# OVC Needs Assessment Report

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**Executive Summary**

**Introduction:** Though education is a human right as emphasized in international and national policies and treaties, Uganda has one of the highest primary school dropout rates in East Africa. Despite the availability of opportunities for education through the UPE Programme, many children are not going to school and those that are, do not attend classes regularly. Eastern Uganda, where Mayuge and Jinja districts are located, is the 3rd poorest region in the country. Orphans and Vulnerable Children (OVC) form a particularly vulnerable group of children who are susceptible to chronic poverty, which limits their chances of accessing or finishing primary education, accessing health care, food and other necessities. This needs assessment survey was conducted to assess and identify vulnerable children/families to enroll in our CCUg sponsorship project.

**Methodology:** The survey utilized a descriptive design employing quantitative methods of data collection. A total of 102 caregivers and their children were included in the study using purposive method of sampling. Ethical clearance and informed consent was sought before collecting data from respondents.

A pretested modified version of the Integrated Care for Orphans and Other Vulnerable Children-A toolkit for Community Service Providers by the Ministry of Gender, Labour and Social Development was used to collect data. The questionnaire measured education, economic status and spending, food security and nutrition, housing, water and hygiene, health care and utilization, psychosocial support, child protection and safety, child self-esteem and resilience and depression of caregivers.

Collected data was entered into the Statistical Package for Social Scientists (SPSS), where it was analyzed using descriptive statistics.

**Results:** Most caregivers were unemployed or casual labourers (60.8%) earning an average of 20,000/= per month ($5.6) and utilizing 666/= or ($0.185) per day. The average number of dependents per caregiver was 5. Though most (55.9%) were not engaged in saving, they borrowed to meet their household's needs. The majority of caregivers (52.9%) were spending most on education and food (31.4%). The major challenge reported by respondents in improving their household income was inadequate capital, and while 69.1% desired to engage in IGAs, most (70.6%) did not have any requisite skills to do so.

About 7 out of 10 respondents or (67.6%) were illiterate, and this was a major barrier in their involvement in their children's education. Six of every 10 respondents (61.4%) had at least 1 child not attending school in their households due to lack of school fees and scholastic materials. In addition, 8 of every 10 respondents' children missed school at least 5 days last term due to sickness, lack of school fees/scholastic materials, issues with menstruation, or truancy among others.

Three out of every 10 caregivers were HIV positive notwithstanding that a third of them did not know the status of their children. Furthermore, a good number of children (18.6%) known to be HIV positive were not on care/treatment. Likewise, 5.8% of caregivers had a physical disability.

Only 1 caregiver and all her household members were sleeping in ITNs, which contributed to malaria among 85.3% of respondents and their household members. Less than half (41.2%) failed to access health care the last time a member of their household fell ill due to inability to afford transport and health care costs. The average amount of money used to access health care per respondent was 30,000/= and more than half (61.4%) of caregivers reported that a member of their household delayed/were unable to access health care due to financial constraints in the last 6 months.

Nearly half of caregivers (48%) were experiencing depression, 53% did not have a confidant and 53.9% of respondents reported that someone in their household needed support/intervention from a health worker/counselor/religious leader or traditional healer in the last 6 months.

At least 1 in 2 children interviewed including those from their households were experiencing some form of child abuse (social, physical/sexual, psychological and neglect). This happened in the face of inadequate knowledge among caregivers about ways of protecting and accessing legal support for their children. Coupled with parental depression, this led to disturbing behaviour among children such as being often upset, distressed and depressed, aggressive behaviour, being withdrawn and sad, difficulty in learning, truancy and running away from home.

More than 8 of every 10 respondents were facing a food insecurity problem; half (56.9%) ate 1 meal 24 hours before the survey while (48%) said they usually eat 1 meal or some days no meal (31.4%). Though the main source of food for most households was home grown, more than half (64.7%) did not have access to land to grow food. All caregivers (100%) reported eating at least one nourishing meal one day in the week prior to the survey, but 54.9% were not able to regularly eat body building foods, predisposing them to protein-energy malnutrition.

Most survey participants (59.8%) were living in houses made of bricks and iron sheets, although 58.8% reported to be living in houses which were inadequate for the number of family members. One in three caregivers (39.2%) were living with animals (cows, goats, pigs, poultry) in the same house predisposing themselves to jiggers and fleas.

Poor sanitation and hygiene was evident in the majority of households: 67.6% lacked a latrine, 72.7% were not washing their hands with water and soap after latrine use, and 61.8% lacked a rubbish pit. The main source of power for lighting was paraffin (56.9%).

**Conclusion:** Illiteracy, being unskilled, coupled with lack of access to credit, having HIV/AIDS, physical disabilities and depression led to vulnerability of most caregivers. This limited their access to education, health care, better housing and sanitation among others.

The most pressing needs of caregivers and their children was food and nutrition, financial needs (financial literacy, credit and IGA), psychosocial care and support, education, housing, water and sanitation, health care, child protection and legal support.

**Recommendation:** There is a need for CCUg to work with different organizations to support caregivers through adult and financial literacy programmes, business management skills training, improved access to farming land, nutritional training and education on psychosocial care and child protection.

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| | |
|---|---|
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **CCUg** | Community Concerns Uganda |
| **CDO** | Community Development Officer |
| **CPLS** | Child Protection and Legal Support |
| **CSO** | Civil Society Organization |
| **ESS** | Economic Status and Spending |
| **EV** | Education Vulnerability |
| **FAO** | Food and Agriculture Organization |
| **FSN** | Food Security and Nutrition |
| **HCU** | Health and Care Utilization |
| **HHH** | Household Head |
| **HIV** | Human Immunodeficiency Virus |
| **HWS** | Housing, Water and Sanitation |
| **IGA** | Income Generating Activity |
| **LC** | Local Council Representative |
| **NGO** | Non-Government Organization |
| **SPSS** | Statistical Package for Social Scientists |
| **OVC** | Orphans and Vulnerable Children |
| **PSC** | Psychosocial Support and Care |
| **SACCO** | Saving and Credit Cooperation Organization |
| **VSLA** | Village Saving and Loan Association |
| **UNHS** | Uganda National Household Survey |
| **UPE** | Universal Primary Education |
| **UPHIA** | Uganda Population Based HIV Impact Assessment |
| **WHO** | World Health Organization |

**Acknowledgement**

I am very grateful to all the 102 parents/caregivers who agreed to participant in this needs assessment.

I would also like to acknowledge the Community Development Officers (CDO), Local Council Representatives (LCs) and para-social workers in the several sub counties and villages both in Mayuge and Jinja district who not only helped research assistants in selecting respondents but provided the necessary support to enable a smooth data collection exercise.

Appreciation is also extended to the Waterloo Foundation for the support provided not only to conduct this needs assessment, but also to provide interventions to 50 OVC and their caregivers.

I take this opportunity to thank the 10 research assistants who participated in pretesting and translation as well as actual data collection before it was entered into the Statistical Package for Social Scientists (SPSS).

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## 1.0 Background

Education is a human right for all children as emphasized in international treaties and declarations such as the Convention on the Rights of the Child (CRC, 1989) and the World Declaration on Education for All (EFA). Though Uganda ratified the Convention of the Rights of Children making it a legal obligation for the government to ensure compulsory primary education of good quality for all children, free of cost, the country has one of the highest dropout rates in Africa. This is despite the Universal Primary Education (UPE) program, which abolished tuition fees.

A study conducted by UNICEF, Save the Children and others in 2014 revealed that poverty stands out as the major reasons which limits children from enrolling in school and a cause of school drop outs. Poverty levels affect the school enrollment because of both the indirect costs like transport and direct costs like school fees, uniforms, books, pens, pencils, mathematical set and school bags.

Jinja and Mayuge districts, our primary areas of operations have primary school dropout rates of 40% and 60% respectively. Orphans and Vulnerable Children (OVC) form a particular vulnerable group of children who are susceptible to chronic poverty which limits their chances of accessing or finishing primary education, accessing health care, food and other necessities. Since 2013, CCUg has been providing sponsorship to OVC to increase their access to education while working with their caregivers to engage in Income Generating Activities (IGAs) so as to sustain their children in school. With support from The Waterloo Foundation, CCUg conducted a baseline survey which was used to select OVC for sponsorship while supporting their caregivers to sustain the children in primary schools in Jinja and Mayuge districts.

## 2.0 Survey Implementation

### 2.1 Purpose of the Project

The project aims to increase access to quality education for 50 OVC, while engaging their caregivers to improve household incomes so as to sustain them in school. The target for the project was OVC in primary schools in Jinja and Mayuge districts.

#### 2.1.1 Objectives of the Project

The goals of the project are:

1. To provide sponsorship of 50 OVC in 5 villages in Jinja and Mayuge districts for 2 years.
2. To provide basic literacy skills such as reading, writing and arithmetic to 50 OVC caregivers in 5 villages in Jinja and Mayuge districts.
3. To train 50 OVC caregivers in financial literacy and business management, while organizing them into saving groups to improve access to credit.
4. To provide psychosocial support to 50 OVC caregivers through group and individual counseling, while encouraging them to access HIV testing, care and treatment services.
5. To improve parenting and child care skills of 50 OVC caregivers.

### 2.2 Purpose of the Survey

The survey is intended to assess and identify vulnerable families to enroll in the sponsorship project.

#### 2.2.1 Objectives of the Survey

The needs assessment is designed to measure the vulnerability status of 100 households in 10 villages in Jinja and Mayuge districts in the areas of socio-economic status, food security and nutrition, education, psychosocial support, health, child protection and legal support, child self-esteem, and resilience and

caregiver depression status. The assessment was also conducted to seek ways of improving the current sponsorship program.

## 3.0 Methodology

### 3.1 Study Design, Setting and Population

The assessment conducted was a formative study in the form of a needs assessment that used quantitative methods of data collection. The assessment population included 102 households. From these households, 102 OVC and 102 adult caregivers aged 18 years and older were included in the needs assessment.

### 3.2 Sample Size and Sample Determination

The assessment included a total of 102 households in 8 villages located in Jinja and Mayuge districts. These included Wabulungu, Lukoli, Bugodi, Bukatube, Waina, Busuyi in Mayuge district, and Namulesa and Wakitaka in Jinja district.

Purposive sampling was used to select households from which respondents were obtained. CCUg worked with Community Development Officers and LCs of the respective villages to select households for vulnerability assessment.

### 3.3 Data Collection Instrument

The assessment used a modified version of the Integrated Care for Orphans and Other Vulnerable Children- A toolkit for Community Service Providers by the Ministry of Gender, Labour and Social Development. The modified toolkit measured education, economic status and spending, food security and nutrition, housing, water and hygiene, health care and utilization, psychosocial support, child protection and safety, child self-esteem and resilience and depression of caregivers.

Ten researchers were trained in assessment of OVC households for 1 day after which they pre-tested the tool in Nawangiri Village, Mayuge district. Refinements were made based on the test results to improve the reliability of the tool in collecting the needed data.

### 3.4 Data Management and Analysis

After each day of administering the survey, collected data was checked for completeness and coded. It was later stored in spring files and kept in lockers at CCUg offices. Data was entered into the Statistical Package for Social Scientists (SPSS version 22), where it was cleaned and analyzed using descriptive statistics.

### 3.5 Ethical Consideration

Ethical clearance was sought from district authorities before the data collection process. When respondents reached villages, they explained to the Local Council representatives the purpose and nature of the assessment after which they sought their clearance and support. When researchers reached households, they explained to adult caregivers the nature and purpose of the assessment while assuring them of confidentiality of the information provided. Verbal consent was sought from household heads before collecting data from primary caregivers of potential vulnerable children.

## 4.0 Needs Assessment Findings

Findings from the needs assessment study are presented in tables and figures with corresponding frequencies and percentages as well as explanatory remarks. A total of 110 households were mapped and sampled for data collection although 102 were included the study. The study response rate was 92.7%.

