported. In Kampala, education

^{iv} This question was asked for all children aged 3 to 18 years old, but it most likely concerns children aged 10 to 19 years old.

disruptions due to natural hazards were predominantly reported affecting host community children. Heavy rain often leaves students, particularly those who must walk long distances, with no choice but to stay home. While this challenge affects both boys and girls, girls in settlements frequently highlighted additional concerns during the FGDs, such as the physical difficulty of navigating long distances during harsh weather and fears of floods or rising river water levels, which they must cross to reach school. The impact of climate-related hazards on education has also been documented as part of a separate IMPACT-REACH assessment conducted in 2024 focusing on community-based adaptation to climate change in/around Nyumanzi settlement (Adjumani district), covering multiple sectors, including education.^v

Figure 5: % of children 3 to 18 years old whose education was disrupted during the 2023-2024 school year, as reported by household respondents, by type of event, group and location²³

[Subset: none.]



Long distances to school are a significant barrier to education mentioned during the FGDs by both refugee and host community adolescents, particularly in Kyangwali, Bidibidi and Adjumani. Far-off schools make daily commute exhausting and often unmanageable, especially when compounded by financial limitations that prevent access to transportation. In some cases, harsh conditions, like extreme weather as mentioned in Bidibidi, compounded with the fact that schools can be over an hour and half away discourage attendance altogether.

Additionally, teachers overwhelmed by the number of students per class and **teacher absenteeism**, also further hinders learning and limits education opportunities for both girls and boys in refugee and host communities. As observed in Figure 4, host community adolescents in Bidibidi were reported by household respondents as being more affected by teachers' absence (19%) compared to refugee adolescents (3%). In Kyangwali, teachers' absence disrupted education for one in five children. In Adjumani, the impact was less pronounced among refugee and host community communities. In Kampala, while just 1% of host community household respondents reported this challenge for children living in their household, 10% of refugee household respondents stated that their children's education was disrupted by teachers' absence.

Several participants of the FGDs mentioned the **poor school infrastructure** discouraging adolescents from attending school. According to participants, schools lack accessible classrooms and education for children with disabilities, child-friendly spaces, and adequate sanitary facilities leading adolescents with

^v The findings for this assessment are scheduled for dissemination in March 2025. The [Terms of Reference](#) are published on Impact Initiatives Resource Center.

disabilities and girls disproportionately affected. The quantitative MSNA 2024 results (presented in Table 2), show a substantial percentage of children with at least one disability who were reported by household respondents as not being enrolled in the 2023-2024 school year due to their disability and/or health issues, among other reasons. In Kyangwali and Bidibidi, the reported proportion is significantly higher for refugee children compared to Adjumani and Kampala, and host community children. In Kyangwali, 61% of the 56 refugee children and in Bidibidi 67% of the 18 refugee children with at least one disability and not enrolled in the 2023-2024 school year were so because, among others, of their disability.

“The PWDs [people with disabilities] are usually not put into consideration when these education programs are designed. Some washrooms/ pit latrines are not favourable for them. Even some classroom blocks are built in a way that makes it hard for the PWDs to access the classrooms.”

– Education Expert, Adjumani refugee settlement

Table 2: % of children aged 5–18 years with at least one disability not enrolled in the 2023–2024 school year, where household respondent reported disability and/or health issues as the main barrier to attendance, as reported by household respondents²⁴

[Subset: refugee and host community children not attending school in the 2023-2024 school year with at least one disability, aged 5 to 18 years old – refugees 24% (n=462) and host community 24% (n=322) at country level.]

Settlement	Community, by children not attending school in the 2023-24 school year, with at least one disability	% children with a disability and/or health issue being reported by household respondents as the main reason for not attending school in the 2023-2024 school year
Adjumani	Refugee (14%, n=36)	39%
	Host (18%, n=32)	28%
Bidibidi	Refugee (6%, n=18)	67%
	Host (13%, n=31)	35%
Kyangwali	Refugee (24%, n=56)	61%
Kampala	Refugee (34%, n=23)	4%
	Host (10%, n= 6)	0%

Girls faced additional barriers to education related to their specific needs. **Menstruation** was commonly mentioned by girls in the FGDs as a barrier to education, especially in Bidibidi and Adjumani, as many do not have access to sanitary products or do not have access to changing facilities, leading them to miss school days. **Cultural norms** often favour boys for education, viewing girls as future homemakers, which results in girls being burdened with household chores and more likely to drop out. This is often compounded by economic hardship, pushing parents/caregivers to prioritize boy’s education, believing girls’ future lies in marriage. **Teen pregnancies** were commonly mentioned in Bidibidi and Kyangwali FGDs, forcing many girls to leave school permanently. **Sexual harassment** by peers and teachers was also reported a few times by refugee girls, mostly in Kampala, Kyangwali and Adjumani, further discouraging attendance.

“Many girls can’t afford or access sanitary pads during their menstruation, this lowers their confidence and so they will be missing out on school during such days. When a girl gets pregnant early, everybody laughs and condemns her, leaving her traumatized, while the boy who impregnated her continues schooling without restriction.”

– Female participant, Kampala, aged 13-15 years old

Many of the challenges faced by boys were outlined earlier in the text. They include peer pressure in bad friends' group, leading many into drugs, alcohol consumption and smoking, impacting their school attendance. Due to **social expectations** of boys being the breadwinner of the family, as mentioned by participants of the FGDs, refugee and host community boys are more likely to engage in heavy labor, such as grazing animals and digging in the gardens in and around the settlements, leading to frequent absenteeism.

Overall, adolescents' access to education in refugee settlements and host communities is shaped by interconnected financial, societal, health, institutional and safety barriers. Poverty drives school dropouts and irregular attendance as households struggle to afford fees and supplies, while hunger, illness, and long distances to school further hinder attendance. Girls face unique challenges, including child and early marriage, household chores and stigma around menstruation, while boys are often involved in heavy labor or pressured in substance abuse. Poor infrastructure, overcrowded classrooms, and teacher absenteeism exacerbate these issues.

(b) Driver of Barriers

According to KIIs, adolescents face those challenges due to limited partner support (i.e., government, INGO, NGO, RLO), especially for children with disabilities (i.e., no mobility equipment). Many come from backgrounds with limited access to structured environments, which can make adapting to school authority challenging. Cultural beliefs (i.e., child and early marriage, girls not considered for school compared to boys) particularly in the Dinka community, and negative attitudes toward education further hinder their learning. For example, the IMPACT-REACH [Child Protection Assessment in Refugee-Hosting Districts](#) conducted in 2022 found that child and early marriage was more reported in West-Nile, than in the South West. It was suggested this difference could be due to cultural differences between refugee groups across settlements, as suggested by KIIs in this assessment. KIIs mentioned that high dropout rates also exacerbate factors mentioned as barriers, such as child and early marriages and pregnancies. Additionally, many adolescents, left idle, turn to theft, drugs and alcohol abuse, or join negative influences such as recruitment into armed conflicts across borders, in neighboring countries. Furthermore, KIIs reported that emotional distress increased adolescents suicide cases. It was reported that despite efforts to promote vocational and technical education for adolescents not in school, there is still a stigma around it being for those who fail academically.

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

– Education Expert, Bidibidi refugee settlement

According to parents and caregiver participants of the FGDs, including KIIs, several initiatives and organizations have been working to improve education access and support in refugee settlements and host communities. In Kyangwali, programs and funding mechanisms such as [Education Cannot Wait](#) and [Play Matters](#) have introduced play-based learning to engage adolescents and keep them in school. Partners like War Child, AVSI, Save the Children and LWF have supported adolescents by providing cash assistance for school materials. In Adjumani, Plan International conducts reusable pad-making workshops and trains adolescents as trainers to promote menstrual hygiene. They also raise awareness about education's importance through community sensitization and radio programs, while community-based organisations implement role model programs teaching school dropouts life skills such as tailoring and business management. However, deeply ingrained cultural beliefs, such as the stigma around disabilities in Adjumani where some tribes hide PWDs due to cultural perceptions, continue to hinder progress. In Bidibidi, local elders and organizations work to safeguard children by escorting them to school and creating safe spaces or holiday programs to engage youth. In Kampala, organizations have focused on addressing school infrastructure challenges in urban settings, though barriers such as overcrowded classrooms and inadequate support for children with disabilities persist.

Government efforts in Bidibidi, Adjumani, Kyangwali, and other regions have focused on expanding school infrastructure, aiming to build a primary school in every parish and secondary and vocational institutions in every county. However, challenges remain, as mentioned by the KIIs, including limited resources and partners, which result in inadequate support.

(c) Strategies to Improve Access to Education

Adolescents and parents proposed several strategies to improve school attendance, which can be categorized into five key areas: financial and material support, infrastructure and resources, quality of education and learning, family and community involvement, and motivation and personal support.

- **Financial and material support:** Across all settlements, financial assistance such as cash support for school fees and scholarships emerged as the most critical need. Adolescents and parents also highlighted the importance of providing school materials like books, pens, and bags, with refugee communities in Bidibidi and Adjumani emphasizing the need for sanitary pads for girls. The provision of school uniforms was particularly mentioned in Bidibidi and Kyangwali, while Kampala participants suggested lowering school fees. Additionally, participants in Bidibidi and Adjumani noted that providing soap to wash uniforms would be beneficial.

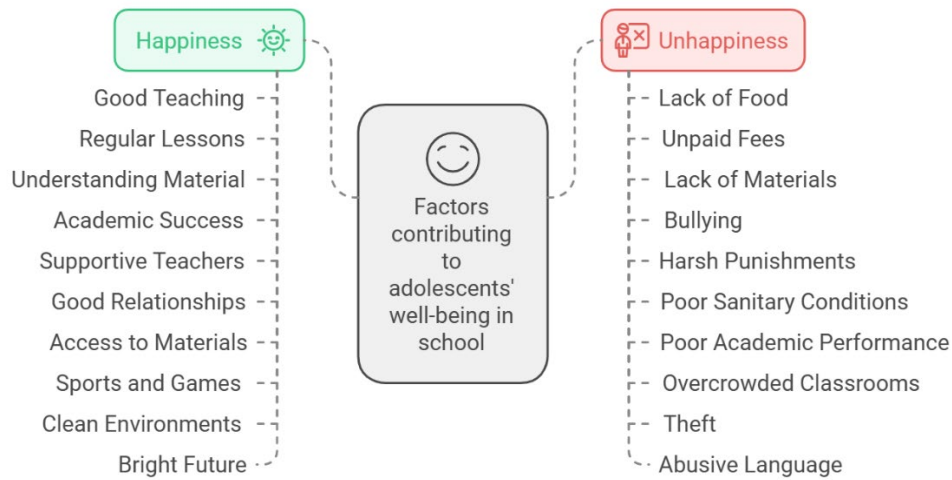
"Give scholarship for these children because we cannot afford paying for their school fees and their scholastic materials, sometimes the little money we have is used for buying food for the family."

– Female participant, Bidibidi refugee settlement, separated children caregiver

- **Infrastructure and resources:** The need for closer schools or transport options, such as school buses, was widely mentioned across all locations by both refugee and host communities. Access to school meals was a key priority in Bidibidi, Adjumani, and Kyangwali, particularly for refugees. Improved school facilities, such as furnished classrooms and resources for non-English speakers, were highlighted in Adjumani and Kyangwali, mainly by refugee participants.
- **Quality of education and learning:** Improving teacher qualifications and the quality of teaching was a common suggestion, especially in Adjumani, across both refugee and host communities. Participants across all locations also recommended ending corporal punishment in schools to create a more supportive learning environment.
- **Family and Community Involvement:** Girls from both refugee and host communities emphasized reducing adolescents' household chores to improve school attendance. In Bidibidi and Adjumani, boys from host communities stressed the need for parents to monitor adolescents' movements to prevent activities like attending "disco nights" or engaging in substance abuse.
- **Motivation and personal support:** Adolescents across all communities valued guidance and counselling to promote the importance of education and provide emotional and psychosocial support. Mentorship and structured guidance programs were suggested to help address personal challenges and build motivation.

Key factors affecting adolescents' well-being at school reflect the barriers they face. Refugee adolescents placed importance on having food at home or school, particularly in Bidibidi, wearing a uniform, and having their school fees paid. Academic success, such as passing exams, was a source of happiness particularly for refugee adolescents, while host community adolescents highlighted the daily presence of teachers and good teaching quality. Conversely, failing classes, bullying, or being insulted or beaten by teachers, commonly mentioned in Bidibidi and Adjumani, contributed to unhappiness. Across all communities, going to school hungry, lacking school materials, or being sent home for unpaid fees significantly diminished their school experience.