## 4.1 Demographic Data

### 4.1.1 Demographic Data of Caregivers

**Table 1: Demographic data of caregivers**

| Category | Frequency n=102) | Percentage (%) | |
|---|---|---|---|
| **Age in years** | | | |
| 20-29 | 11 | 10.8 | Just over a quarter (28.4%) of caregivers were age 40-49 years. |
| 30-39 | 26 | 25.5 | |
| 40-49 | 29 | 28.4 | |
| 50-59 | 15 | 14.7 | |
| 60 and above | 21 | 20.6 | |
| **Gender** | | | The overwhelming majority (84.3%) were female. |
| Male | 16 | 15.7 | |
| Female | 86 | 84.3 | |
| **Relationship with the child [1]** | | | |
| Biological mother | 47 | 46.1 | Almost half of all caregivers (46.1%) were biological mothers to the children they wished CCUg to enroll for sponsorship. |
| Biological father | 12 | 11.8 | |
| Grand mother | 32 | 2.0 | |
| Grand father | 02 | 4.9 | |
| Aunt | 05 | 2.0 | |
| Sister | 02 | 2.0 | |
| Guardian | 02 | 2.0 | |
| **Duration of caring for the child** | | | |
| 1-2 years | 08 | 7.8 | Most (47.1%) had cared for the child they wished to enroll since birth. |
| 3-4 years | 13 | 12.7 | |
| 5-6 years | 11 | 10.8 | |
| 7-8 years | 12 | 11.8 | |
| 9-10 years | 10 | 9.8 | |
| Since the child was born | 48 | 47.1 | |
| **Marital status** | | | |
| Married/cohabiting | 50 | 49.0 | Slightly over half (51%) of caregivers were married or cohabiting. |
| Single | 02 | 2.0 | |
| Separated | 14 | 13.7 | |
| Divorced | 04 | 3.9 | |
| Widow/Widower | 29 | 28.4 | |
| Not Applicable[2] | 02 | 1.9 | |
| **Number of dependents** | | | |
| 2 | 07 | 6.9 | 16.7% of respondents had 6 dependents. The mean number of dependents was 5 with a standard deviation of 2.3 |
| 3 | 11 | 10.8 | |
| 4 | 16 | 15.7 | |
| 5 | 17 | 16.7 | |
| 6 | 17 | 16.7 | |
| 7 | 09 | 8.8 | |
| 8 | 07 | 6.9 | |
| 9 | 09 | 8.8 | |
| 10 and above | 09 | 8.8 | |

[1] The child under consideration was the one that the caregiver wanted CCUg to sponsor

[2] This was for a case where the household head was a child.

### 4.1.2 Demographic Data of Children

**Table 2: Demographic data of children under consideration**

| Category | Frequency (n=102) | Percentage (%) |
|---|---|---|
| **Gender** | | |
| Male | 46 | 45.1 |
| Female | 66 | 54.9 |
| **Status of the parents** | | |
| Both biological parents alive | 16 | 15.7 |
| Father died | 45 | 44.1 |
| Mother died | 15 | 14.7 |
| Both parents died | 26 | 25.5 |
| **Individual the child was living with** | | |
| Both biological parents | 13 | 12.7 |
| Mother only | 25 | 24.5 |
| Father only | 08 | 7.8 |
| Aunt | 05 | 4.9 |
| Uncle | 03 | 2.9 |
| Guardian | 08 | 7.8 |
| Cousin | 09 | 8.8 |
| Grand mother | 32 | 31.4 |

Slightly over half (54.9%) of children are female.

Many children (44.1%) reported that they lost their father.

When asked who the child was living with, 31.4% said they were living with their grandmother.

### 4.2 Economic Status and Spending (ESS)

This section measured the ability of the household through the household head to earn income through employment, main sources of income, amount earned each month, salient items spent on by the family, saving trends and access to credit.

**Table 3: Household head and occupation**

| Category | Frequency (n=102) | Percentage (%) |
|---|---|---|
| **Household head (HHH)** | | |
| Male partner | 51 | 50 |
| Female partner | 49 | 48 |
| Child headed household | 02 | 02 |
| **Primary occupation of HHH** | | |
| Unemployed | 31 | 30.4 |
| Self employed | 39 | 38.2 |
| Civil servant | 01 | 0.9 |
| Casual labourer | 31 | 30.4 |
| **Does HHH have a disability which hinders employment (n=31)** [1] | | |
| Yes | 6 | 19.4 |
| No | 25 | 80.6 |
| **Kind of disability among HHHs (n=06)** | | |
| One or both legs are crippled | 4 | 66.6 |
| He/she is blind | 1 | 16.7 |
| Deaf/Hearing impairment | 1 | 16.7 |

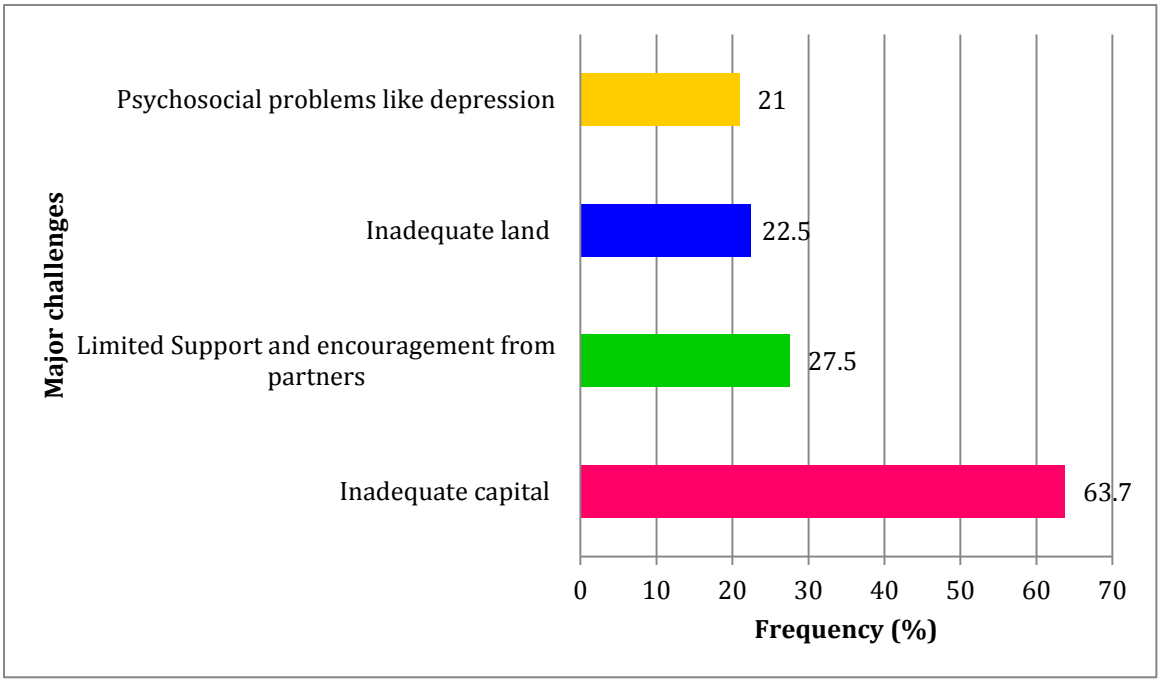
Half of the study participants (50%) reported that their households were headed by males.

30.4% of respondents were unemployed.

Of the 31 unemployed HHHs, 19.4% had disabilities like being crippled (66.6%), blindness (16.7%) and hearing impairment (16.7%)

[1] This was a follow-up question which assessed only the unemployed.

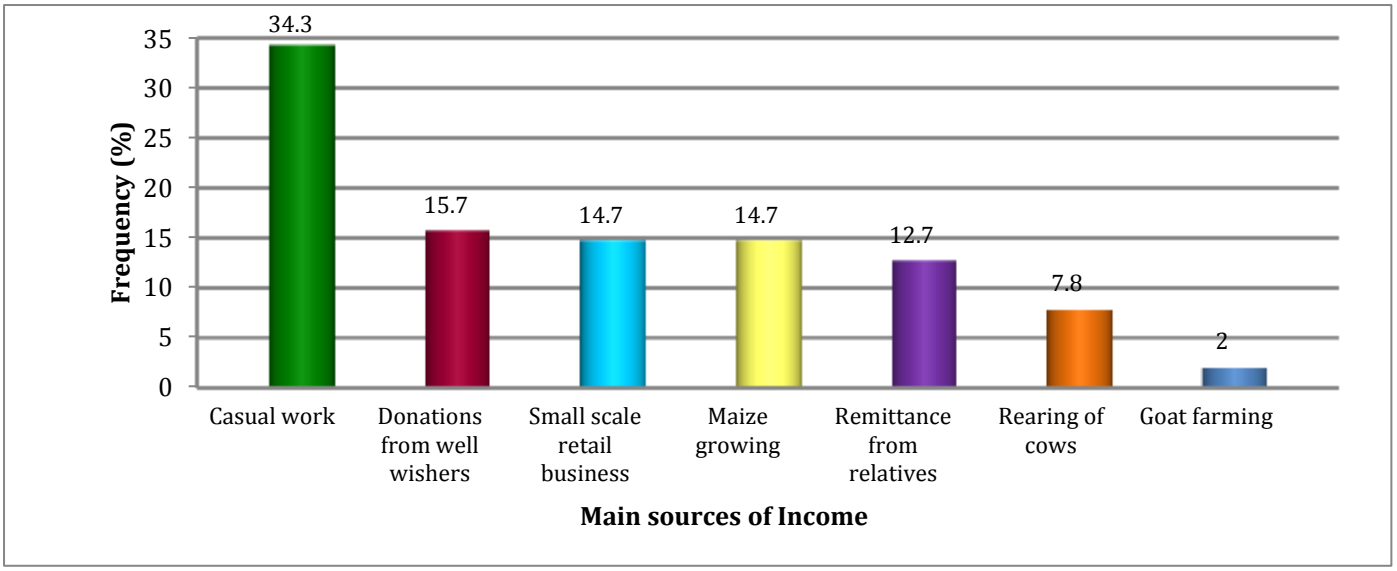
**Figure 1: Major challenges faced by HHHs (n=102)**




*Note: Multiple responses were given*

More than half of respondents (63.7%) said their main challenge in improving their household incomes is inadequate capital, while 21% had psychosocial problems like depression.

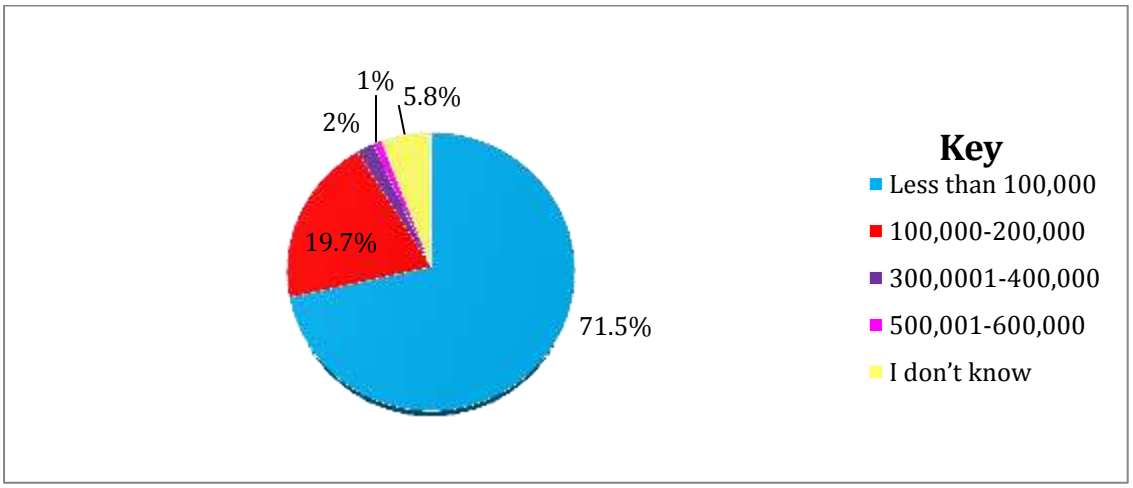
**Figure 2: Main sources of income for the household (n=102)**




*Note: Multiple responses were given*

A significant number of respondents (34.3%) were earning their main source of income from casual work (digging/washing for people).

**Figure 3: Estimated monthly income from primary occupation (n=102)**




Just under three-quarters of respondents (71.5%) were earning less than 100,000/= [1].

[1] All money as reported in this report is presented in Uganda Shillings or sometimes in United States Dollar (USD)

**Table 4: Sufficiency of income, and spending habits of respondents**

| Category | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Is household income sufficient to pay for household expenses [1] | | |
| Insufficient | 85 | 83.3 |
| Almost sufficient | 09 | 8.8 |
| Sufficient | 01 | 1.0 |
| More than sufficient | 07 | 6.9 |
| **Item on which respondents spend the most household income** | | |
| Education | 54 | 52.9 |
| Health care | 09 | 8.8 |
| Accommodation/housing | 07 | 6.9 |
| Food and nutrition | 32 | 31.4 |
| **Monthly expenditure for the item on which most income is spent [2]** | | |
| Less than 5,000 | 48 | 48.0 |
| 5,001-20,000 | 23 | 22.5 |
| 20,001-40,000 | 07 | 6.9 |
| 40,001-60,000 | 11 | 10.8 |
| 60,001-80,000 | 04 | 3.9 |
| 80,001-100,000 | 04 | 3.9 |
| 100,001-120,000 | 01 | 1.0 |
| More than 120,000 | 03 | 2.9 |

More than three-quarters of respondents (83.3%) reported that their household income is insufficient to pay for expenses such as food, access to health care, housing, education of their children and clothing.

Slightly over half of caregivers (52.9%) said they spend most on education. Nearly half of respondents (48%) indicated that their monthly expenditure for the item they spend the most on is less than 5,000/=.

**Table 5: Mode, number and amount saved each month**

| Mode of saving | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Traditional method (box, pot, kettle) | 15 | 14.7 |
| Cash round [3] | 10 | 9.8 |
| SACCO [4] | 05 | 4.9 |
| VSLA [5] | 14 | 13.7 |
| Bank | 01 | 1.0 |
| I don't save | 57 | 55.9 |
| **Number of times respondents save each month(n=45)** | | |
| Daily | 08 | 17.8 |
| Weekly | 19 | 42.2 |
| Bi-monthly | 01 | 2.2 |
| Monthly | 17 | 37.8 |
| **Amount saved each month (n=45)** | | |
| Less than 5,000 | 12 | 26.7 |
| 5,001-10,000 | 21 | 46.7 |
| 20,001-30,000 | 03 | 6.7 |
| 30,001-40,000 | 02 | 4.4 |
| 40,001-50,000 | 04 | 8.9 |
| 50,001-60,000 | 02 | 4.4 |
| 60,001-70,000 | 01 | 2.2 |

The majority of caregivers (55.9%) were not saving at all – either weekly, bi-monthly or monthly.

Of the 45 who were saving, less than half (42.2%) were saving on a weekly basis.

Less than half (46.7%) were saving 5,001-10,000/= each month. The average saved by the 45 caregivers each month was 10,000/= with a standard deviation of 2.8.

[1] These included food, health care, education, housing and clothing.

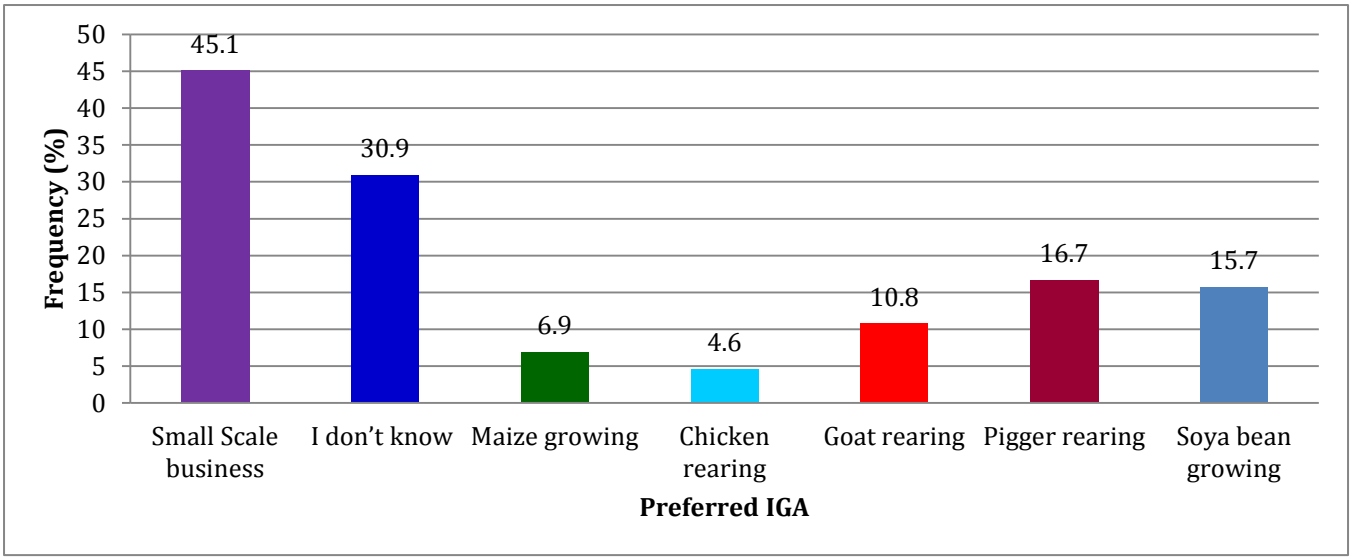
[2] The item in question is the one mentioned above

[3] A loose form of saving where participants collect equal amounts of money each week/bi-monthly and collectively give it to one member. Giving is arranged so each member has a chance to receive the same amount over time.

[4] Saving and Credit Cooperative Organization

[5] Village Saving and Loan Association

**Figure 4: IGA that respondents would engage in if given an opportunity (n=102)**




Many respondents (45.1%) indicated that they would engage in a small scale businesses as an IGA if given an opportunity to improve on their household incomes.

**Table 6: Skills for IGAs and access to credit among respondents**

| Skills | Frequency (n=102) | Percentage (%) |
|---|---|---|
| None | 46 | 45.1 |
| Not sure | 25 | 24.5 |
| Crop production (soya beans, maize and beans) | 09 | 8.8 |
| Animal rearing (poultry, piggery and cattle) | 10 | 9.8 |
| Business management | 12 | 11.8 |
| **Does caregiver have a need for borrowing money to spend on household items [1]** | | |
| Yes | 79 | 77.5 |
| No | 23 | 22.5 |
| **Does respondent access credit to spend on household items (n=79)** | | |
| Yes | 56 | 70.9 |
| No | 23 | 29.1 |
| **Source of credit (n=56)** | | |
| Borrowed from a friend | 19 | 33.9 |
| Cash round | 21 | 37.5 |
| VSLA | 13 | 23.2 |
| SACCO | 02 | 3.6 |
| Bank | 01 | 1.8 |

The majority of participants 71 (70.6%) did not have or were not sure of any skill they possessed to successfully help them engage in IGAs. More than three-quarters (77.5%) of caregivers needed to borrow money to spend on household items (food, rent, clothing, education and health care) in the month before the survey. However, only 56 caregivers (70.9%) accessed the necessary credit; 23 were unable to do so. Of the 56 caregivers who accessed credit, 21 (37.5%) got it from cash rounds.

[1] These included food, rent, clothing, education and health care.

**Table 7: Ability to afford basic needs in the past 3 months**

| Basic needs | Frequency (n=102) | | Percentage (%) |
|---|---|---|---|
| Food | Months | Frequency | |
| | Less than a month | 33 | 32.4 |
| | 1 month | 13 | 12.7 |
| | 2 months | 23 | 22.5 |
| | 3 months | 33 | 32.4 |
| **Shelter** | | | |
| | Less than a month | 7 | 6.9 |
| | 1 month | 11 | 10.8 |
| | 2 months | 22 | 21.6 |
| | 3 months | 62 | 60.8 |
| **Education** | | | |
| | Less than a month | 21 | 20.6 |
| | 1 month | 26 | 25.5 |
| | 2 months | 13 | 12.7 |
| | 3 months | 42 | 41.2 |
| **Health care** | | | |
| | Less than a month | 13 | 12.7 |
| | 1 month | 48 | 47.1 |
| | 2 months | 17 | 16.7 |
| | 3 months | 24 | 23.5 |
| **Water** | | | |
| | Less than a month | 31 | 30.4 |
| | 1 month | 14 | 13.7 |
| | 2 months | 11 | 10.8 |
| | 3 months | 46 | 45.1 |

Out of 102 respondents, 32.4% were unable to afford costs for accessing food for at least a month in the past 3 months preceding the assessment.

More than half of respondents (60.8%) were able to afford shelter for the 3 months before the survey.

Less than half (41.2%) of caregivers were able to afford costs related to educating their children for the 3 months before the survey.

Roughly half (47.1%) of caregivers were able to pay for health care costs for at least a month in the 3 months preceding the survey.

Only 45.1% of caregivers were able to afford costs for accessing water for the 3 months preceding the survey.

**Table 8: Livelihood support received by respondents in the last 12 months**

| Kind of livelihood support received in the last 12 months | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Have not received any livelihood support | 74 | 72.5 |
| Seeds | 9 | 8.8 |
| Seedlings | 12 | 11.8 |
| Scholastic materials | 5 | 4.9 |
| Food | 2 | 2.0 |
| **Source of livelihood support (n=28)** | | |
| Government through Operation Wealth Creation | 20 | 71.4 |
| Well wishers | 3 | 10.7 |
| NGOs | 5 | 17.9 |

The results presented above show that most respondents (72.5%) had not received any livelihood support in the 12 months before the survey.

**Table 9: Future spending habits of respondents**

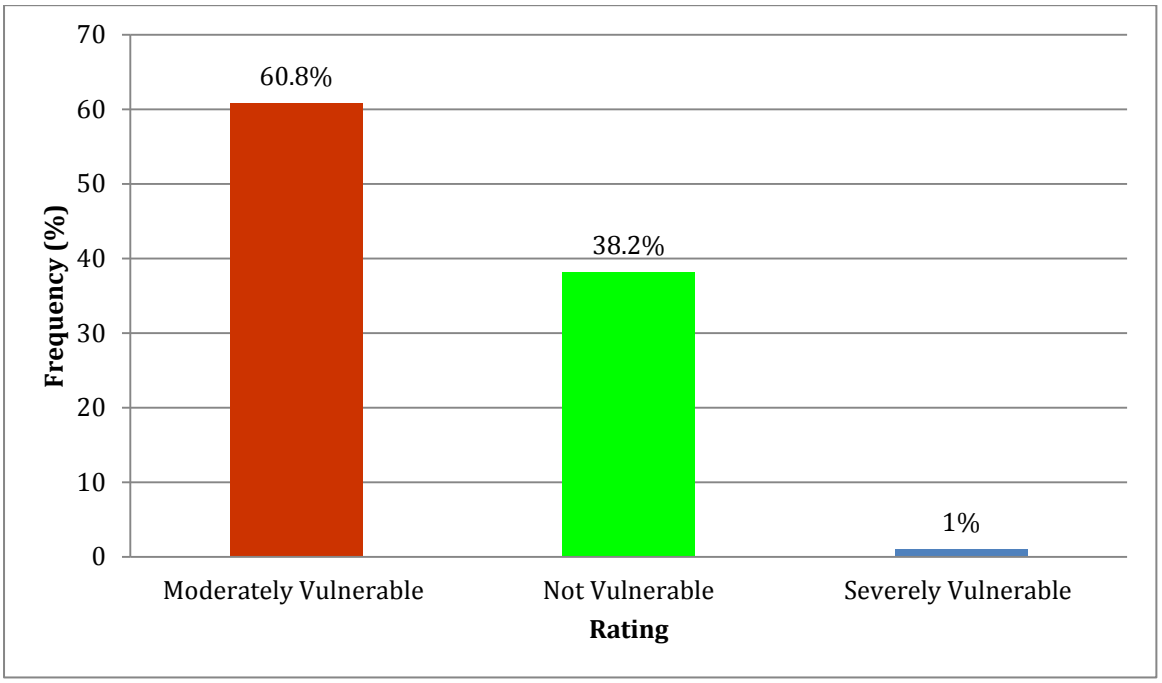
| How respondents would spend 500,000 if provided with the funds | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Invest in an IGA | 30 | 29.4 |
| Pay children's school fees | 16 | 15.7 |
| Buy food for my household | 11 | 10.8 |
| Access health care | 03 | 2.9 |
| I don't know how I would spend it | 42 | 41.2 |

Many respondents (41.2%) did not know how they would spend 500,000/= if it was provided to them.

### 4.2.1 Rating for Household Economic Status and Spending

This section was assessed using 6 selected questions with 1-15 scores which were summed to come up with a range of scores from 3-40 where the highest score was 40 and the lowest was 3. For purposes of interpretation, the lower the scores, the more vulnerable the household. The scores were interpreted as follows: Not Vulnerable (35-40), moderately vulnerable (20-40) and severely vulnerable (3-19).

**Figure 5: Rating for ESS (n=102)**




Most respondents (60.8%) were assessed as moderately vulnerable for economic status and spending.

### 4.3 Education Vulnerability (EV)

According to the survey, EV was defined as the capacity of the household/primary caregiver of the child in question (a child that the caregiver wanted CCUg to sponsor) to sustain all children in his/her household in school. This section represents caregiver literacy levels, their involvement in education of their children, the number of children attending school, the number not attending school, reasons for not attending/missing school, the amount of money spent on scholastic materials and school fees, etc.

**Table 10: Formal education attainment and literacy levels of respondents**

| Highest educational level | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Never attained formal education | 18 | 17.6 |
| Did not finish primary level | 43 | 42.2 |
| Primary 7 graduate | 33 | 32.4 |
| O-Level | 04 | 3.9 |
| UCE- Graduated | 04 | 3.9 |
| **Do respondents know how to read and write** | | |
| Yes | 33 | 32.4 |
| No | 69 | 67.6 |
| **How important is it that people know how to read and write** | | |
| Not that important | 22 | 21.6 |
| Somewhat important | 25 | 24.5 |
| Very important | 21 | 20.6 |
| Extremely important | 34 | 34.3 |

Less than half of respondents (42.2%) did not finish primary school.