Figure 6: Factors contributing to adolescents' well-being in schools, according to FGDs with adolescents aged 10 to 19 years old in Adjumani, Bidibidi, Kyangwali and Kampala



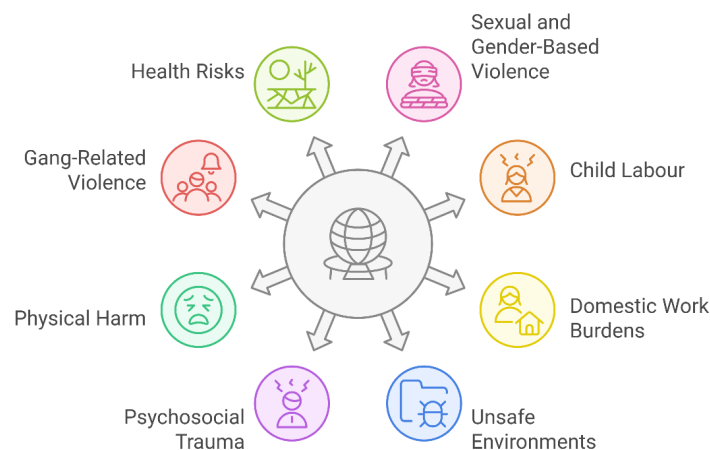
Child Protection and Gender Based Violence

This section examines the protection risks faced by refugee and host community adolescents, with a focus on gender-specific vulnerabilities. It explores the physical, social, and emotional impacts of these risks on adolescents' well-being and development. It also discusses existing community and organizational efforts to address these issues and highlights gaps in services, emphasizing the need for improved safety measures, psychosocial support, and targeted interventions. In cases where we found differences between gender, population, location and age groups, we have elucidated them within the written analysis. However for more details, please consult the [qualitative analysis](#).

(a) Child Protection Issues

This section examines the key protection risks faced by refugee and host community children, highlighting gender-specific vulnerabilities and concerns reported by parents, caregivers and adolescents. Drawing on findings from the IMPACT-REACH Child Protection Assessment and the Ugandan Humanitarian Violence Against Children Survey (VACS), it explores various forms of violence, exploitation, and unsafe conditions impacting children's safety and well-being in refugee-hosting districts in Uganda. Figure 7 summarizes the child protection risks cited by adolescents aged 10 to 19 years old in FGDs across Adjumani, Bidibidi, Kyangwali and Kampala.

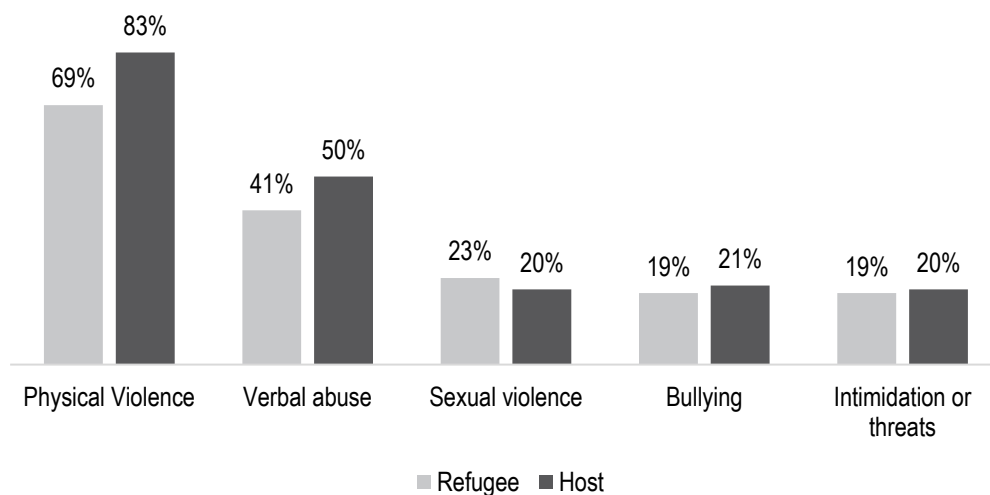
Figure 7: Child protection and gender-based violence risks cited by adolescents aged 10 to 19 years old participating in FGDs



The IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts conducted in 2022 found that children working, followed by physical violence, child and early marriage, neglect and sexual violence were the top five risks that refugee and host community children reported to be most concerned about over the past three months before the survey.²⁵ Physical violence was the most prevalent type of Violence Against Children (VAC), among both refugee and host community, followed by verbal abuse, sexual violence, bullying and intimidation of threats, as reported by the refugee and host community parents/caregivers in Figure 8. Physical violence and verbal abuse were more mentioned by host community parents/caregivers, but the proportion of refugee parents/caregivers reporting the same VAC is not much lower. Both refugee and host community parents/caregivers reported that **girls are more at risk than boys**.²⁶ The [Ugandan Humanitarian Violence Against Children Survey \(VACS\)](#) conducted in 2022 in the 13 refugee settlements, and published in 2024, found that 41% of boys and 28% of girls experienced physical violence prior to the age of 18, among the 18 to 24 years old refugees surveyed.²⁷

Figure 8: Top five reported types of Violence Against Children (VAC), by refugee and host community caregivers across Uganda's 13 refugee settlements²⁸

[Subset: none.]



Across all locations, both refugee and host community adolescents identified gender-specific challenges. Girls frequently mentioned in FGDs risks tied to domestic chores and labor in unsafe conditions, while boys highlighted physical exhaustion and unsafe environments in work-related activities. Adolescent girls, particularly in Kampala, Adjumani and Kyangwali reported being scared in their daily activities because of the **sexual harassment, rape and exploitation** they can face. This was also confirmed by the parents and caregivers during their FGDs. For example, girls in Kampala reported gang violence, the dangers of nighttime work (e.g., restaurants) and older men luring them into exploitative situations under the pretext of financial help or employment. In Kyangwali and Adjumani, it was mentioned by adolescents and parents/caregivers that fetching water and firewood and running errands exposed girls to harassment and sexual violence.

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

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

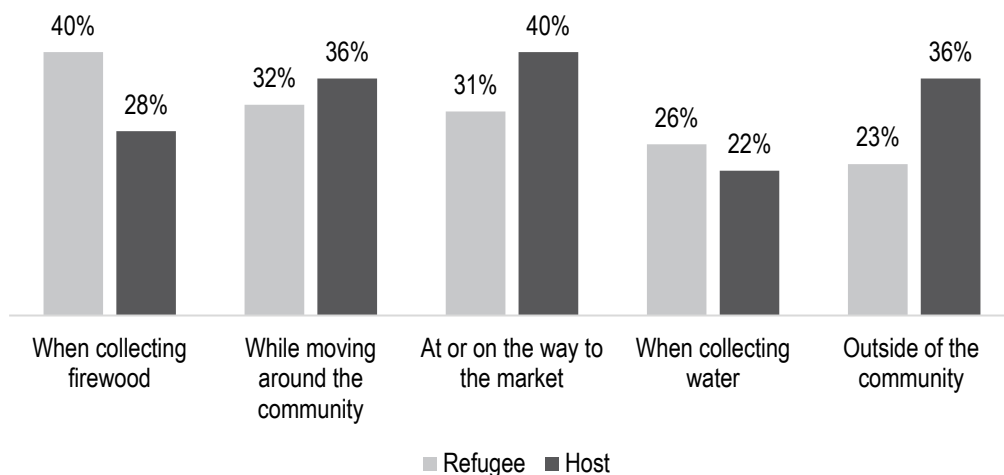
"Sexual harassment from gangs and thugs of the community. The sad thing is when you see an elderly man bad touching these girls. It is really sad."

– Female participant, Kampala, host community parent

These child protection risks reported by girls are echoed in the 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts, as presented in Figure 9. Refugee caregivers most commonly reported that sexual violence against children occurred during activities such as collecting firewood or water. Both refugee and host community caregivers also frequently identified sexual violence happening while children were moving through the community or traveling to and from the market.

Figure 9: Top five reported places where sexual violence occurs by refugee and host community caregivers across Uganda's 13 refugee settlements²⁹

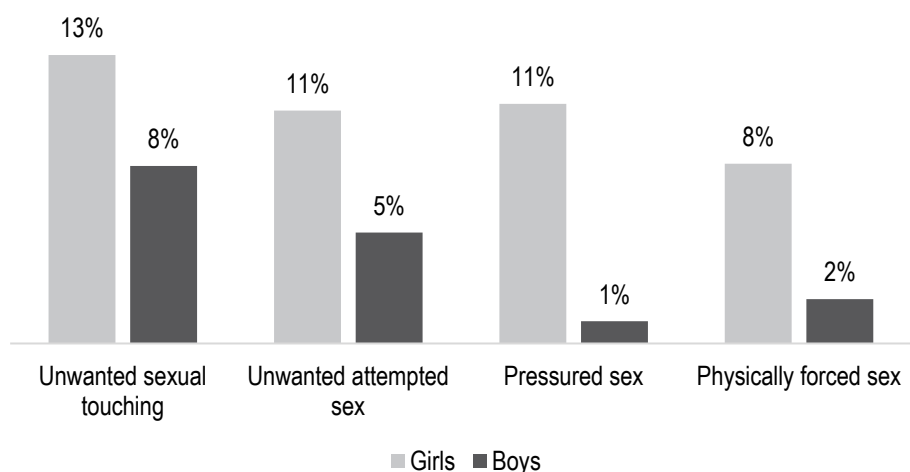
[Subset: none.]



The Ugandan Humanitarian Violence Against Children Survey (VACS) conducted in 2022 in the 13 refugee settlements found that 19% of girls and 10% of boys experienced different type of sexual violence prior to age 18. Still according to the VACS results (presented in Figure 10), girls were more likely to experience sexual violence such as unwanted sexual touching, unwanted attempted sex, pressured sex and forced sex than boys.

Figure 10: Prevalence of sexual violence prior to age 18, among refugees aged 18 to 24 years old across Uganda's 13 refugee settlements, by gender³⁰

[Subset: none.]

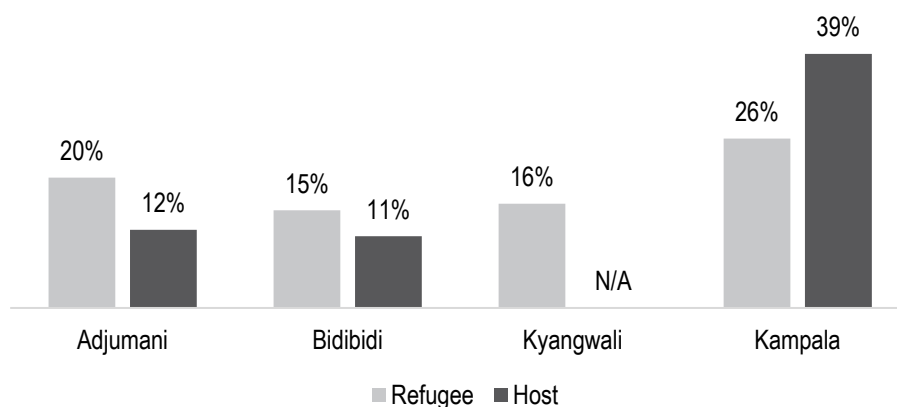


Additionally, according to the quantitative MSNA 2024 results (presented in Figure 11), around 20% of refugee and 12% host community households reported that female members of their household felt unsafe walking at night in their community in the last three months of the survey in the settlements and in host communities around the settlements. However, Kampala was perceived as more unsafe for

women walking at night than in and around the settlements, by both refugee and host community households, with 39% of host community and 26% of refugee households reporting that at least one female household member felt unsafe walking at night. In Adjumani and Bidibidi, a higher proportion of refugee households reported feeling unsafe compared to host community households. This suggests that while a higher proportion of women and girls feel unsafe walking within settlements, urban settings tend to evoke an even greater sense of insecurity.

Figure 11: % of households reporting at least one female member of the household feeling unsafe walking at night in their community in the last 3 months, at least once, by location and group³¹

[Subset: none.]