Out of 102 caregivers, most (67.6%) did not know how to read and write.

When asked whether they thought it is important for one to know how to read and write, 34.3% stated that it is extremely important.

**Table 11: Number of children in the household and school attendance**

| Number of children in household | Frequency (n=102) | Percentage (%) |
|---|---|---|
| **1 child** | 04 | 3.9 |
| **2 children** | 16 | 15.7 |
| **3 children** | 15 | 14.7 |
| **4 children** | 36 | 35.3 |
| **5 children** | 13 | 12.7 |
| **6 children** | 07 | 6.9 |
| **7 children** | 07 | 6.9 |
| **8 children** | 02 | 2.0 |
| **9 and above children** | 02 | 2.0 |
| **Are there some children in the household who don't go to school** | | |
| **Yes** | 63 | 61.8 |
| **No** | 39 | 38.2 |
| **Number of children who don't attend school (n=63)** | | |
| **1 child** | 32 | 49.2 |
| **2 children** | 15 | 23.1 |
| **3 children** | 11 | 16.9 |
| **4 children** | 05 | 7.7 |
| **5 and above children** | 02 | 3.1 |

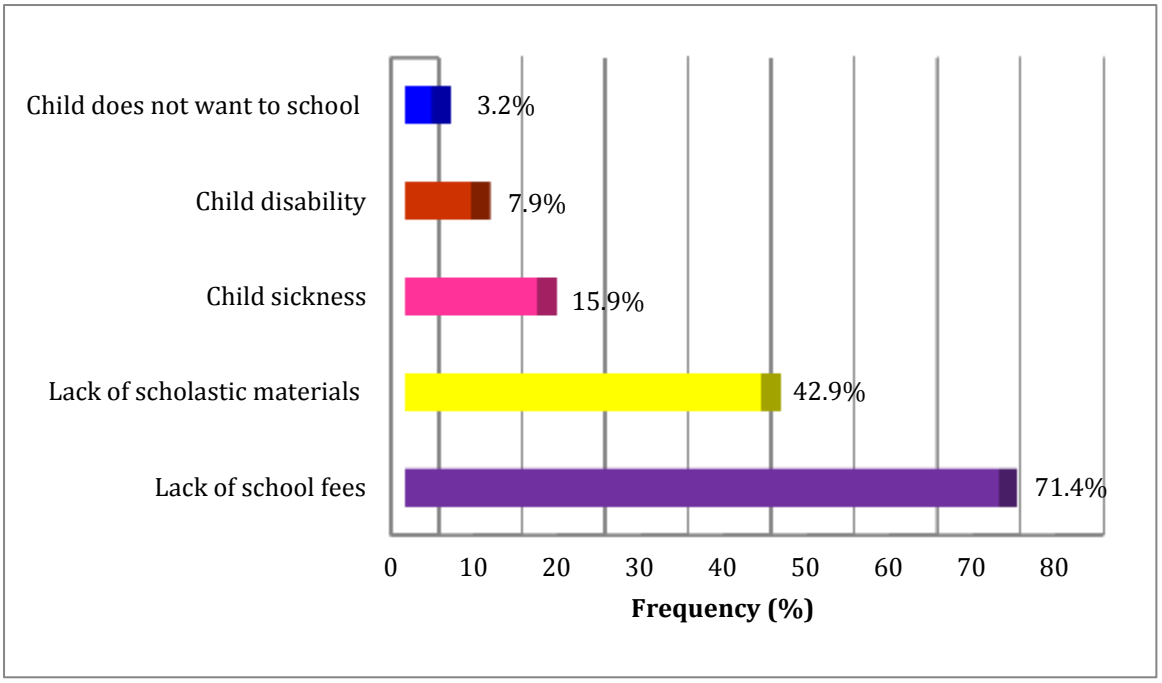
*Note: Respondents mentioned multiple children in the household*

A significant percentage of respondents (35.3%) had 4 children in their household who were of school-going age. The mean number of children in the household was 4 with a standard deviation of 1.7

When asked whether there were some children in the respondents' households who don't go to school, most said yes (61.8%).

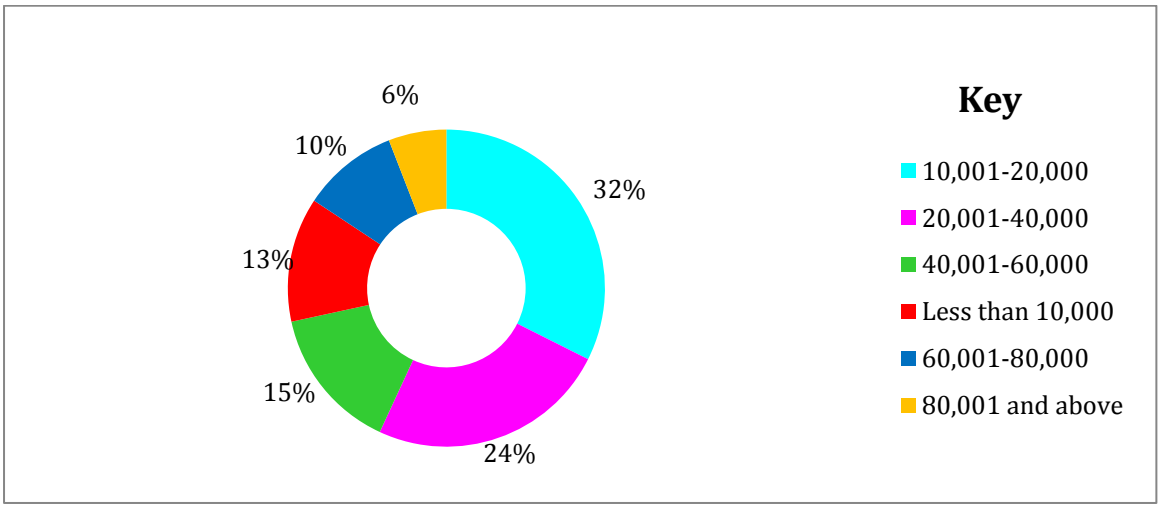
Of the 63 households that had children who did not attend school, nearly half (49.2%) had 1 child.

**Figure 6: Reasons why children don't attend school (n=63)**



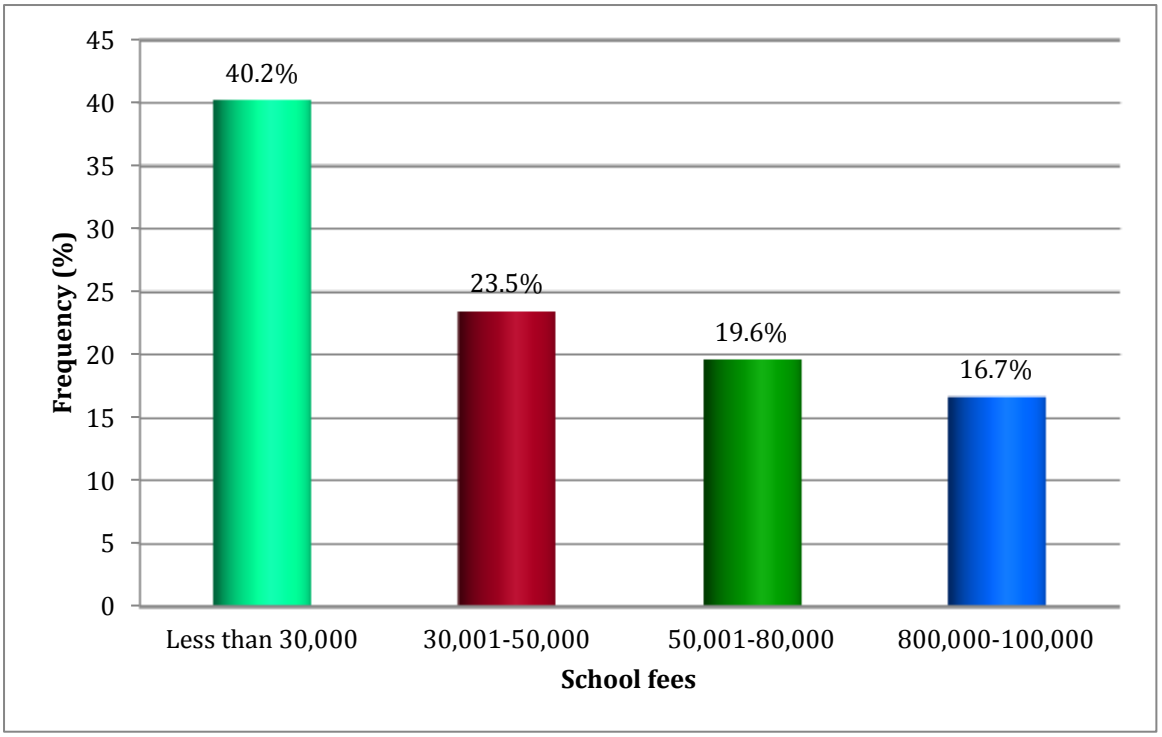

Nearly two-thirds of respondents (71.4%) reported that their children don't go to school because of lack of school fees.

**Figure 7: Money spent on scholastic materials for a child in primary school (n=102)**




Thirty-two percent of caregivers assessed said that scholastic materials for a primary school child ranged from 10,001-20,000/=. The average amount of money spent on scholastic materials was 15,000/= with a standard deviation of 1.65.

**Figure 8: Expenditure for school fees for a primary school pupil (n=102).**




Forty percent of respondents said that they pay less than 30,000/= for school fees for a child in primary school. The average school fees paid per child was 30,000/= with a standard deviation of 3.88. [1]

[1] This could be attributed to the fact that most respondents had children in government aided schools which do not levy school fees.

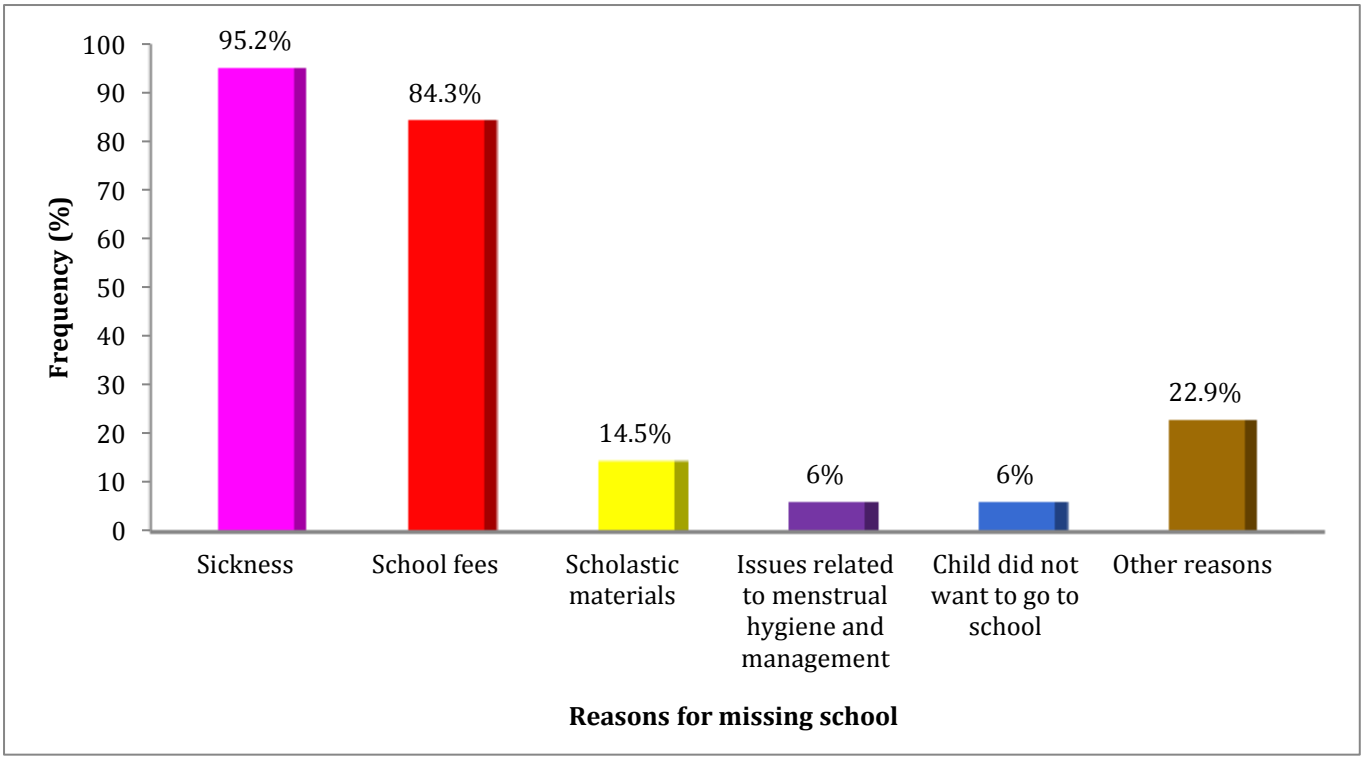
**Table 12: Ability to afford schools fees/scholastic materials and days missed last term [1]**