Many parents and caregivers participating in the FGDs cited **child and early marriage and teen pregnancies** as child protection risks, especially in Bidibidi and Adjumani. Results from the 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts outline that 25% of refugee and 29% of host community children reported being worried about child marriage over the three months before data collection, while among caregivers, 36% of refugee and 39% of host community respondents³² reported having witnessed a child marriage in their community over the same time period.^{vi} The Ugandan Humanitarian Violence Against Children Survey (VACS) conducted in 2022 in the 13 refugee settlements found that girls were more at risk of child marriage than boys: 37% of girls aged 18-24 years old reported being married before the age of 18 years old, compared to 12% for boys.³³

In contrast, boys participating in the FGDs in Bidibidi and Adjumani cited **exhaustion and physical harm** from brickmaking, digging and herding livestock as child protection risk for adolescents. While drugs and alcohol were not so much mentioned by adolescents as being something they fear, many parents and caregivers considered **drug and alcohol use** as a child protection risk, especially for boys in Bidibidi and Adjumani. Adolescents' participants from Bidibidi and Adjumani described **verbal and physical punishment** by parents as additional threats. Child maltreatment^{vii} was also confirmed by parents and caregivers. Additionally, adolescents participating in the FGDs in Kampala and Adjumani reported unsafe community environments, including **gang activities** due to the fear of being robbed, attacked or bullied by these individuals, and **dark, isolated areas**, posing risks to both genders. The **threat of snakes and other animals** in the bushes and gardens, while rearing animals or gardening,

^{vi} These results may be over-reported due to the possibility of multiple caregivers witnessing the same instance of child marriage.

^{vii} Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all type of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development of dignity in the context or a relationship of responsibility, trust or power. WHO. [Child Maltreatment](#). 2024.

was widely mentioned by refugee boys. Lastly both refugee and host community adolescents mentioned fearing **unsafe facilities**, such as dark and unclean latrines.

“For boys, when they take a day off school to go and help the parents to work in someone's garden, they come back from the garden when they feel very tired, one may come back feeling chest pain, or when they feel pain in their arms, that can cause you illness because of overworking.”

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

“The easy access to buying mairungi and drugs like marijuana has killed the children, so our children are not in a safe place”

– Female participant, Bidibidi refugee settlement, host community parent

When adolescents felt scared, they declared during the FGDs often **turning to their parents for help and support**. If the situation required further action, parents may refer them to the community leaders, like Local Council chairperson, or block leaders. Boys in host communities are more likely to go see a LC1/chairperson than girls and refugees. In more serious cases, adolescents mentioned seeking help from the police, particularly for issues involving violence. Teachers and friends were likewise commonly mentioned sources of support, especially when adolescents feel uncomfortable discussing matters with their partners. Refugee adolescents are also turning to support actors like INGOs more than host community adolescents. Very few adolescents declared going to child-friendly spaces. Most of participants mentioned being **unsatisfied with the help they get when they feel unsafe or are scared**. During the FGDs, many expressed frustrations over unfulfilled promises, corruption and discrimination, particularly as refugees. The police was often seen unreliable by participants, with reports of cases being ignored or mishandled, especially when money is involved. Some adolescents mentioned feeling neglected by organizations or facing inappropriate response when seeking help. However, a few host community and separated^{viii} refugee adolescents expressed satisfaction with the support they receive, highlighting the mixed nature of the assistance available.

(b) Strategies for Children and Adolescents to Feel Safer

Adolescents participating in the FGDs suggested several ways to feel safer in their communities. Key ideas included improving security by installing **streetlights**, increasing police patrols and ensuring safe and clean toilets. They also emphasized the importance of **walking in groups**, especially when fetching water or firewood, and avoiding dangerous areas like bushy and isolated paths. Adolescents requested that parents accompany them when necessary, during their daily task, and expressed the need, especially boys, to **wear gumboots** for activities like digging and grazing. Reducing the workload and allowing rest, especially during hot or unsafe times, was suggested. Finally, adolescents also discussed the ideas to engage with gangs through **community meetings and educational programs** to reduce harassment and create a safer environment for girls and boys.

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

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

According to KII, the prevalence of child protection issues in Bidibidi, Adjumani, Kyangwali and Kampala is driven by a **combination of cultural, economic, and social factors**. Acceptance of child and early marriages forces many girls out of school. Poverty leads to child labor and child and early

^{viii} 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 (UNHCR. Separated and Unaccompanied children).

marriages as families prioritize survival. Peer pressure exposes adolescents to risky behaviors like prostitution, while some children are forced to become breadwinners for their households, increasing their vulnerability to exploitation. The inadequate health system in Kyangwali, for example, fails to support those affected by sexual abuse. Additionally, in refugee context, the **cultural and traditional tendency toward acceptance of child and early marriage** exacerbates these challenges of child protection.

“Parents want money from marrying off their children hence the child marriages. This can also be attributed to the high poverty levels in the communities. The cultural and traditional practices have caused these protection issues; for example some cultures believe in early marriages, and this has cause many girls to be in danger of marrying early and dropping out of school.”

– Protection Expert, Kampala

(c) Impact of Child Protection Issues

The impact of child protection challenges mentioned by the KIIs can be categorized under three categories:

- **Physical impact:** adolescents face health risks from overwork, hazardous labor conditions and sexual abuse, which can result in injuries, diseases like STIs and HIV, and premature physical maturity.
- **Social impact:** family breakdowns and parental neglect lead to the rise of child-headed households, school dropouts and stigmatization, particularly for pregnant girls and child mothers, who often face discrimination and isolation.
- **Emotional impact:** these challenges cause psychological distress, trauma and low self-esteem, with some children expressing despair or suicidal thoughts due to unmet basic needs, exploitation and neglect.

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

– Protection Expert, Bidibidi

Together, these factors stop children from having normal developmental opportunities, limit their physical, emotional, and social well-being and inclusion.

All KIIs mentioned the **availability of awareness sessions, community engagements and empowerment and child protection services** in all settlements. These range from capacity building with RWCs, caregivers, parents, and children to create child friendly environments and teenage pregnancy prevention. More specifically in Kyangwali, KIIs mentioned partners working on advocacy to promote children’s rights and offering child protection services, like family unification, alternative care arrangements, child friendly spaces and psychosocial support services. In Kampala, the Inclusive Refugee Integration Project focuses on child protection and gender-based violence, in collaboration with the Ministry of Gender, the Kampala Capital City Authority (KCCA) and local governments. In Bidibidi, referral pathways and protection help houses for rape survivors are in place, as well as suggestion boxes to directly inquire from adolescents. In Adjumani, local courts were abolished by the Office of the Prime Minister (OPM) to combat child and early marriages.

However, the services available for child protection face significant gaps due to limited funding and manpower. With **reduced financial support**, many programs struggle to cover the necessary scope, leading to burnout case workers who handle an overwhelming number of cases (e.g., about 240 cases for one case worker according to a protection expert (KII) in Kampala). Manipulation of cases, where parents falsely claim children are unaccompanied to gain benefits, further complicate efforts. Emergency situations also divert resources, delaying planned initiatives. While efforts to align with

national systems have improved, these gaps in funding, staffing, and shifting priorities reduce the effectiveness of child protection interventions.

"[...] it is hard to meet the quality as we speak now, we are one case worker to two hundred forty cases (1:240), which is very huge, it has implicating on the quality of the work done, the case workers are burning out and definitely we cannot have quality results just because of that, which is a huge gap."

– Protection Expert, Kampala

Livelihoods

This section explores the livelihoods of refugee and host community adolescents, focusing on their involvement in household duties, income-generating activities and child labor. It examines gendered and age-specific differences in tasks, the challenges adolescents face balancing work with education and well-being, and the broader impacts of these activities on their lives. The section also discusses barriers to self-reliance and future aspirations, highlighting the need for targeted support to address these challenges. Figure 12 summarizes the household and income generating activities both refugee and host community adolescents reported engaging in daily across the four locations. In cases where we found differences between gender, population, location and age groups, we have elucidated them within the written analysis. However for more details, please consult the [qualitative analysis](#).

Figure 12: Household and income generating tasks adolescents engage in, according to adolescents aged 16 to 19 years participating in FGDs in Adjumani, Bidibidi, Kyangwali and Kampala



(a) Household Activities

Adolescent participants in the FGDs mentioned being engaged in a wide range of activities, ranging from **household activities** to income generating activities, as well as recreational activities. Common household chores mostly mentioned by **girls** include **cooking, washing clothes and utensils, fetching water and firewood, cleaning the house, sweeping the compound or taking care of younger siblings**. Although **boys** mentioned being busy with similar activities, they mainly mention the tasks of **grazing animals, digging in the garden or collecting firewood**. There is no clear difference between activities refugees or host adolescents are engaged in daily, but working in the

gardens, fetching water, grazing/rearing animals and cleaning the compound or the home was more frequently mentioned by the refugee adolescents. In some cases, adolescents run errands such as going to the market or buying items from the shop for the household.

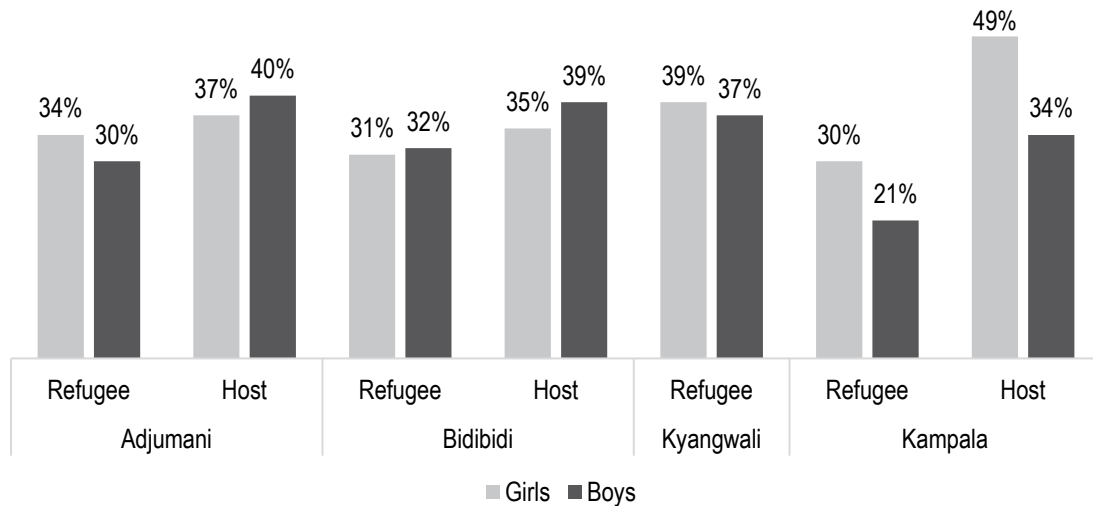
"I support my family by digging in the garden. I also have my own garden that the harvest comes out well, we have enough food at home and more will be sold to get money"

– Male participant, Adjumani refugee settlement, aged 16-19 years old

According to the quantitative MSNA 2024 results (presented in Figure 13), more than 30% of all children, both refugees and host community (aged 5 to 17 years old), across the three settlements and Kampala, were involved in domestic work for at least one hour during the week prior to data collection, as reported by the household respondents. Host community children were generally more involved in domestic work than refugee children across all locations. At the country level, the quantitative MSNA 2024 results found that 74% of host community and 61% of refugee children were reportedly engaged in domestic work in the week prior to data collection for at least one hour.³⁴ With a few exceptions, such as in Bidibidi where boys had a slightly higher involvement (32% of refugee boys and 39% of host community boys), both host community and refugee girls were typically reported to be more engaged in domestic work than boys in the three settlements and Kampala. The exception in Bidibidi could be linked to the fact that boys and young men in Bidibidi are more frequently involved in livelihoods activities such as cattle herding and agriculture.

Figure 13: % of children aged 5-17 years old engaged in domestic work in the week prior to the survey for at least one hour (e.g., washing, ironing other's clothes, taking care of children, running errands for other, among others), as reported by household responds, by gender, location and group³⁵

[Subset: none.]

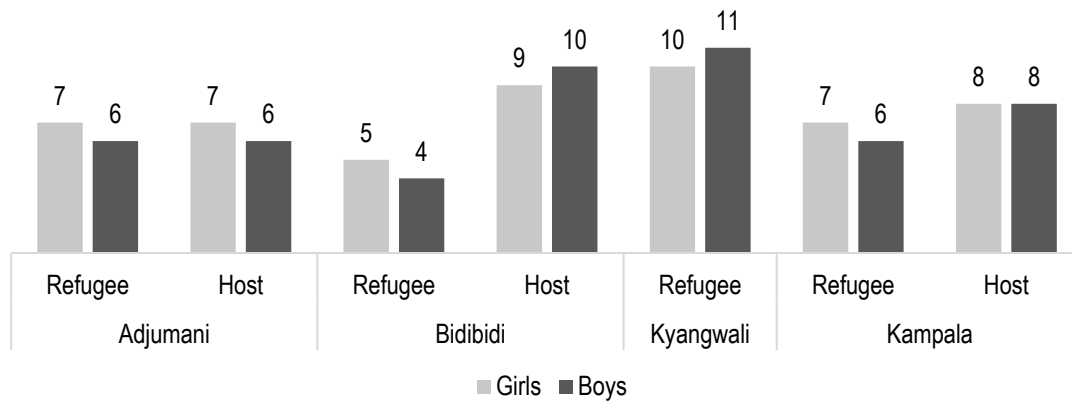


The MSNA 2024 quantitative analysis found that, in Adjumani, while refugee children were reportedly involved on average in 7 hours of domestic work in the week prior to the survey, host community children were reportedly slightly less involved in less domestic work, with on average 6 hours per week.³⁶ It is the opposite in Bidibidi, where host community children were reportedly involved on average in 8 hours of domestic work per week, compared to 5 hours on average for refugee children³⁷. In Kampala, host community boys were involved on average in 8 hours of domestic work a week prior to data collection compared to 6 hours for refugee boys.³⁸ At the country level, the quantitative MSNA 2024 found that refugee and host community children are both engaged on average in 7 hours of domestic work per week prior to the data collection.³⁹ Additionally, according to the quantitative MSNA 2024 results (presented in Figure 14), refugee girls were reportedly involved in more hours of

domestic work than refugee boys for all locations, except for Kyangwali. Concerning host community children, while girls are reportedly involved in more domestic hours than boys in Adjumani, it is the contrary in Bidibidi.

Figure 14: % of children aged 5 to 17 reported by household respondents as engaging in domestic work (washing, ironing other’s clothes, taking care of children, running errands for other, among others), by average number of hours in the week prior to data collection, by gender, location and group⁴⁰

[Subset: refugee and host community children reportedly engaged in domestic work for at least an hour in the week prior to data collection, aged 5 to 17 years old – refugees 61% (n=9927) and host community 74% (n=9089) at country level.]

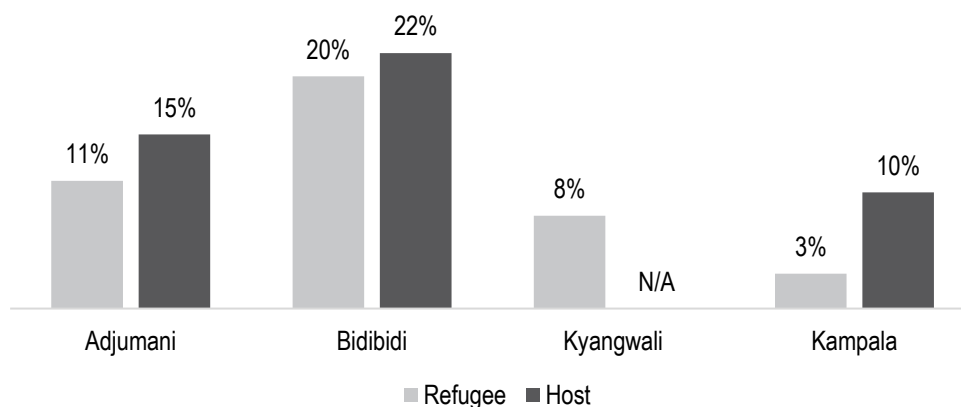


(b) Income-Generating Activities

Adolescents also mentioned being involved in **income generating activities**. According to the quantitative MSNA 2024 results (presented in Figure 15), host community children are more involved in income-generating activities than refugee children across the four locations. Bidibidi had the highest level of children involved in such activities, with a similar proportion of refugee and host community children participating. At country level, the quantitative MSNA results indicate similar results for host community children (13%) and refugee children (12%) who reportedly engaged in work for money in the week prior to the survey.⁴¹

Figure 15: % of children aged 5 to 17 years old engaged in child work (family business, selling or repairing things, help family plot, catching fish or animals or any other activities in return for income in cash or in-kind), for at least one hour in the week prior to the survey, as reported by household respondents, by location and group⁴²

[Subset: none.]



FGDs revealed that **girls were mostly responsible for selling products such as vegetables and food on markets, or cooking and delivering products to customers.** They are also involved in brewing alcohol, engaging in small-scale businesses such as sewing, restaurant, or tailoring, or fetching firewood to sell. On the other hand, **boys were more involved in casual labour with bricklaying and cutting grass for construction, engaging in construction work and digging in gardens, burning and selling charcoal and working in sand quarries.** Additionally, they rear cattle or other people's animals for income (common in areas like Bidibidi), taxi motorcycles (boda-boda) for income, sell petrol or shoes by the roadside or engage in scrap collection. Across Adjumani, Bidibidi, Kyangwali, and Kampala, the quantitative MSNA 2024 results indicate no meaningful gender differences in the proportion of girls or boys being involved in income-generating activities.

"During dry season many adolescent boys do brick laying to earn some money to buy their belongings and some for household needs like soap or even food if there is shortage"

– Male participant, Adjumani refugee settlement, host community parent

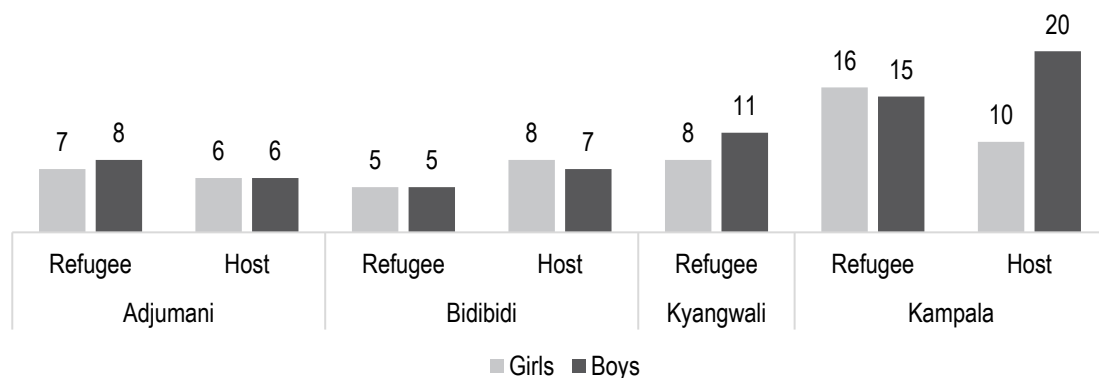
"[...] I help my mother to cut, pound, and deliver oca to customers"

– Female participant, Kampala, aged 16-19 years old

According to the quantitative MSNA 2024 results, refugee children in Adjumani are involved in more working hours than their host community peers, with refugee children reported by household respondents working on average 9 hours per week the week prior to the data collection, compared to 6 hours for host community children.⁴³ In Bidibidi, while this is reversed with host community children working longer hours (7 hours) than refugee children (5 hours),⁴⁴ there are no differences between host community or refugee girls and boys in Adjumani and Bidibidi, as presented in Figure 16. Across all four locations, Kampala is the location where household respondents reported the most hours for both refugee and host community children, with on average 15 hours the week prior to data collection.⁴⁵ There, host community boys were reported to work on average twice as much as host community girls, with host community boys reportedly working on average 20 hours per week, compared to 10 hours for host community girls (see Figure 16). At the country level, the quantitative MSNA 2024 results indicate that refugee and host community children are both engaged on average in 8 hours of work in the week prior to data collection.⁴⁶

Figure 16: % of children aged 5 to 17 reported by the household respondents as engaging in child work (family business, selling or repairing things, help family plot, catching fish or animals or any other activities in return for income in cash or in-kind) by average number of hours, gender, location and group⁴⁷

[Subset: refugee and host community children reportedly engaged in income-generating activities in the week prior to data collection, aged 5 to 17 years old – refugees 12% (n=1958) and host community 13% (n=1847) at country level.]



Out-of-school adolescents reportedly engaged in similar activities to support themselves or their families, with a few additional activities: collecting scrap materials to sell (plastic bottles and steel), cleaning, or slashing compounds (i.e., cutting the grass in the compound). It was mentioned in the FGDs that out-of-school girls are more likely to engage in prostitution, while boys tend to do more physical work, like bricklaying, carpentry and repairing motorcycles. Adolescents mentioned that to empower out-of-school adolescents and promote self-reliance, more vocational and technical training should be offered to the refugee and host community children. During the FGDs, they proposed **trainings** centered around baking, tailoring, carpentry and literacy courses. Financial support, such as scholarships, capital for starting small businesses, and agricultural inputs were also mentioned as being essential to support out-of-school adolescents. Several participants also mentioned the need to support those adolescents with mental health services and counselling to help cope with trauma and guide them away from anti-social behaviors. They mentioned that **community involvement is crucial** and proposed the establishment of business centers where out-of-school adolescents can earn an income and balance work with education.

(c) Child Labor

For this section, child labor is defined as work that exceeds a minimum number of hours per week, depending on the age of a child and the type of work^{ix} according to the International Labor Organization (ILO) and UNICEF definitions.⁴⁸ **Child labor can include domestic chores and/or income-generating activities.** Relevant age groups are under 5 years old, between 5 and 11 years old, 12-14 years old and 15-17 years old. Table 3 presents the thresholds for each type of work and given age groups. If either or both conditions are met, the child is considered to engage in child labor.⁴⁹

Table 3: threshold for each type of work and age group, according to ILO and UNICEF

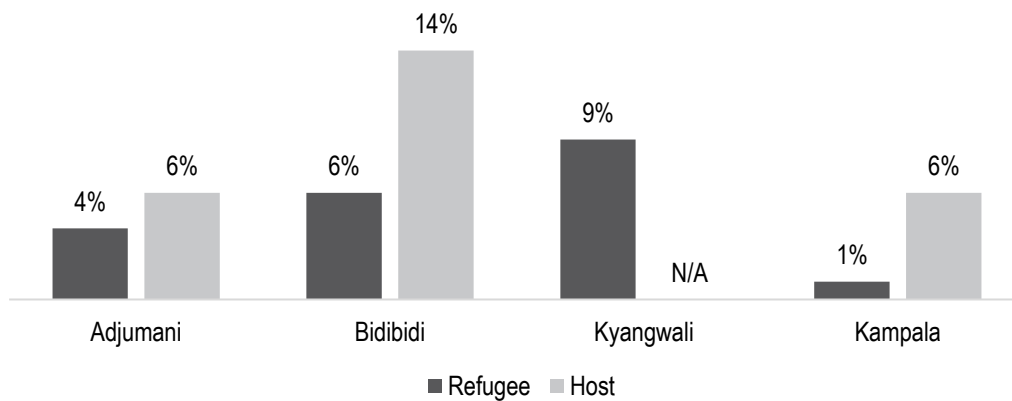
Age group	Threshold for domestic work	Threshold for income-generating activities
< 5 years old	at least 1 hour a week	at least 1 hour a week
5 – 11 years old	at least 21 hours a week	at least 1 hour a week
12 – 14 years old	at least 21 hours a week	at least 14 hours a week
15 – 17 years old	no threshold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

According to the MSNA 2024 quantitative results (presented in Figure 17), child labor was found to be more prevalent among host community children than refugee children in Adjumani, Bidibidi, and Kampala. The largest differences observed between refugee and host community children are in Bidibidi and Kampala. In Kyangwali, child labor among refugee children was notably higher than in the other locations, with 9% reported as being engaged in such activities. Additionally, across all four locations, the quantitative MSNA 2024 analysis found no clear differences in the proportion of girls or boys reportedly involved in child labor. At country level, the quantitative MSNA 2024 found that child labor rates are quite similar for host community (7%) and refugee (6%) children.⁵⁰

^{ix} To calculate the proportion of children engaged in child labor, household respondents were asked for each child in their household if they were engaged in domestic and income-generating chores, and if so, how many hours a week the children were engaged in these tasks. The respondent was provided with examples of domestic chores (washing, ironing others' clothes, taking care of children, running errands for others, among others) and income-generating activities (any type of activities to support the household, such as helping in a family business, selling or repairing things, help on the family plot, catching fish or animals, any other activity in return for income in cash or in-kind).