| Ability of respondents to afford school fees and scholastic materials | | Frequency (n=102) | Percentage (%) |
|---|---|---|---|
| Able to afford | | 39 | 38.2 |
| Unable to afford | | 63 | 61.8 |
| **Number of days missed last term** | | | |
| Child one | 1 day | 18 | 17.6 |
| | 2 days | 18 | 17.6 |
| | 3 days | 12 | 11.8 |
| | 4 days | 10 | 9.8 |
| | 5 days | 02 | 2.0 |
| | 7 days | 05 | 4.9 |
| | 10 days | 21 | 20.6 |
| | None | 16 | 15.7 |
| Child two | 1 day | 31 | 30.4 |
| | 2 days | 10 | 9.8 |
| | 3 days | 06 | 5.9 |
| | 4 days | 03 | 2.9 |
| | 5 days | 04 | 3.9 |
| | 7 days | 05 | 4.9 |
| | 10 days | 12 | 11.8 |
| | 11 days | 09 | 8.8 |
| | None | 22 | 21.6 |
| Child three | 1 day | 02 | 2.0 |
| | 2 days | 03 | 2.9 |
| | 3 days | 10 | 9.8 |
| | 4 days | 02 | 2.0 |
| | 5 days | 03 | 2.9 |
| | 6 days | 05 | 4.9 |
| | 7 days | 05 | 4.9 |
| | 8 days | 03 | 2.9 |
| | 10 days | 16 | 15.7 |
| | 11 days | 14 | 13.7 |
| | None | 39 | 38.2 |
| Child four | 1 day | 02 | 2.0 |
| | 2 days | 02 | 2.0 |
| | 3 days | 03 | 2.9 |
| | 4 days | 04 | 3.9 |
| | 5 days | 01 | 1.0 |
| | 7 days | 02 | 2.0 |
| | 8 days | 02 | 2.0 |
| | 10 days | 10 | 9.8 |
| | 11 days | 13 | 12.7 |
| | None | 63 | 61.8 |

The information presented above shows that 63 respondents (61.8%) indicated that they were unable to afford scholastic materials and school fees for their children in primary school. The highest number of days missed was 11 days and the lowest number was 1 day. The average number of days missed by a given child was 5 days with a standard deviation of 3.9

[1] This was the term before the assessment was conducted

**Figure 9: Reasons for missing school last term (n=86)**




*Note: Respondents mentioned multiple reasons for different children*[1]

An overwhelming majority of respondents (95.2%) mentioned that their children missed school last term due to sickness.

[1] The survey assessed days missed to up to 4 children in the household.

**Table 13: Caregiver involvement in their children's education**

| Caregiver perception on the individual responsible for ensuring that children do their homework | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Their peers | 01 | 1.0 |
| Their teachers | 45 | 44.1 |
| Their siblings | 18 | 17.6 |
| Their parents/caregivers | 38 | 37.3 |
| **Caregivers helped their children with homework** | | |
| None | 45 | 44.1 |
| Less than 5 times | 43 | 42.2 |
| 5-10 times | 08 | 7.8 |
| 11-20 times | 03 | 2.9 |
| 21 times and above | 03 | 2.9 |
| **Caregivers checked their children's books to assess whether they take down notes** | | |
| None | 42 | 41.2 |
| Less than 5 times | 31 | 30.4 |
| 5-10 times | 15 | 14.7 |
| 11-20 times | 05 | 4.9 |
| 21 times and above | 09 | 8.8 |
| **Caregivers helped their children understand a concept taught in class** | | |
| None | 88 | 86.3 |
| Less than 5 times | 10 | 9.8 |
| 5-10 times | 02 | 2.0 |
| 11-20 times | 02 | 2.0 |
| **Caregivers went to school and discussed their children's academic performance with teachers** | | |
| None | 79 | 77.5 |
| Once | 15 | 14.7 |
| Twice | 08 | 7.8 |
| **Caregivers discussed with their children their future educational attainment** | | |
| None | 84 | 82.4 |
| Once | 13 | 12.7 |
| Twice | 05 | 4.9 |
| **Caregiver discussed with their children his/her academic performance at home** | | |
| None | 86 | 84.3 |
| Once | 12 | 11.8 |
| Twice | 04 | 3.9 |
| **Number of times that caregivers attended PTA meetings last term** | | |
| None | 90 | 88.2 |
| Once | 09 | 8.8 |
| Twice | 03 | 2.9 |

Data presented above shows that 45 respondents (44.1%) believed that it was the responsibility of their teachers to ensure that children do their homework, and 44.1% did not help their children with homework at all in the term preceding the survey.

Forty two participants (41.2%) did not check their children's books to assess whether they take down notes, and 88 (86.3%) did not help their children understand a concept in class in the term before the survey.

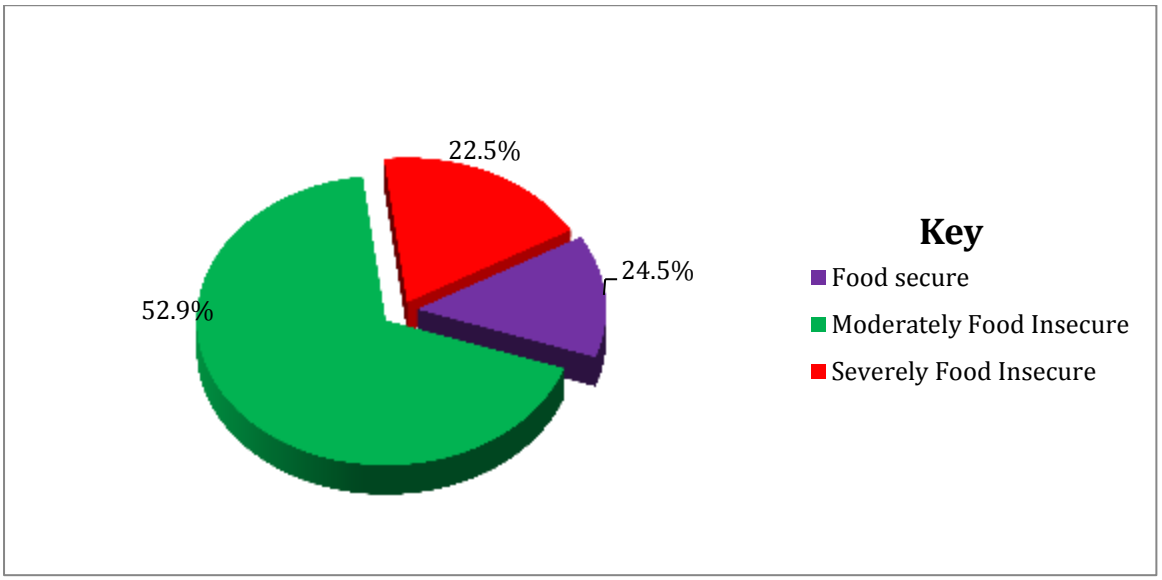
Seventy-nine survey participants (77.5%) did not go to their children's schools to discuss their children's academic performance with teachers, and 84 (82.4%) did not discuss with their children their future educational attainment during the term prior to the survey.

The majority of survey participants (84.3%) did not discuss academic performance with their children at home and 88.2% never attended PTA meetings last term.

### 4.3.1 Rating for Education Vulnerability

This section was assessed using 6 selected questions with 0-9 scores which were summed to come up with a range of scores from 5-21 where the highest score was 21 and the lowest was 5. For purposes of interpretation, the lower the scores, the more vulnerable the household was rated. The scores were interpreted as follows: Not Vulnerable (18-21), moderately vulnerable (10-17) and severely vulnerable (5-9).

**Figure 10: Rating for education vulnerability (n=102).**




Slightly over half of respondents (52.9%) were rated moderately vulnerable for education, while 24 (22.5%) were rated severely vulnerable.

### 4.4 Health and Care Utilization (HCU)

Under this section, assessments were made about the health and ability of caregivers/households to afford and utilize health care services. This included distance to the health facility, services often utilized, terminal illnesses among caregivers, ill health among household members, costs associated with accessing health care, sleeping in an Insecticide Treated Net (ITN), HIV sero-status of children and their access to care.

**Table 14: Terminal illness, distance and kind of care received**

| Terminal illnesses among caregivers | Frequency (n=102) | Percentage (%) |
|---|---|---|
| HIV/AIDS | 31 | 30.4 |
| Asthma | 03 | 2.9 |
| Hypertension | 27 | 26.5 |
| Diabetes | 05 | 4.9 |
| None | 36 | 35.3 |
| **Distance from respondents' homes to the nearest health facility** | | |
| 11 km and above | 52 | 51.0 |
| 6-10 km | 47 | 46.1 |
| 1-5 km | 01 | 1.0 |
| Less than 1 km | 02 | 2.0 |
| **Type of care often received from health facilities** | | |
| Malaria treatment | 75 | 73.5 |
| Typhoid treatment | 33 | 32.4 |
| Treatment for cough and flu | 13 | 12.7 |
| High blood pressure | 23 | 22.5 |
| HIV care and treatment | 25 | 24.5 |
| Eye care | 10 | 9.8 |
| Ulcers | 03 | 2.9 |
| Diarrhoea | 11 | 10.8 |
| **Last time a member from respondents' households fell ill [1]** | | |
| Less than 30 days ago | 45 | 44.1 |
| 30 days ago | 04 | 3.9 |
| 4 months ago | 30 | 29.4 |
| 5 months ago | 14 | 13.7 |
| 6 months ago | 08 | 7.8 |
| More than 6 months ago | 01 | 1.0 |
| **Illness that household member was suffering from** | | |
| Malaria | 87 | 85.3 |
| Typhoid | 31 | 30.4 |
| Malnutrition | 08 | 7.8 |
| Cough and flu | 14 | 13.7 |
| Diarrhoea | 05 | 4.9 |
| Hypertension | 08 | 7.8 |
| Others | 25 | 24.5 |

When asked what kind of terminal illnesses respondents were suffering from, about a third of respondents (30.4%) had HIV/AIDS.

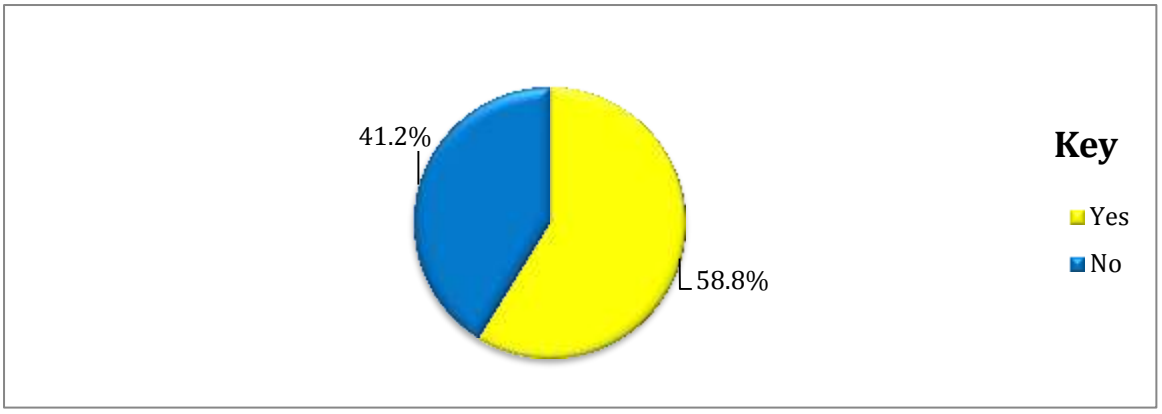
Slightly over half of respondents (51%) lived 11km or more from the nearest health facility.

Regarding the type of care often received from the nearest health facility, about three-quarters of respondents (73.5%) mentioned malaria treatment.

Asked about the last time that a member from the respondents' household fell ill, 44.1% indicated it was less than 30 days ago. When asked what kind of illness/disease they suffered from, an overwhelming majority of respondents (85.3%) reported malaria.

[1] This included the caregiver him/herself

**Figure 10: Percentage accessing health care for ill health (n=102).**




More than half of respondents (58.8%) indicated that they were able to access health care services for their household members who fell ill, while 41.2% were unable to do so because they could not afford the transport costs (76.2%) and/or health care costs (42.9%).

**Table 15: Cost and delayed accessibility of health care services**

| Cost of health care accessed | Frequency (n=60) | Percentage (%) |
|---|---|---|
| Less than 50,000 | 50 | 83.3 |
| 50,000-100,000 | 08 | 13.3 |
| 200,001-300,000 | 01 | 1.7 |
| 300,001 and above | 01 | 1.7 |
| **Whether a member of the respondent's family has ever delayed to access health care due to lack of money in the past 6 months** | | |
| Yes | 66 | 64.7 |
| No | 36 | 35.3 |

Out of the 60 respondents who reported that a member of their household accessed health care the last time he/she was sick, 83.3% indicated that it cost them less than 50,000/= to access care. The average cost of health care accessed was 30,000/= with a standard duration of 4.4

Most caregivers (64.7%) stated that a member of their household has at some time in the past 6 months delayed receiving health care due to lack of money.

**Table 16: Household members sleeping in an ITN, sero-status, HIV and TB care of positive children**

| Number of household members sleeping in an ITN | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Only 1 member | 52 | 51.0 |
| 2 members | 22 | 21.6 |
| 4 members | 01 | 1.0 |
| All household members | 01 | 1.0 |
| None | 26 | 25.5 |
| **Respondent's knowledge of HIV sero-status of children in the household** | | |
| Yes, all of them | 59 | 57.8 |
| Yes, more than 50% of them (more than half of children in the household) | 01 | 1.0 |
| Yes, 50% of all children | 02 | 2.0 |
| Yes, less than half of all children | 03 | 2.9 |
| No, none of them | 37 | 36.3 |
| **Whether all eligible children who are known to be HIV positive or with TB are on treatment** | | |
| No child is known to be HIV positive or with TB | 68 | 66.7 |
| All are on care or treatment | 15 | 14.7 |
| 50% (half of all children) are on care/treatment | 09 | 8.8 |
| None of the eligible children are on care or treatment | 10 | 9.8 |

Slightly over half of study participants (51%) mentioned that only 1 member of their household sleeps under an ITN, and only 1% reported that all their household members sleep in ITNs.

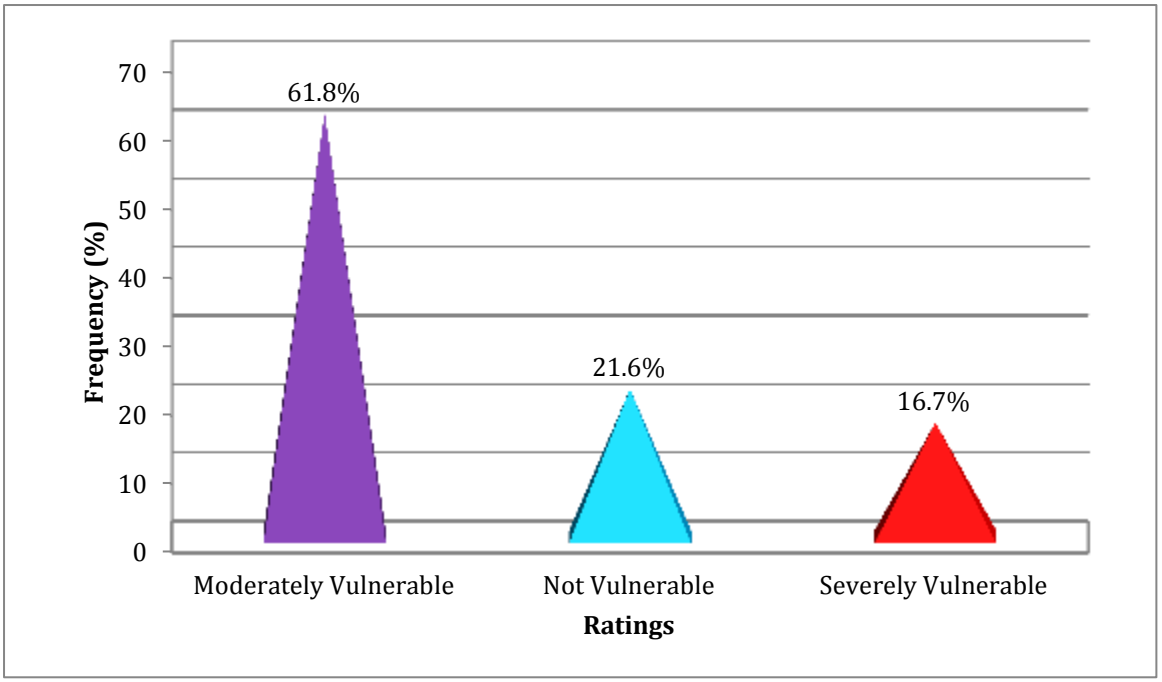
More than half of respondents (57.8%) indicated that they know the HIV sero-status of all children in the household, while 36.3% did not know the sero-status of any children in their household.

When asked whether all eligible children who are known to be HIV positive or with TB are on treatment, 14.7% said that all are on care or treatment, 9.8% stated that none of the eligible children are on care or treatment and 8.8% reported that only half of all children are on care/treatment.

### 4.4.1 Rating for Health and Care Utilization

HCU was assessed using 5 selected questions with 0-8 scores which were summed to come up with a range of scores from 4-23, where the highest score was 23 and the lowest was 4. For purposes of interpretation, the lower the score, the more vulnerable the household. The scores were interpreted as follows: Not Vulnerable (19-23), Moderately Vulnerable (12-18) and Severely Vulnerable (4-11).

**Figure 112: Rating for HCU (n=102).**




Sixty three caregivers (61.8%) were rated as moderately vulnerable for HCU, while 17 (16.7%) were rated severely vulnerable.

### 4.5 Psychosocial Support and Care (PSC)

This section of the survey assessed the ability of the household to access psychosocial support and care from family members and friends. This included availability of a confidant, and the emotional troubles and depression status of caregivers.

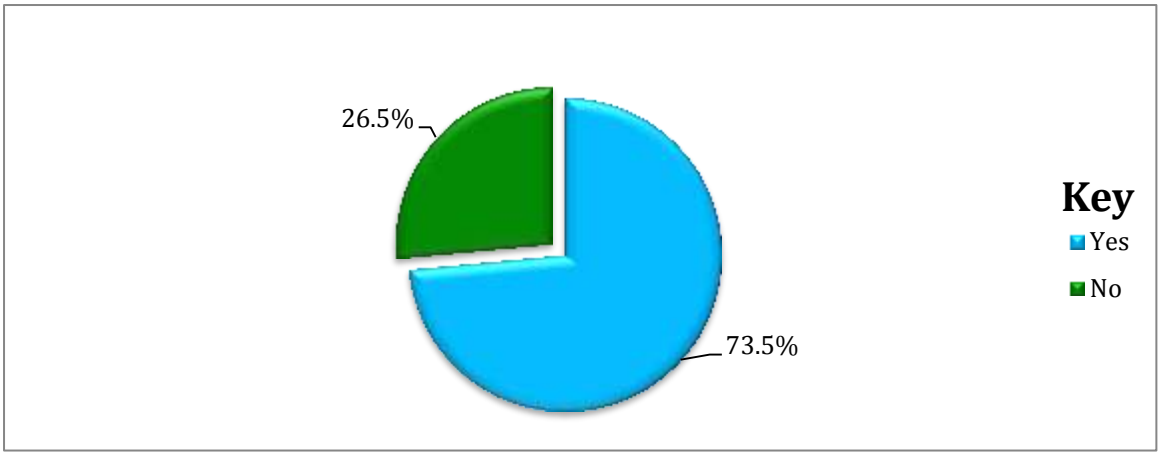
**Table 17: Confidant and frequency of emotional troubles among household members**

| Availability of a confidant for respondents | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Yes | 49 | 48 |
| No | 53 | 52 |
| **Frequency of a household member being emotional troubled in the past 6 months that they needed to consult a pastor/reverend/health worker/counselor or health worker** | | |
| 1 time | 55 | 53.9 |
| 2 times | 16 | 15.7 |
| 4 times | 09 | 8.8 |
| 5 times | 04 | 3.9 |
| 6 times | 13 | 12.7 |
| 9 times | 05 | 4.9 |

More than half of caregivers (52%) mentioned that they don't have someone to talk to and share their problems with; 49 (48%) said they have a confidant.

Slightly over half of caregivers (53.9%) reported that a member of their household had been troubled once in the past 6 months that they needed to consult a pastor/reverend/health worker/counselor/traditional healer or health worker.

**Figure 12: Existence of withdrawn and consistently sad children in households (n=102)**




Roughly three-quarters of caregivers (73.5%) stated that their households had withdrawn and consistently sad children. Of these, 60 (58.8%) said sadness and being withdrawn was present in 1 child, 14 (13.7%) indicated that it was presented in less than half of all children, while 1 (1%) mentioned that it was present in half of all children.

### 4.5.1 Depression status of caregivers

The depression status of caregiver was measured using a Patient Health Questionnaire version 9 (PHQ9). It measured 9 symptoms of depression rated using a 4 point scale.

**Table 18: Depression status of respondents**

| Depression score | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Minimal depression | 33 | 32.4 |
| Mild depression | 20 | 19.6 |
| Moderate Depression | 42 | 41.2 |
| Moderately Severe Depression | 03 | 2.9 |
| Severe Depression | 04 | 3.9 |

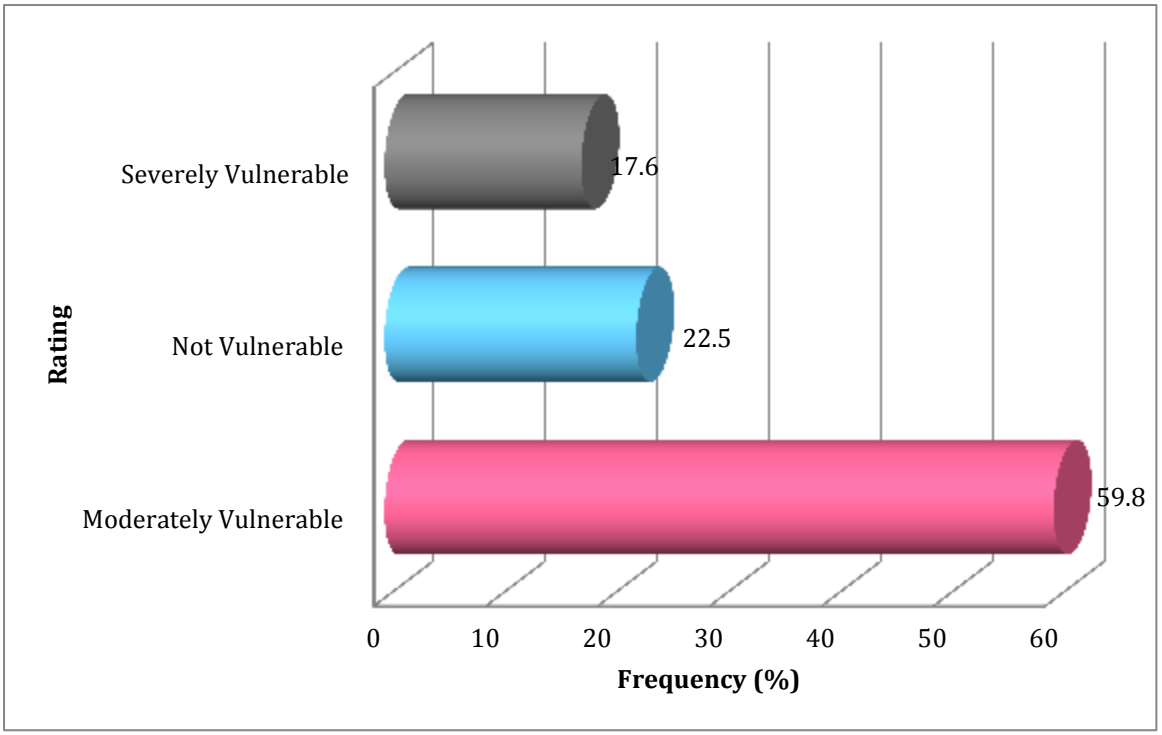
Forty-nine caregivers (48%) were experiencing depression at the time the survey was conducted. Of these, 42 (85.7%) had moderate depression, and 4 (8.2%) had severe depression. Three caregivers (6.1%) had moderately severe depression.

### 4.5.1 Rating for Psychosocial Support and Care

PSC was assessed using 4 selected questions with 0-5 scores which were summed to come up with a range of scores from 4-36 where the highest score was 36 and the lowest was 4. For purposes of interpretation, the lower the scores, the more vulnerable the caregiver. [1] The scores were interpreted as follows; Severely Vulnerable (4-17), Moderately Vulnerable (18-29) and Not Vulnerable (30-36).

[1] The PHQ9 was taken as 1 question.

**Figure 13: Rating for PSC (n=102)**




The information presented above shows that 61 respondents (59.8%) were rated moderately vulnerable for psychosocial support, while 18 (17.6%) were rated as severely vulnerable.