Figure 17: % of children aged 5-17 years old found to be engaged in child labor, by location and group

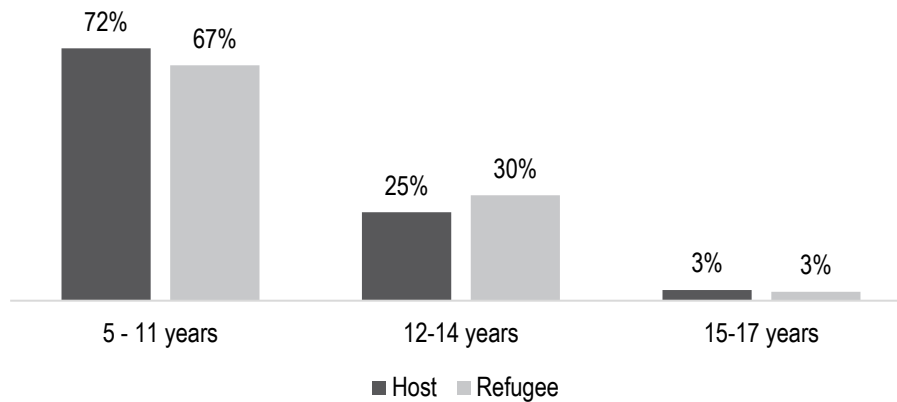
[Subset: none.]



In terms of differences in child labor among age groups at country level, the quantitative MSNA 2024 results (presented in Figure 18) show that child labor (as per ILO definitions) is most frequently reported by household respondents among children aged 5-11 years old, followed by 12-14 years old and 15-17 years old, for both refugee and host community children.

Figure 18: % of children aged 5-17 years old reported by household respondents as engaging in child labor, by age group and group⁵¹

[Subset: children reported by household respondents as being engaged in child labor, aged 5 to 17 years old - refugees 6% (n=981) and host community 7% (n=967) at country level.]



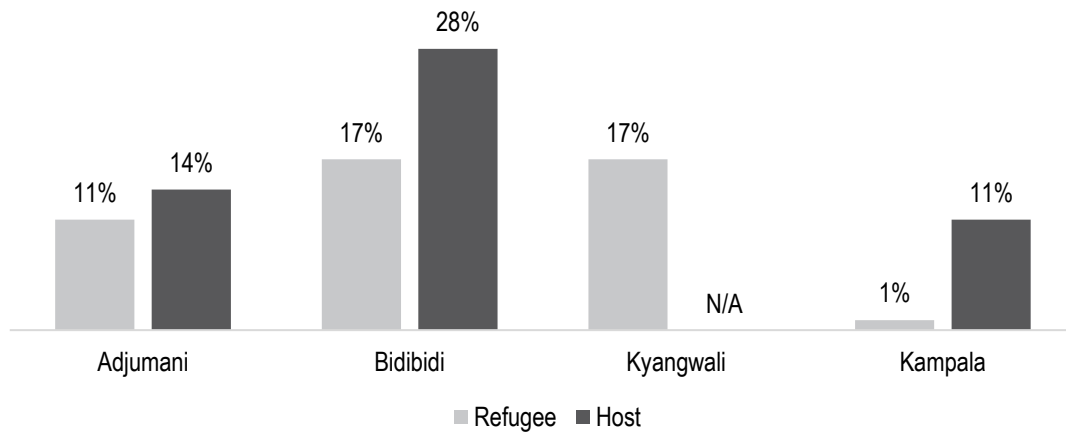
The 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts found that 26% of refugee and 27% of host community caregivers reported that at least one child in their household was engaged in child labor. Further disaggregated findings showed that 23% of refugee caregivers in Adjumani, 13% in Bidibidi, 36% in Kyangwali, and 13% in Kampala declared that at least one child in their household was involved in child labor.^x This comes in contrast with the MSNA 2024 quantitative findings, with 13% of refugee and host community households reporting that at least one child in their household engaged in child labor. Further disaggregation of the quantitative MSNA 2024 results, presented in Figure 19, highlights similar results as Figure 17, with host community households

^x Results for host community households were not reported on.

reporting higher prevalence of child labor in their households than refugee households in Bidibidi and Kampala.

Figure 19: % of households with at least one child in their household being involved in child labor⁵²

[Subset: none.]



The higher rates of reported child labor by refugee households in the 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts, compared to those found in the 2024 MSNA, can likely be attributed to the lingering effects of the COVID-19 pandemic at the time of data collection for the 2022 assessment, which took place between January and March 2022. The economic strain caused by the pandemic likely exacerbated child labor among both refugee and host community children in Uganda, particularly during and immediately after the crisis, from March 2020 to early 2022. Additionally, schools in Uganda were closed for nearly two years, the world's longest school disruption due to the COVID-19 pandemic, leaving children out of the education system for an extended period.⁵³ This likely led to a rise in both domestic and income-generating activities among children, who potentially spent longer hours engaged in such tasks during school closures to support their families. Even after schools reopened in early 2022, financial strains may have prevented households from affording the costs associated with school. The inability to re-enroll children in school likely perpetuated their engagement in child labor, as children continued to assume household responsibilities and economic activities to support their families' recovery from the pandemic's financial impact.⁵⁴

(d) Challenges Relating to Household and Income-Generating Activities

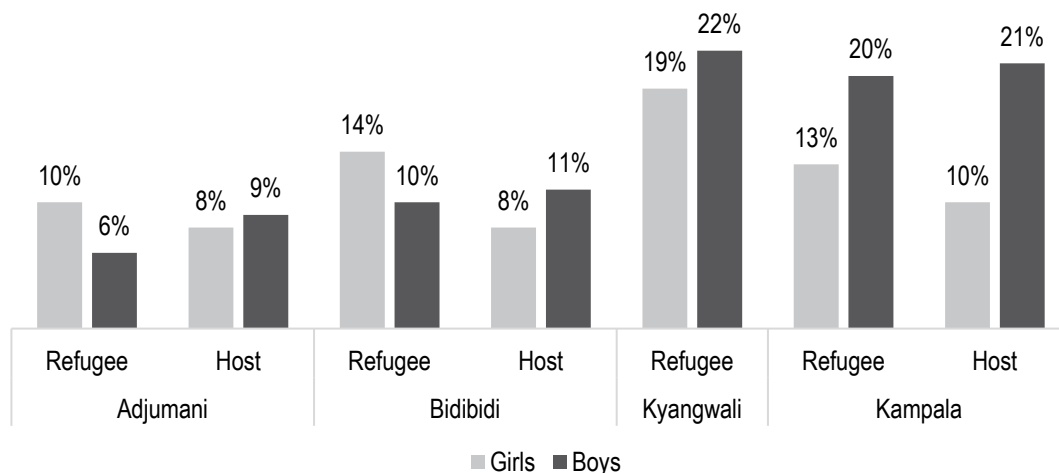
According to the quantitative MSNA 2024 results (presented in Figure 20), of the 563 refugee and 523 host-community children aged 5 to 17 who reportedly engaged in income-generating activities across the 4 locations, about 30% were involved in income-generating activities dangerous for their physical or emotional health^{xi}, as reported by the household respondents. However, among the children who were considered by household respondents as doing activities hazardous for their physical or emotional health (refugees n=140 and host communities n= 97), specifically in Adjumani and Bidibidi, higher proportion of girls were perceived by household respondents as engaging in more dangerous activities than boys. In Kampala, this was reversed, with a higher proportion of boys perceived as being engaged in dangerous work according to the household respondents (mentioned equally for host community and refugee boys compared to girls). At the country level, of the 1,958 refugee and 1,847 host community children aged 5-17 who reportedly worked, 29% of refugee and 27% of host

^{xi} Household respondents were asked if they considered the income-generating activities children engaged in are dangerous for their physical or emotional health. A hint was given to the household respondent to provide further context on the definition of a dangerous activity for this assessment: working long hours doing agriculture work, working with heavy machinery or tools, with heavy loads, working in dangerous conditions in factories or mines, working on fishing boats or working at night.

community children were deemed by household respondents as engaging in income-generating activities harmful for their physical or emotional health.⁵⁵

Figure 20: % of children aged 5 to 17 years old who reportedly worked and who were engaged in work deemed dangerous to their physical or emotional health according to households' respondent, by location, gender and group⁵⁶

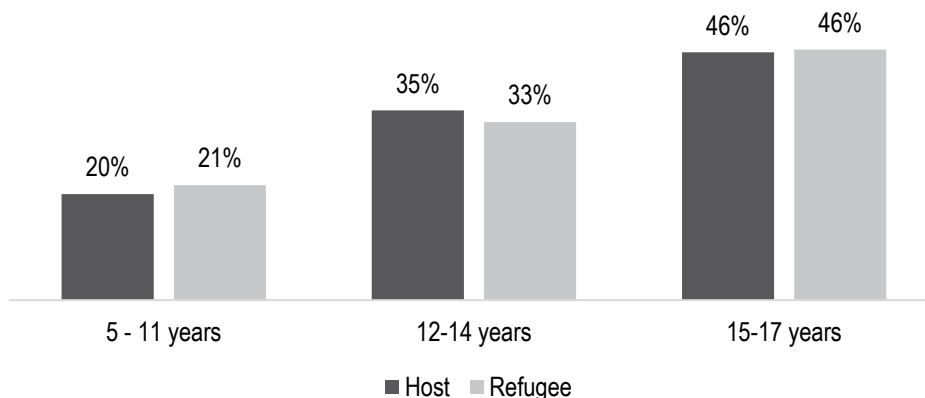
[Subset: refugee and host community children engaged in child work, aged 5 to 17 years old – refugees 12% (n=1958) and host community 13% (n=1847) at country level.]



Additionally, the quantitative MSNA 2024 found that while a high proportion of children aged 5 to 11 years old was reportedly engaged in child labor (i.e., income-generating and domestic activities, presented in Figure 19), a higher proportion of older children, aged 12 to 17 years old, were reportedly engaged in dangerous tasks as per the ILO threshold (presented in Figure 21).

Figure 21: % of children reportedly involved who reportedly worked and who were engaged in work deemed dangerous to their physical or emotional health according to households' respondents, by location, gender and by age group⁵⁷

[Subset: children reportedly involved who reportedly worked and who were engaged in work deemed dangerous to their physical or emotional health according to households' respondent, aged 5 to 17 years old – refugees 33% (n=639) and host community 26% (n=488) at country level.]



Adolescents participating in the FGDs reported numerous challenges in both household duties and income-generating activities. As mentioned in the child protection section, adolescents reported enduring **physical pain** from activities like digging, carrying heavy loads, slashing weeds or foliage, and long-distance walking to fetch water. **Body pains** related to physical activities are predominantly reported by boys living in and around the settlements. Other work, such as welding or bricklaying also

led to accidents and health issues relating to chest pain due to heavy lifting or exposure to weather conditions.

"I don't like doing heavy work like carrying heavy load on my head. It brings me a lot of chest pain. Digging a big portion in the garden even when the sun is hot makes me feel sick."

– Male participant, Adjumani refugee settlement, aged 16-19 years old

Exploitation in income-generating activities was widely mentioned by girls in a refugee context. Many reported **being underpaid or not paid at all after completing their work**. This was commonly reported for casual and domestic work. Girls working in public spaces or family businesses often face sexual harassment, with older men making unwanted advances or inappropriate comments, leaving them feeling objectified.

"A man [...] comes to woo at me at my mother's scrap shop. The old man can even make silly comments to your mom asking her to give you over to him. I hate it cause whenever this man comes; he always calls me "treasure" each time he calls me that I feel like I am just a commodity. You are not in love or interested in him, but he keeps wooing you."

– Female participant, Kampala, aged 16-19 years old

Refugee adolescents participating in the FGDs, particularly **girls**, frequently reported **difficulties balancing schoolwork and household chores**, with many struggling to find adequate time for education due to extensive domestic responsibilities. Similarly, **boys** highlighted **challenges in managing their income-generating activities alongside school commitments**. Both groups emphasized that these responsibilities often prevent them from focusing on schoolwork, spending time with friends, or engaging in leisure activities. During the school term, time constraints are especially pronounced, with some adolescents arriving late to school or missing it entirely. However, many noted that weekends and holidays provide more opportunities to complete household tasks without interfering with their education. Adolescents also described facing **social and emotional challenges related to their responsibilities**. Some reported experiences of bullying or teasing, particularly when performing tasks such as fetching water in public spaces. Others shared feelings of exhaustion, stress, and being overwhelmed by the dual demands of supporting their families and succeeding in school.

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

– Female participant, Kampala, aged 16-19 years old

(e) Adolescents' Place in the Future

Adolescents participating in the FGDs expressed a wide range of career aspirations, including professions in healthcare, education, business and skilled trades. Many desire to become doctors or nurses (mainly girls), and teachers. Others aim for careers such as veterinary doctors, engineers, lawyers, reflecting ambitions for higher education and specialized fields. In creative industries, adolescents show interest in becoming interior or fashion designers. Additionally, some aspire to engage in sports as athletes, or work in business as entrepreneurs, with ambitions to open foundations or businesses.