### 4.6 Food Security and Nutrition (FSN)

The Food Security and Nutrition section of the survey established the susceptibility of the whole household to food insecurity and the types of foods eaten. It assessed aspects such as the main source of food, the number of meals eaten, food strategies and kinds of foods eaten.

**Table 19: Main source and number of meals eaten by respondents**

| Main source of food | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Home grown | 50 | 49.0 |
| Bought from the market/retail shops | 34 | 33.3 |
| Given in return for work | 08 | 7.8 |
| Donated by well wishers | 10 | 9.8 |
| **Number of meals eaten by the household in the last 24 hours before the survey** | | |
| 1 meal | 58 | 56.9 |
| 2 meals | 34 | 33.3 |
| 3 meals | 10 | 9.8 |
| **Reasons for eating less than 3 meals (n=92)** | | |
| There is not enough food | 83 | 90.2 |
| Most household members don't like the available food | 05 | 5.4 |
| There is no one to cook the available food | 04 | 4.3 |
| **Number of meals usually eaten by the household** | | |
| Some days, no meal | 32 | 31.4 |
| 1 meal | 49 | 48.0 |
| 2 meals | 20 | 19.6 |
| 3 or more meals | 01 | 1.0 |

Just about half of the households assessed (49%) said their main source of food was home grown, while 8 households (7.8%) were given food in return for work.

Fifty-eight caregivers (56.9%) reported that their households ate 1 meal in the 24 hours before the survey; only 10 (9.8%) ate 3 meals during the same period. Overall, 92 households ate less than 2 meals a day because they did not have enough food 83 (90.2%) or had no one to cook the available food 4 (4.3%).

When asked about the number of meals usually eaten by their households, about half of caregivers (48%) said they eat 1 meal. Only 1 (1%) indicated he / she ate 3 or more meals.

**Table 20: Food strategies and categories of food eaten by households**

| Food strategies used by households in the last 7 days before the assessment due to financial reasons | Frequency (n=102) | | Percentage (%) |
|---|---|---|---|
| | Number of days | Frequency | |
| Eat no food in any 24 hour period | 1 day | 30 | 29.4 |
| | 2 days | 11 | 10.8 |
| | 3 days | 06 | 5.9 |
| | 4 days | 05 | 4.9 |
| | 5 days | 06 | 5.9 |
| | None | 44 | 43.1 |
| **Borrow money to buy food** | | | |
| | 1 day | 15 | 14.7 |
| | 2 days | 37 | 36.3 |
| | 3 days | 23 | 22.5 |
| | 4 days | 03 | 2.9 |
| | None | 24 | 23.5 |
| **Buy food on credit** | | | |
| | 1 day | 20 | 19.6 |
| | 2 days | 08 | 7.8 |
| | 3 days | 11 | 10.8 |
| | 4 days | 13 | 12.7 |
| | 5 days | 07 | 6.9 |
| | 7 days | 04 | 3.9 |
| | None | 39 | 38.2 |
| **Send a family member else where to eat** | | | |
| | 1 day | 06 | 5.9 |
| | 2 days | 13 | 12.7 |
| | 3 days | 23 | 22.5 |
| | 4 days | 07 | 6.9 |
| | 5 days | 01 | 1.0 |
| | 6 days | 01 | 1.0 |
| | 7 days | 02 | 2.0 |
| | None | 49 | 48.0 |
| **Let a female household member eat last or not at all** | | | |
| | 1 day | 05 | 4.9 |
| | 2 days | 10 | 9.8 |
| | 3 days | 03 | 2.9 |
| | 4 days | 02 | 2.0 |
| | 5 days | 01 | 1.0 |
| | 6 days | 03 | 2.9 |
| | 7 days | 02 | 2.0 |
| | None | 76 | 74.5 |

Table 20 shows that 30 households (29.4%) did not eat any food for a 24-hour period within the days period before the survey due to financial reasons.

Out of the 102 participating households, 78 borrowed money to buy food in the 7 days before the survey. Of these, 37 borrowed for 2 days, 23 borrowed for 3 days, 15 borrowed for 1 day, and 3 borrowed money to buy food for 4 days.

Sixty-three household (61.7%) bought food on credit in the 7 days preceding the assessment. Of these, 20 households bought food on credit for 1 day, 13 for 4 days, 11 for 3 days, 8 for 2 days, 7 for 5 days, and 4 bought food on credit for 7 days.

Slightly over half of households (51.9%) reported sending a family member elsewhere to eat in the 7 days prior to the needs assessment. Of these, 23 households sent a family member elsewhere to eat for 3 days, 13 sent a member elsewhere for 2 days, 7 for 4 days, 6 for 1 day, 2 for 7 days, 1 for 5 and 1 for 6 days.

Twenty-six households (25.5%) stated they let a female household member eat last or not at all in the 7 days before the survey. Out of these, 10 households practiced this food strategy twice, 5 did so once, 3 households did this on 3 days, 3 others did so for 6 days, 2 households did this for 7 days, 2 households did this for 4 days and 1 household let its female household members eat last or not at all for 5 days.

**Table 21: Categories of foods eaten in the 7 days prior to the assessment**

| Categories of food eaten | Frequency (n=102) | | Percentage (%) |
|---|---|---|---|
| | Number of days | Frequency | |
| Energy foods (Potatoes, matooke, posho, millet, rice, maize) | 1 day | 05 | 4.9 |
| | 2 days | 08 | 7.8 |
| | 3 days | 06 | 5.9 |
| | 4 days | 23 | 22.5 |
| | 5 days | 02 | 2.0 |
| | 6 days | 09 | 8.8 |
| | 7 days | 49 | 48.0 |
| Body building foods (beans, meat, soya, peas, milk, eggs, chicken, fish) | 1 day | 06 | 5.9 |
| | 2 days | 11 | 10.8 |
| | 3 days | 14 | 13.7 |
| | 4 days | 03 | 2.9 |
| | 5 days | 03 | 2.9 |
| | 6 days | 01 | 1.0 |
| | 7 days | 08 | 7.8 |
| | None | 56 | 54.9 |
| Protective and regulative foods (greens, tomatoes, oranges, pawpaws, mangoes, pineapples | 1 day | 06 | 5.9 |
| | 2 days | 09 | 8.8 |
| | 3 days | 07 | 6.9 |
| | 4 days | 04 | 3.9 |
| | 5 days | 04 | 3.9 |
| | 6 days | 39 | 38.2 |
| | 7 days | 33 | 32.4 |

Table 21 shows a high percentage of respondents (48%) ate energy foods (potatoes, matooke, posho, millet, rice, maize) for 7 days before the survey was conducted.

Most respondents (54.9%) mentioned that their households did not eat any body building foods (beans, meat, soya, peas, milk, eggs, chicken or fish) within the week prior to the survey.

Thirty-nine households (38.2%) consumed protective and regulative foods (greens, tomatoes, oranges, pawpaws, mangoes, pineapples) for 6 days in the week before the needs assessment was conducted.

**Table 22: Accessibility to farming land and worries about food**

| Accessibility to farming land | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Yes | 36 | 35.3 |
| No | 66 | 64.7 |
| **Size of the farming land (n=36)** | | |
| Less than half an acre | 17 | 47.2 |
| Half an acre | 09 | 25.0 |
| An acre | 07 | 19.4 |
| 2 acres and above | 03 | 8.3 |
| **Respondents worry of not having enough food for their households in the past 6 months** | | |
| I am extremely worried | 30 | 29.4 |
| I am worried | 42 | 41.2 |
| I am somewhat worried | 05 | 4.9 |
| I am not worried | 25 | 24.5 |

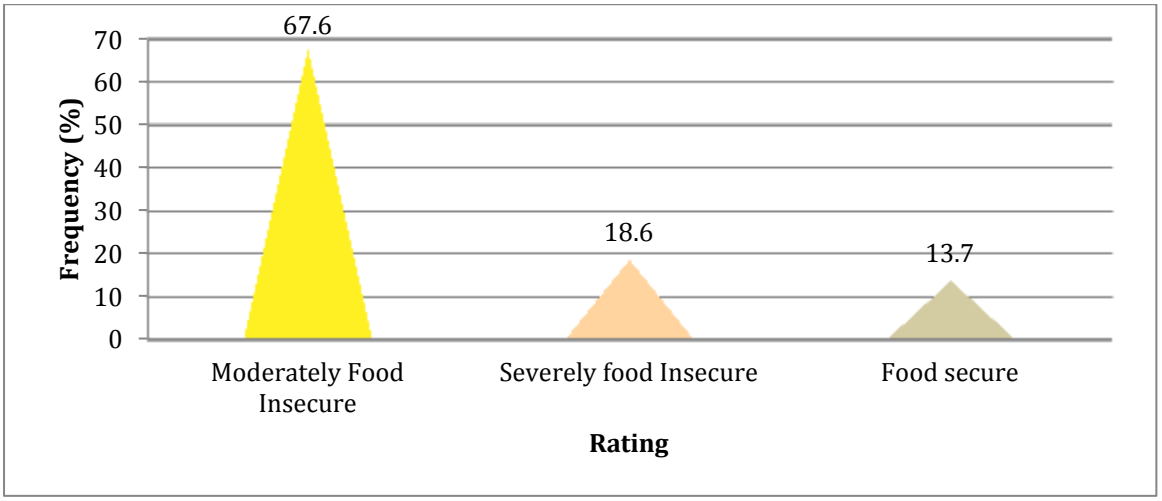
66 respondents did not have access to farm land. Of the 36 who did, 17 had less than a half-acre; 3 had access to 2 acres or more.

42 respondents were worried about not having enough food in the past 6 months and 30 (29.4%) were extremely worried.

### 4.6.1 Rating for Food Security and Nutrition

FSN was assessed using 6 selected questions with 0-10 scores which were summed to come up with a range of scores from 5-30 where the highest score was 26 and the lowest was 4. For purposes of interpretation, the lower the scores, the more vulnerable the caregiver. The scores were interpreted as follows; Severely Food Insecure (4-15), Moderately Vulnerable (15-24) and Food Secure (25-30).

**Figure 14: Rating for FSN (n=102)**




Sixty-nine households (67.6%) were moderately food insecure, and 19 (18.6%) were severely food insecure.

### 4.7 Housing, Water and Sanitation (HWS)

This section measured the quality of housing structure, space, and access to water as well as the hygienic of nature of the places where respondents were staying at the time of the survey. Vulnerability was measured in terms of the ability of the household to afford living in a housing structure that was safe, secure, adequate, with basic sanitation and hygienic structures like a latrine, access to a safe water source, dish drying rack and rubbish pit.

**Table 23: Type, safety, ownership and adequacy of housing structures respondents lived in**

| Kind of housing structure | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Brick and iron sheets house | 61 | 59.8 |
| Grass thatched house | 25 | 24.5 |
| Mud and wattle house | 06 | 5.9 |
| Iron sheets and mud house | 10 | 9.8 |
| **Stability, safety and dryness of the house** | | |
| Yes | 66 | 64.7 |
| No | 30 | 29.4 |
| Not sure | 06 | 5.9 |
| **Ownership of the house** | | |
| Household head owns the house | 70 | 68.6 |
| Family house | 27 | 26.5 |
| Renting | 05 | 4.9 |
| **Do respondents stay with animals (chicken, goats, cows, duck, pigs, dogs) in the same house** | | |
| Household does not have animals | 37 | 36.3 |
| Yes | 40 | 39.2 |
| No | 25 | 24.5 |
| **Adequacy of the household for the available members** | | |
| Agree | 34 | 33.3 |
| Disagree | 60 | 58.8 |
| Not sure | 08 | 7.8 |

The foregoing table shows that 61 respondents (59.8%) were living in a brick and iron sheet house, while 6 (5.9%) lived in a mud and wattle house.

The majority of study participants (64.7%) agreed that the housing structure they lived in was stable, safe and dry, although 30 (29.4%) disagreed.

Regarding the ownership of the house, 70 caregivers (68.6%) reported that the heads of their households were the owners of the houses in which they stayed, while 5 (4.9%) were living in a rented house.

Forty respondents (39.2%) were staying in the same house with domestic animals, such as chicken, goats, pigs, cows, dogs and ducks.

When asked whether the house they were living in was adequate for family members, 60 respondents (58.8%) disagreed.