However, during the FGDs, adolescents also expressed concerns about their ability to secure jobs that match their education and aspirations, citing **financial barriers and the inability to pay tuition fees as significant obstacles**. Additionally, they mentioned illiteracy, lack of qualifications and language barriers as limiting their opportunities. Others expressed frustrations and felt pressured by their

families to follow career choices that differ from their own aspirations, leading to dissatisfaction and a sense of lost potential. Teenage pregnancies and poor academic performance were mentioned as further substantial obstacles, often resulting in limited career opportunities or discouragement from continuing education. Additionally, **refugee adolescents participating in the FGDs cited discrimination and lack of connections as barriers to securing jobs**, while others worry about the lack of support for technical skills training, which affects their employability.

"Finding jobs is hard because you have to compete with the host community. People choose the citizens over the refugees when it comes to offering jobs."

– Male participant, Adjumani refugee settlement, aged 16-19 years old

While some remain optimistic about future job prospects in fields like carpentry, healthcare, or teaching, others feel discouraged by their current lack of skills and education, recognizing the gap between their aspirations and reality. They expressed **frustrations about the limited job market opportunities and available positions in Uganda**. Many recognize that their dreams, such as becoming doctors or engineers, may remain unfulfilled due to the prevailing challenges in their environment, leading to a sense of hopelessness about their prospects.

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

– Female participant, Kampala, aged 16-19 years old

Adolescents participating in the FGDs expressed several challenges and uncertainties when they had to think about their place in society and their future, including finding employment and making a living seeing the rising living costs. Many mentioned negative influences from peer pressure leading to prostitution, theft, drug abuse and gang involvement. **In general, adolescents expressed a feeling of idleness and lack of direction**. Girls particularly highlighted the prevalence of unplanned sexual relationships and early pregnancies due to limited opportunities, contributing to feelings of discouragement and the abandonment of their dreams. In refugee settlements like Bidibidi, adolescents mentioned their aspirations to be financially independent with stable housing, to support their families. They recognized the importance of having employment to avoid engaging in theft and drug abuse, advocating against child and early marriages in favour of pursuing education, and financial responsibility. Adolescents compared themselves to peers that have made, in their opinion, poor life choices, motivating them to pursue their own education and careers.

Health

This section examines the healthcare access and challenges faced by refugee and host community adolescents, drawing on the quantitative MSNA 2024 results and qualitative findings from FGDs and KIIs. It explores the sources of healthcare, unmet healthcare needs, and barriers to accessing services. The section also highlights proposed strategies to improve healthcare access for adolescents and discusses specific challenges relating to menstrual health. In cases where we found differences between gender, population, location and age groups, we have elucidated them within the written analysis. However for more details, please consult the [qualitative analysis](#).

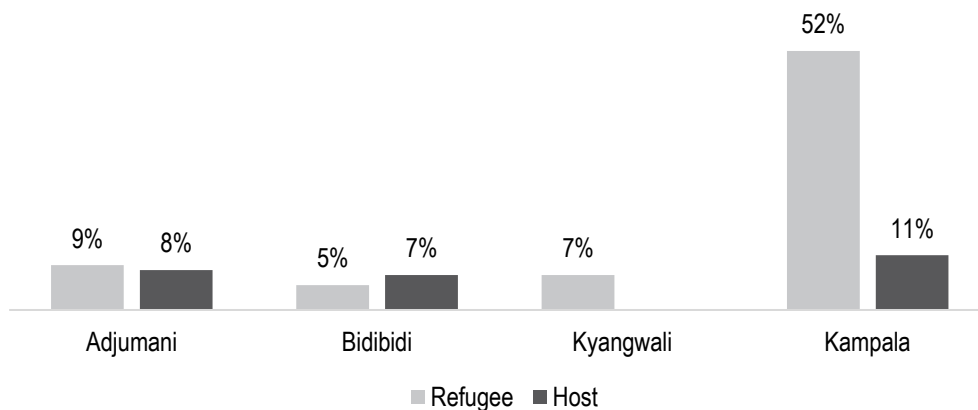
(a) Access to Health Services

During the FGDs, adolescents mentioned seeking healthcare from various sources, with many going to government hospitals, health centers and local clinics, although these may not always have the necessary medication. Traditional healing was mainly mentioned by refugees, with self-medication with home remedies and herbal medicines. Some adolescents expressed turning to spiritual healing through churches, particularly for mental health issues.

Accessing healthcare remains a challenge for adolescents in both refugee and host communities. According to the quantitative MSNA 2024 results (presented in Figure 22), less than 10% of refugee or host community children aged 5 to 18 years living in and around the settlements had a healthcare need in the past three months that was unmet. However, the situation was different in Kampala, where 52% of refugee children aged 5 to 18 years were reported by the household respondents as having an unmet healthcare need. This disparity is likely attributed to the higher cost of living and medical treatment in Kampala compared to the settlements.

Figure 22: % of individuals aged 5 to 18 years old with an unmet healthcare need 3 months prior to the survey and could not access healthcare when they needed it, as reported by household respondents⁵⁸

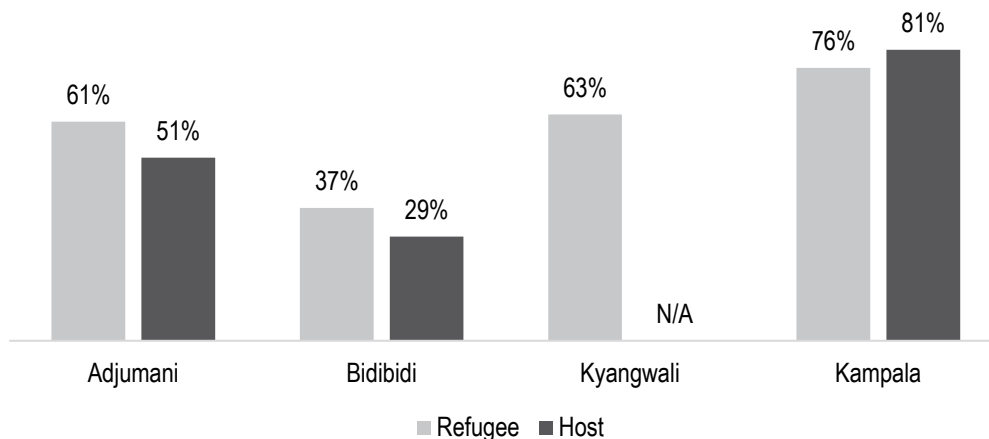
[Subset: refugee and host community children with a health problem and needed access to health care – refugee 36% (n=1178) and host community 40% (n=1269) at country level.]



According to the quantitative MSNA 2024 results (presented in Figure 23), among the children aged 5 to 18 years old who had an unmet healthcare need in the past three months before data collection (refugee, n=227 and host community, n=117), consultation for an **acute illness was the primary unmet need** across all three settlements and in Kampala. Other unmet needs included preventative consultations, trauma care, illness, chronic illness and diagnostic tests.

Figure 23: % of individuals aged 5 to 18 years old with a consultation for an acute illness as their primary unmet healthcare need in the 3 months prior to the survey, of those who reportedly had a healthcare need, as reported by household respondents⁵⁹

[Subset: refugee and host community children with an unmet healthcare need in the 3 months prior to data collection, who reportedly had a healthcare need and needed access to healthcare - refugee 11% (n=227) and host community 6% (n = 117) at country level.]



In the FGDs, girls reported facing **gender-specific challenges**, such as discomfort with male doctors, stigma in discussing health issues, and limited access to menstrual hygiene products, while boys frequently highlighted logistical issues like **distance to health centers** and inadequate transportation, preventing sick individuals from reaching health facilities. Refugees across all locations frequently reported **discrimination**, including being charged for services advertised as free, delays in treatment, and referrals to private pharmacies for unaffordable medications. These issues were less commonly cited by host community respondents.

"You go with refugee documents that grants you access to medical assistance but when you reach [the hospital] the nurses and doctors take you aside to make you pay."

– Male participant, Kampala, refugee parent

Many refugee and host community members alike reported in the FGDs being **unable to afford prescribed drugs**, often resorting to less effective alternatives. In Kampala, respondents highlighted the **high cost of treatment** and **denial of services without proper documentation**, while in Kyangwali, challenges included inaccessible ambulances and inconsistent treatment quality, such as being given **incorrect diagnoses or inadequate medication**. Across all settlements, but particularly in Adjumani and Kampala, the poor quality of healthcare was reported to be exacerbated by **shortages of health workers**. In Bidibidi and Adjumani, both refugees and host community members mentioned **long waiting times** and **drug shortages**, while refugees also faced language barriers and delays in emergency referrals. Discrimination and negative interactions with healthcare professionals were commonly reported in the FGDs, with participants describing rude or harsh language, a lack of empathy, and unhelpful attitudes, further discouraging individuals from seeking care. Additionally, the **limited availability of trained specialists** to address adolescent health concerns, **particularly in reproductive health**, left young patients feeling inadequately supported.

"I also see there is lack of specialist who could deal with adolescents' cases especially at maternity ward. Some of adolescents may fear to go to the Health Centre because of shame and embarrassment they may get when they reached at the Health Centre."

– Male participant, Adjumani refugee settlement, host community parent

(b) Strategies to Improve Access to Health Services

Participants of the FGDs proposed several recommendations to improve their access to healthcare and facilities, specifically for adolescents in the communities. Particularly in Bidibidi, Kyangwali and Adjumani, participants expressed the need for **improved availability of medicine** and **qualified and trained health workers**, to ensure better patient care and more sensitive approaches, particularly for young patients. These were equally cited by refugees and host communities. Respondents in Kampala, mainly the host communities, expressed the need to have **adolescents' health facilities**, or **youth wards**, and **gender separated services** to facilitate access to health for adolescents and ensure a safe space for their needs. Parents and caregivers refugee respondents in the settlements were several to request to support **the Village Health Teams (VHTs)** to provide emergency care within communities, and to bring back the **mobile clinics** in Adjumani, Bidibidi and Kyangwali. Ensuring the presence of **translators** in hospitals was mostly mentioned in Bidibidi and Adjumani by refugee adolescents, while both refugee and host community adolescents agreed that **sanitary pads and health services should be free**.

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

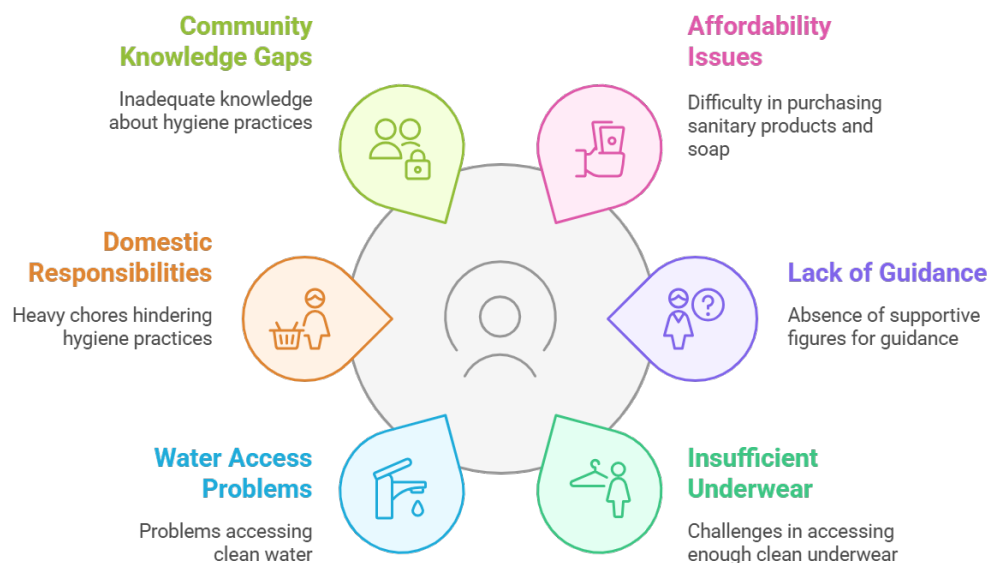
– Male participant, Kyangwali refugee settlement, host community parent

(c) Menstrual Health

During menstruation, girls adopt various practices to maintain personal hygiene and manage their menstrual health. In the FGDs, they emphasized the importance of drinking warm water, which is believed to alleviate stomach cramps. Regular bathing is common, with many girls washing themselves two to three times a day. They utilize sanitary pads, but in the absence of these which was reported as being common, they often make makeshift pads using pieces of cloth. The respondents also mentioned carrying extra pads or pieces of clothes and regularly washing their underwear to ensure cleanliness.

However, a primary concern expressed in the FGDs by the girls is their **lack of access to sanitary pads**. Many experience difficulties affording basic necessities such as pads and soap, leading to inadequate personal hygiene practices. Additionally, the **absence of supporting figures**, like mothers or sisters, often leaves girls without guidance or someone to discuss their menstrual health with. Girls also mentioned struggling with **insufficient underwear**, making it difficult to change them regularly when menstruating. In the FGDs, several respondents mentioned **water access issues**, further exacerbating these problems, forcing them to contend with a lack of hygiene options. Heavy domestic responsibilities can further hinder their ability to bathe and change pads regularly, leading to health risks. Others mentioned that the **inadequate knowledge** about menstrual hygiene in their community contributes to feelings of embarrassment and discomfort during this time. Figure 24 summarizes the challenges adolescents face during their menstruation.

Figure 24: Challenges adolescents face during their menstruation, according to female adolescents aged 16 to 19 years old participating in FGDs in Adjumani, Bidibidi, Kyangwali and Kampala



In the FGDs, girls mentioned that the intensity of their menstrual cramps often **reduces their ability to perform chores effectively**, such as washing clothes or fetching water, leading them to limit their activities significantly. For instance, some reported preferring staying indoors, avoiding strenuous tasks and resting more to manage the pain. Some girls mentioned they needed to adjust their schedule, such as returning home earlier from the garden or school to avoid long hours of physical exertion, which can exacerbate their symptoms. Many respondents said that painful menstruation not only hampers their ability to complete daily chores but also causes them to **miss classes and social activities**. A significant number of girls participating in the FGDs reported being **unable to attend school due to a lack of access to affordable menstrual products, such as pads or cloths, and the absence of adequate changing facilities at school**, further exacerbating their challenges.

During the FGDs, girls mentioned that **providing adequate sanitary pads** is crucial to support them, especially for those who cannot afford them. They said that girls should receive education on how to use both disposable and reusable pads, empowering them with the knowledge to manage their menstrual health effectively. **Sensitization on menstrual health** is also essential to help girls understand their bodies better and reduce the risk of unwanted pregnancies. Moreover, the provision of **menstrual health kits**, including soap and clean underwear, was reported by participants as being vital to ensure girls can maintain proper hygiene during their periods. Facilities such as **sufficient latrines** and **clean water access** are necessary to create a supportive environment for menstrual management. Lastly, girls mentioned that **training on how to make their own pads and soap** can promote self-sufficiency and provide income generating opportunities, further enhancing their ability to manage menstruation with dignity.

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

– Female participant, Kampala, aged 16-19 years old

Mental Health and Psychosocial Support

This section examines mental health and psychosocial support (MHPSS) for refugee and host community adolescents, focusing on factors contributing to happiness and unhappiness, coping strategies and sources of support. It highlights gendered and contextual difference, the prevalence of MHPSS challenges and the availability of service across the four locations. The section also discusses gaps in support systems and adolescents' recommendations for improving access to tailored services. In cases where we found differences between gender, population, location and age groups, we have elucidated them within the written analysis. However for more details, please consult the [qualitative analysis](#).

(a) Happiness

Several factors contributing to adolescents' happiness were mentioned during the FGDs. A **supportive and friendly relationship with parents**, characterized by open communication and involvement in family decisions, fosters a sense of value and belonging. Meeting **basic needs**, such as food, clothing, and school fees, also significantly impacts their happiness. Participating in **recreational activities**, such as playing sports or attending social events with friends, as well as **having personal time**, is essential for adolescents' emotional well-being. This sentiment was widely expressed by all genders across both refugee and host communities FGDs, ranking it above other factors contributing to their happiness. Moreover, this aligns with the adolescents being occupied with household responsibilities and income-generating activities, which leave them little time to engage with friends or enjoy personal leisure. Adolescents and their parents/caregivers mentioned deriving joy from shared experiences, such as **family outings** and **celebrations**. Having access to resources like sanitary pads and personal hygiene products is important, particularly for girls during menstruation. Additionally, a **peaceful home environment and positive community interactions** contribute to their overall happiness. Activities that allow for personal expression, such as dancing and music, further enhance their joy. Ultimately, a combination of emotional support, adequate resources, and recreational opportunities plays a crucial role in ensuring adolescents feel happy and fulfilled.

“Providing their basic needs in school, health, and at home basic need like food and clothes, in the community allow them to play and interact with their friends. This is because when they interact freely, they learn good things from the friends”

– Male participant, Adjumani refugee settlement, refugee parent

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

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

(b) Unhappiness

When asked if they were upset or worried, the 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts found that only 5% of refugee and 8% of host community children selected "no", indicating that high percentages of children in the targeted communities have experienced stress.⁶⁰ During the FGDs, adolescents declared experiencing unhappiness due to various factors, **primarily stemming from their home and social environments**. A lack of parental supervision can lead to negative behaviors, such as substance abuse, while **bullying from peers** contributes to feelings of isolation and sadness. Parental responsibilities that are **neglected or abusive behaviors**, like shouting or corporal punishment, can also deeply affect adolescents' emotional well-being. Corporal punishment, parents drinking or/and fighting and shouting at children was mostly mentioned by refugees, perhaps indicating a harsher living environment than host communities' children. The death of a parent or living with a single parent can lead to feelings of loss and loneliness, especially when they compare their situation to peers with both parents. **Basic needs, such as food and school supplies, were reported by the adolescents and parents/caregivers as crucial during the FGDs;** deprivation of these necessities can lead to significant distress. **Hunger at home was mainly mentioned by refugee children**, again potentially pointing to a more difficult living environment.

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

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

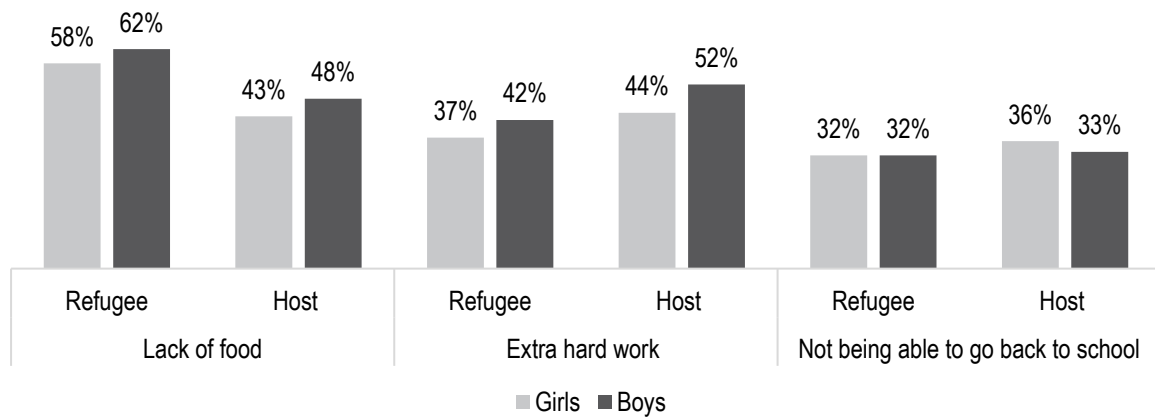
Additionally, harsh treatment at home, including constant criticism or lack of trust from parents, was reported in the FGDs as exacerbating feelings of sadness and frustration. Adolescents may feel overwhelmed by academic pressures, such as failing exams or being unable to study due to responsibilities at home. Situations like **being overworked without adequate rest or support from parents** also contribute to their unhappiness. Overall, a combination of familial challenges, social pressures, and unmet basic needs can significantly impact adolescents' emotional health and lead to feelings of unhappiness.

The 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts (presented in Figure 25) found that the most frequently reported stress or worry inducing factors for children are **lack of food, extra work and not being able to go back to school**.^{xii} Most of the children from both communities (64% refugee and 51% host community children) reported a lack of food as a worry or stress – inducing factor in their lives.⁶¹ It is notable that stress caused by lack of food is reportedly more pronounced among refugee children, again pointing to potentially harsher living environments in terms of access to food, while host community children, in comparison, were roughly equally worried about the three basic factors.⁶²

^{xii} This assessment was conducted during COVID-19 school closures in Uganda; therefore the answer option "not being able to go back to school" is context specific to this period.

Figure 25: Top three factors creating stress for refugees and host community boys and girls as reported by their caregivers⁶³

[Subset: none.]



(c) Unhappiness: Adolescents' Strategies

During the FGDs, many adolescents reported that they choose to **isolate themselves**, taking distance from friends or family to reflect on their feelings when they are feeling sad, upset or tired. They may take walks, listen to music, or play games as a form of distraction or relaxation. Engaging in **physical activities**, such as sports or dancing, is also a common way for them to relieve stress and lift their spirits. Some adolescents turn to negative outlets, such as **drug use or alcohol consumption**, particularly when influenced by peer pressure. Others mentioned expressing their emotions through **crying or sleeping longer than usual**. In more extreme cases, feelings of despair can lead to **harmful behaviors**, including running away from home or engaging in theft. Peer support plays a crucial role; many children find comfort in talking to friends about their feelings or participating in group activities, which helps them feel less isolated. For those who seek solace, turning to music, engaging in church activities, or joining social groups can provide a sense of community and belonging. Overall, while some children find healthy ways to cope, others may resort to less constructive methods in their attempts to manage their unhappiness.

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

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

"When I am angry, I stay away from people because I know my temper is short if by any chance someone is next to me I might just pour all my wrath on them."

– Female participant, Kampala, aged 16-19 years old

When adolescents felt unhappy, they reported seeking support from various sources, depending on their circumstances. Many turn to **family members**, with mothers being the most common confidants, followed closely by fathers, siblings, and extended family like uncles and grandparents. Additionally, **friends** play a significant role; many adolescents confide in their peers for comfort and advice. However, during the FGDs, host community adolescents mentioned reaching out more to authority figures, such as teachers or school counselors, especially when issues arise at school. Community leaders, such as local council representatives or youth leaders, are also approached for guidance, particularly in handling emotional or community-related issues. Boys seem to trust more, religious leaders or mentors from community organizations than girls, as they are perceived to offer supportive ears and counseling. These relationships provide a sense of belonging and understanding, crucial for adolescents navigating their challenges.

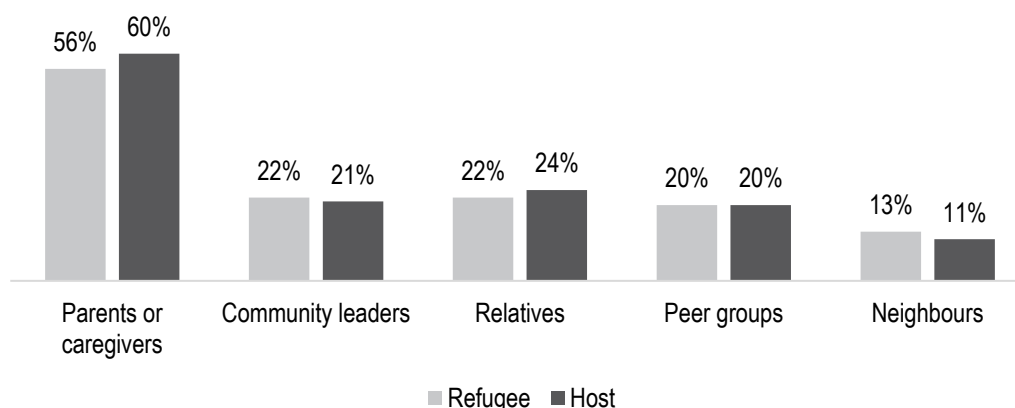
"When I need help and advice, I first talk to my parents; if they failed me, I go to my uncles"

– Male participant, Adjumani refugee settlement, aged 16-19 years old

The 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts (presented in Figure 26) found that most refugee (56%) and host community children (60%) sought out help from parents and/or caregivers, followed by community leaders, relatives, peer groups and neighbors.⁶⁴ There was no clear difference between refugee and host community children in terms of where they sought support from. Ultimately, whether it's family, friends, or community leaders, adolescents value connections that allow them to share their feelings and seek help when they need it.

Figure 26: Top five most frequently reported people sought out by upset or worried refugee and host community children⁶⁵

[Subset: none.]

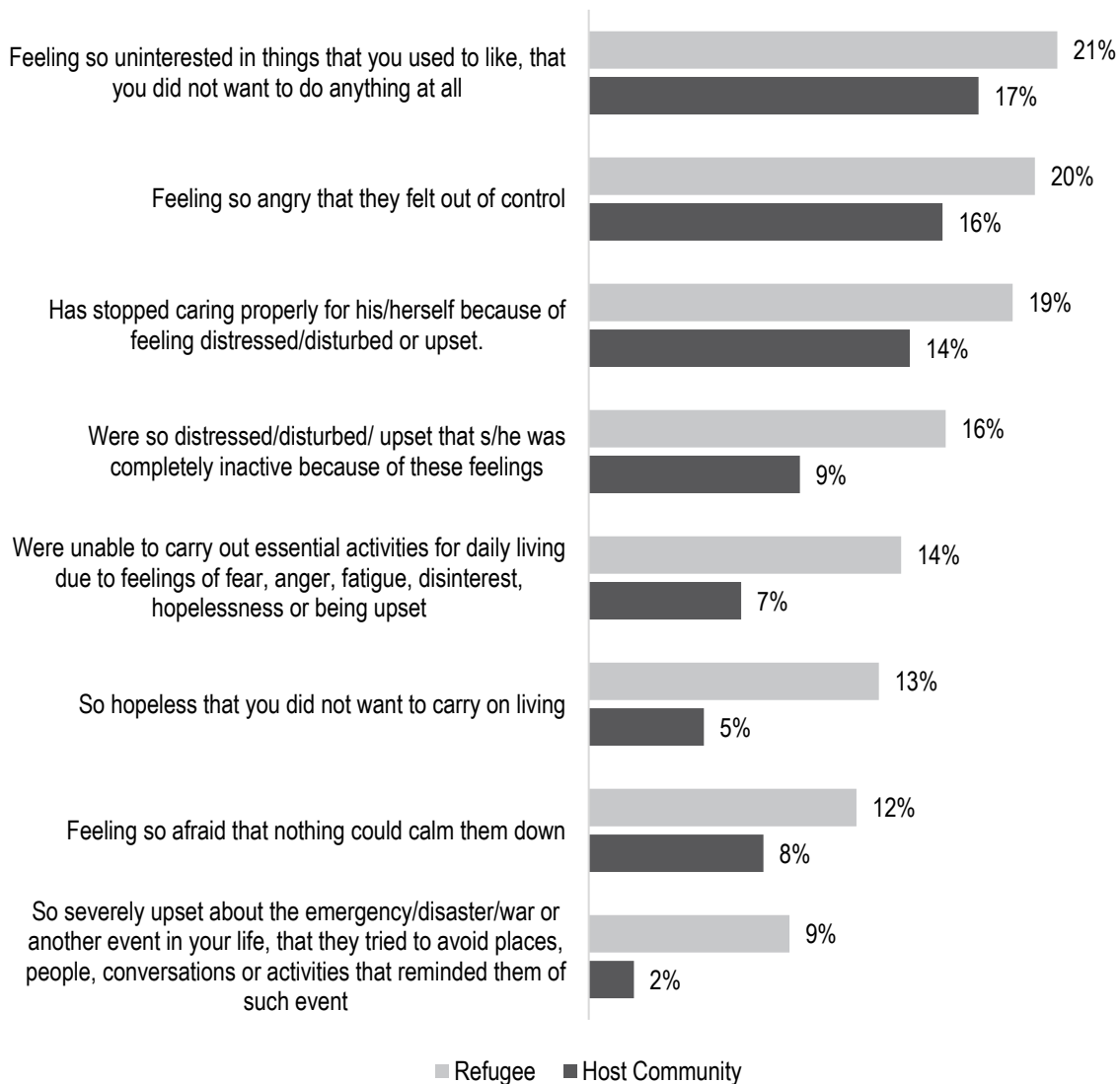


According to the quantitative MSNA 2024 results, at country level, 68% of refugee households reported at least one member experiencing an MHPSS-related issue,^{xiii} compared to 46% of host community households.⁶⁶ This finding suggests a tougher/harder life for refugee households than host community households. Although the levels are somewhat lower for host community households, they remain alarmingly high. Figure 27 highlights the different types of MHPSS reported by refugee and host community households at country level, as per the quantitative MSNA 2024 results. The largest gap between the two groups was observed in reports of "feeling hopeless to the point of not wanting to continue living", which was mentioned by 13% of refugee households compared to 5% of host community households (see Figure 27). While this question was asked at the household level rather than specifically targeting adolescents, it highlights the significant prevalence of MHPSS-related challenges within both refugee and host community households — environments in which adolescents reside.

^{xiii} Household responses were about the specific MHPSS issues listed in Figure 27.

Figure 27: % of households reporting having at least one member face MHPSS-related problems within two weeks prior to the survey, by type of MHPSS problem and group⁶⁷

[Subset: none.]



(d) Availability of Services

Across Bidibidi, Adjumani, Kyangwali and Kampala FGDs, respondents mentioned various services available to support adolescents with health and psychosocial needs. In Bidibidi, respondents mentioned **Early Childhood Development (ECD) centers**, women’s centers, and counseling services provided by churches, para-social workers and child protection desks. Additionally, organizations like [SINA](#) and **LC1 leaders** offer mediation support for adolescents. In Adjumani, respondents mentioned that **Plan International** provides critical support, including sanitary materials, hygiene education and guidance. **Youth leaders and child-friendly space** also offer recreational and advisory support, while cluster leaders mediate family issues and provide community-level counseling. **Religious leaders** and schools contribute to adolescents’ well-being through guidance and counseling services. In Kyangwali, [Alight](#) was reported by refugee participants as being a notable organization offering support to survivors of sexual violence, including counseling, medical attention, and provision of soaps and pads, though the consistency of these services is questioned by respondents. In Kampala, respondents

mentioned benefiting from organizations like [Amani Sasa](#) and the [Norwegian Refugee Council \(NRC\)](#), which provide counseling and guidance, and mosques offering self-help programs.

The 2022 IMPACT-REACH Child Protection Assessment in Refugee-Hosting Districts found that 50% of refugee and 24% of host community children reported mental health and psychosocial support services being available to them and other children in their communities. It is possible that this is why when children feel upset or worried, they most often seek support within their own households and in their social networks.⁶⁸ Despite these efforts, **gaps remain in all locations and respondents expressed a desire for more accessible, dedicated mental health support tailored to adolescents.**

"I have never heard of a center that provides mental health support to adolescent refugee girls however I would love to recommend that organization think of establishing centers with well trained counsellors that will truly walk with us through the healing process."

– Female participant, Kampala, aged 16-19 years old

CONCLUSION

The Adolescents Needs Module of the 2024 MSNA highlights the complex interconnected challenges faced by adolescents in Uganda's refugee and host communities. The assessment underscores the critical barriers to education, child protection, livelihoods, and health, including mental and menstrual health.

Financial constraints emerged as a pervasive challenge, with both refugee and host community households struggling to afford education, healthcare, and essential needs like food. These financial pressures exacerbate poverty and curtail opportunities for growth. Gendered expectations further deepen disparities, with girls disproportionately burdened by **domestic responsibilities** and facing heightened risks of **child and early marriage** and **menstrual stigma**, while boys are often pressured to engage in **labor to support their families**, frequently at the expense of their education. Child protection concerns remain acute, as adolescents are routinely exposed to risks such as **exploitation, violence, substance abuse**, and **neglect**. Boys are particularly vulnerable to peer pressure, leading to substance use and hazardous labor, while girls face elevated risks of **sexual violence**, especially when fetching water or firewood in settlements. Livelihood challenges compound these issues, as adolescents **struggle to balance education with income-generating activities**, leading to school dropouts, stress, and exploitation. Access to healthcare is another critical concern, marked by **insufficient services for sexual and reproductive health, inadequate mental health support**, and limited affordability of treatment for common illnesses. Adolescents in both refugee and host communities frequently **face overlapping vulnerabilities**, including illness, malnutrition, and the psychological toll of displacement and poverty further compounding their challenges.

Despite these obstacles, the report underscores the **resilience and aspirations of adolescents**. Many demonstrate determination to pursue education, achieve meaningful livelihoods, and contribute positively to their communities. Promising practices and community-driven strategies, such as vocational training, material support, and localized initiatives, provide hope and demonstrate the potential for progress. This assessment sheds light on the intricate realities of adolescents in Uganda's refugee and host communities. Their challenges are profound, but so are their aspirations and potential. Addressing these needs requires a nuanced understanding of the interplay between financial, societal, cultural, and institutional factors that shape their lives.

ANNEXES

Annex 1: Focus Group Discussions (FGDs) and Key Informant Interviews (KIs) Conducted per Settlement and Group

FGDs with children and adolescents, per settlement, group, gender and age

FGDs with children and adolescents			Bidibidi	Adjumani	Kyangwali	Kampala	Total
Type	Gender	Age	North	North	West	Urban	
Refugee	Boys	10 to 12		1		1	28
	Girls		1		1		
	Boys	13 to 15	1		1		
	Girls			1		1	
	Boys	16 to 19	1	1	1	1	
	Girls		1	1	1	1	
Host	Boys	10 to 12		1		1	
	Girls		1				
	Boys	13 to 15	1				
	Girls			1		1	
	Boys	16 to 19	1	1		1	
	Girls		1	1		1	
TOTAL	Boys		4	4	2	4	14
	Girls		4	4	2	4	14

FGDs with parents and caregivers, per settlement, group and gender

FGD with parents and caregivers		Refugee		Host Community		Total	
		Men	Women	Men	Women	Men	Female
Bidibidi	North	1	1	1	1	2	2
Adjumani	North	1	1	1	1	2	2
Kyangwali	West	1	1			1	1
Kampala	Urban	1	1	1	1	2	2
Total		14					

FGDs with separated children and their caregivers, per settlement, group and gender

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

Key Informant Interviews (KIIs) per settlement and sector

KIIs		Sector	
		Education	Protection
Bidibidi	North	1	1
Adjumani	North	1	1
Kyangwali	West	1	1
Kampala	Urban	n.a	1

Endnotes

- ¹ UNHCR, OPM, [Uganda – Population Dashboard as of 31 October 2024](#), 2024.
- ² UNHCR, OPM, [Uganda – Population Dashboard as of 31 October 2024](#), 2024.
- ³ IMPACT, WFP, and UNHCR, [Vulnerability and Essential Needs Assessment: Volume One](#), 2020.
- ⁴ UNHCR, OPM, [Uganda – Population Dashboard as of 31 October 2024](#), 2024.
- ⁵ UNHCR, OPM, [Uganda – Population Dashboard as of 31 October 2024](#), 2024.
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- ⁹ UNHCR. [Adolescent Development and Participation](#).
- ¹⁰ UNHCR. [Uganda: Refugee Statistics October 2024, Active Population by Settlement](#). 2024
- ¹¹ IMPACT-REACH. [Multi Sectoral Needs Assessment 2024: Quantitative Analysis](#). 2024.
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- ¹⁵ The New Humanitarian, [Why Refugee Ration Cuts in Uganda Risk Long-Term Social Damage](#), 2024
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- ¹⁸ Atamanov, Aziz; Cochard, Frederic Pierre Francois Hugue; Ilukor, John; Kemigisha, Audrey; Kilic, Talip; Mupere, Andrew; Ponzini, Giulia. [Monitoring Impacts of COVID-19 and other shocks on Households in Uganda: Findings from Round 9 of the High-Frequency Phone Survey \(English\)](#). Monitoring Impacts of COVID-19 and Other Shocks on Households in Uganda Washington, D.C. : World Bank Group. 2022.
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- ²⁰ IMPACT-REACH. [Movement, Livelihoods, and Access to Basic Services Assessment in Adjumani Town](#). 2024.
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- ²⁴ IMPACT-REACH. [Multi Sectoral Needs Assessment 2024: Quantitative Analysis](#). 2024.
- ²⁵ IMPACT-REACH. [Child Protection Assessment in Refugee-Hosting Districts](#). May 2022.
- ²⁶ IMPACT-REACH. [Child Protection Assessment in Refugee-Hosting Districts](#). May 2022.
- ²⁷ Office of the Prime Minister, Department of Refugees; UNHCR Regional Bureau for the East and Horn of Africa and Great Lakes; Baobab Research Programme Consortium (Population Council, Inc.; Population Council Kenya; and African Population and Health Research Center); and Together for Girls. 2024. [Violence Against Children and Youth in Humanitarian Settings: Findings from a 2022 Survey of all Refugee Settlements in Uganda](#). Kampala, Uganda: OPM, UNHCR, Baobab RPC, and TfG.
- ²⁸ IMPACT-REACH. [Child Protection Assessment in Refugee-Hosting Districts](#). May 2022.
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