**Table 24: Water source, latrine, dish drying rack, rubbish pit and type of power for lighting**

| Main water source | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Piped water | 30 | 29.4 |
| Borehole | 36 | 35.3 |
| Protected spring | 28 | 27.5 |
| Pond | 03 | 2.9 |
| Wetland/stream | 05 | 4.9 |
| **Estimated duration taken to access water from the water source** | | |
| Less than 30 minutes | 71 | 69.6 |
| 31-59 minutes | 06 | 5.9 |
| 1 hour | 20 | 19.6 |
| 2 hours | 05 | 4.9 |
| **Availability of a latrine in the household** | | |
| Yes | 33 | 32.4 |
| No | 69 | 67.6 |
| **Availability of water and soap near the latrine for hand washing (n=33)** | | |
| Yes | 09 | 27.3 |
| No | 24 | 72.7 |
| **Faecal disposal facility/place for respondents without latrines in their households (n=69)** | | |
| Share with neighbors | 36 | 52.2 |
| In a polythene bag and throw away | 25 | 36.2 |
| In the bush | 04 | 5.8 |
| Anywhere convenient | 04 | 5.8 |
| **Availability of dish drying rack** | | |
| Yes | 22 | 21.6 |
| No | 80 | 78.4 |
| **Availability of a rubbish pit** | | |
| Yes | 39 | 38.2 |
| No | 63 | 61.8 |
| **Type of power used for lighting** | | |
| Electricity | 38 | 37.3 |
| Solar power | 02 | 2.0 |
| Biogas | 04 | 3.9 |
| Paraffin | 50 | 56.9 |

Information presented in table above shows that 36 respondents (35.3%) were utilizing boreholes as the main source of water for their households, while 3 (2.9%) were drawing water for home use from a pond.

When asked about the estimated time taken to access water from the main sources, 71 (69.6%) mentioned less than 30 minutes ,while 5 (4.9%) said it takes them 2 hours to access water from the main source.

The majority of parents/caregivers (67.6%) reported that their households did not have latrines for household members to dispose of faecal matter; 33 respondents (32.4%) did have latrines. Of these 33 respondents, 24 (72.7%) mentioned that there is no water and soap near the latrines for hand washing practice and were thus not engaged in hand washing.

Of the 69 respondents who indicated that they don't have latrines in their households, 36 (52.2%) said they shared with their neighbors, 25 (36.2%) were defecating in polythene bags and throwing them away, 4 (5.8%) were defecating in the bush and 4 others did so anywhere that was convenient.

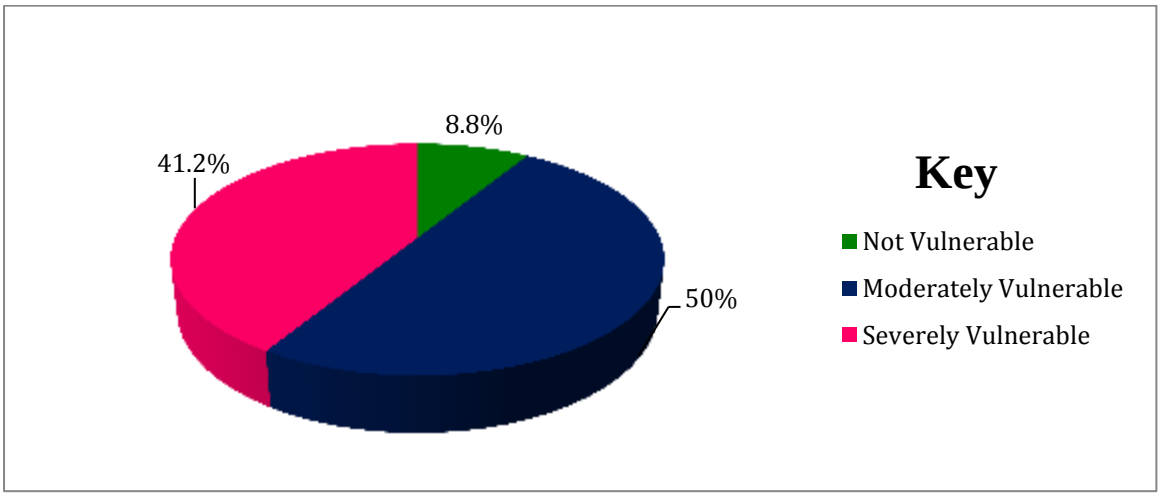
On the availability of dish drying racks in the household, 80 respondents (78.4%) did not have them, and 63 (61.8%) did not have rubbish pits in their households.

Asked about the type of power used for lighting in the household, 58 survey participants (56.9%) said they were using paraffin; only 2 (2%) were using solar power.

### 4.7.1 Rating for Housing, Water and Sanitation

HWS was measured using a set of 6 selected questions with 1-3 scores, which were summed to come up with a range of scores from 6-18 where the highest score was 18 and the lowest was 6. For purposes of interpretation, the lower the scores, the more vulnerable the caregiver. The scores were graded as follows; Severely Vulnerable (6-8), Moderately Vulnerable (9-14) and Not Vulnerable (15-18).

**Figure 15: Rating for HWS (n=102)**




Just over half of the respondents were rated moderately vulnerable for HWS, while 42 (41.2%) were rated Severely Vulnerable. An overwhelming majority of respondents were living in houses with little or no required sanitary facilities, or ones that were unstable/unsafe and with limited space for available household members.

### 4.8 Child Protection and Legal Support (CPLS)

This section presents incidence of child abuse and parental/caregiver knowledge of current child protective and legal support mechanisms against child abuse or violence.

**Table 25: Methods of disciplining children and their experiences**

| Ways of disciplining children by respondents in the 3 months before the survey | Frequency (n=102) | |
|---|---|---|
| | Yes | No |
| Punched, kicked or hit the child with an object | 31 | 71 |
| Withheld a meal as a form of punishment to a child | 45 | 57 |
| Yelled/screamed at the child and used abusive words/language | 30 | 72 |
| **Child experiences in the past 6 months** | | |
| Involved in child labour | 30 | 72 |
| Repeated physical abuse | 17 | 85 |
| Sexual abuse; rape, molested, defiled | 09 | 93 |
| Stigmatized/discriminated due to an illness/disability | 13 | 89 |
| Been in conflict with the law | 04 | 98 |
| Abused drugs or alcohol | 04 | 98 |
| Witnessed an adult abusing alcohol or drugs | 09 | 93 |
| Witnessed an adult being abused/domestic abuse | 10 | 92 |

Thirty-one respondents stated they or another caregiver punched, kicked or hit a child in their household as a means of discipline in the 3 months preceding the survey. Just under half of caregivers (45) stated that they or another caregiver withheld a meal as a form of punishment in the 3 months prior to the survey.

Thirty (30) respondents reported that either they or another caregiver yelled/screamed at a child and used abusive words/language in the 3 months before the survey. Regarding child experiences, 30 caregivers reported that their children were involved in some form of child labour in the 6 months before the survey.

Seventeen caregivers indicated that their children experienced physical abuse, while 9 reported that their children were sexually abused, raped, molested or defiled in the 6 months prior to the survey.

A total of 13 respondents said their children were stigmatized/discriminated due to an illness/disability. Four caregivers noted that their children had been in conflict with the law, and another 4 stated they had and abused drugs or alcohol in the 6 months preceding the study.

Ten caregivers mentioned that their children witnessed an adult abusing drugs or alcohol in the 6 months preceding the survey. Ten respondents reported that their children witnessed an adult being abused/domestic violence.

**Table 26: Ways of disciplining reported by children under consideration**

| Ways of disciplining children as reported by children under consideration[1] in the 3 months before the survey | Frequency (n=102) | | Percentage (%) | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| Punched, kicked or hit a child with an object | 52 | 50 | 51.0 | 49.0 |
| Withheld a meal as a form of punishment to a child | 50 | 52 | 49.0 | 51.0 |
| Yelled/screamed at the child and used abusive words/language | 60 | 42 | 58.8 | 41.2 |

More than half of children (51%) reported that their parents/caregivers punched, kicked or hit a child in their household with an object in the 3 months before the survey.

Fifty children (49%) stated that their parents/caregivers withheld a meal as a form of punishment in the 3 months prior to the survey.

Sixty children under consideration (58.8%) stated that their parents/caregivers yelled/screamed at them and used abusive words/language in the 3 months preceding the survey.

**Table 27: Actions respondents would take if their children became a victim of child abuse or violence**

| Actions | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Report to the LC/Police, probation officer, child protection committee, CDO[2], CSO[3], Para social worker or VHT [4] | 49 | 48.0 |
| Talk to a family member/neighbor | 21 | 20.6 |
| Negotiate with the offender | 04 | 3.9 |
| Do nothing | 28 | 27.5 |

[1] Children under consideration were the children that parents/caregivers wished CCUg to sponsor.

[2] Community Development Officer

[3] Civil Society Organization

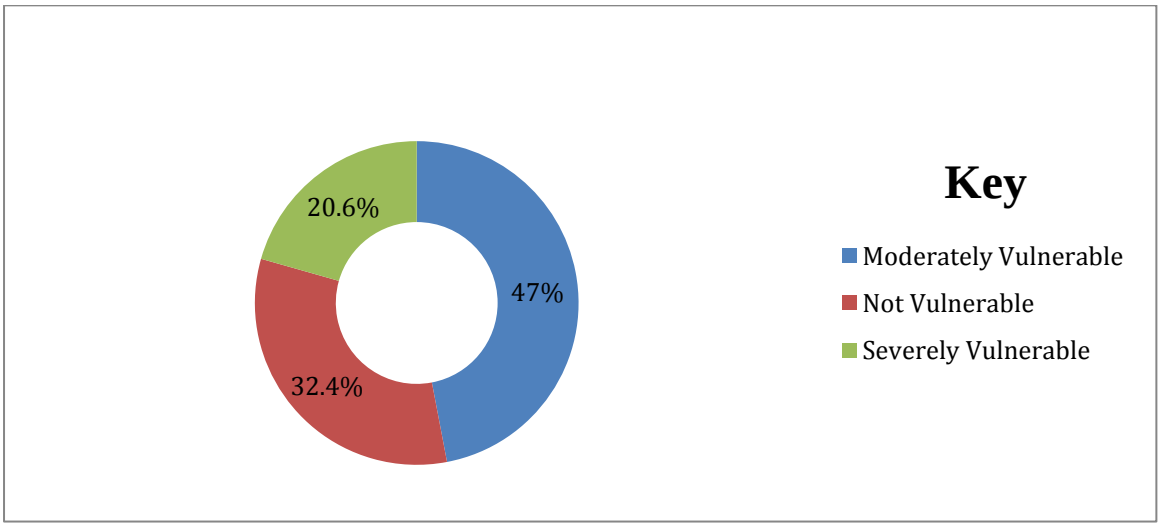
[4] Village Health Team member

Only 49 respondents (48%) stated that they would report abuse or violence to the LC/police, probation officer, child protection committee, CDO, CSO, para social worker or VHT. Worse, 28 (27.5%) stated that they would do nothing and another 4 (3.9%) said they would negotiate with the offender.

### 4.8.1 Rating for Child Protection and Legal Support

Under this section, caregivers were rated to assess a child's vulnerability to abuse and violence in the household and likely access to protection and legal support. The section used a set of 3 questions with 1-32 scores which were summed to come up with a range of scores from 12-48, where the highest score was 48 and the lowest was 12. For purposes of interpretation, the higher the scores, the more vulnerable the household. The scores were graded as follows; Severely Vulnerable (40-48), Moderately Vulnerable (25-39) and Not Vulnerable (12-24).

**Figure 16: Rating for CPLS (n=102)**




Close to half of respondents (47%) were rated as Moderately Vulnerable for CPLS, while 21 (20.6%) were rated as Severely Vulnerable. Clearly, a majority of respondents (69) or other caregivers in their households were abusing their children or exposing them to violence, with minimal efforts to protect them through the established local protection mechanisms.

### 4.9 Behaviour of Children in the Household

This section assessed the frequency of disturbing behaviour among one or more children in the household in the month preceding the assessment study. This included aggressiveness, poor attention, lack of interest in other children, beating or abusing other children, fears of going to school or running away from home among others.

**Table 28: Disturbing behaviour among children in respondents' households**

| Behaviour among children | Frequency (%) | | |
|---|---|---|---|
| | Never | Sometimes | Often |
| Often upset, distressed or depressed | 11.8 | 71.6 | 20.6 |
| Aggressive or had temper tantrums | 69.6 | 14.7 | 15.7 |
| Shown difficulty concentrating or learning | 52.0 | 22.5 | 25.5 |
| Not interacted with other children as usual | 62.7 | 25.5 | 11.8 |
| Behaved badly at school, such as beating or abusing other children | 53.9 | 23.5 | 22.5 |
| Shown fear of going to school or wanting to run away | 64.7 | 16.7 | 18.6 |
| Withdrawn and consistently sad | 29.4 | 34.3 | 36.3 |

The results presented in the table above shows that an overwhelming majority of the respondents (92.2%) intimated that one or more children in their households were often upset, distressed or depressed. Thirty percent disclosed that their children showed aggression or had temper tantrums in the month prior to the assessment.

Nearly half of study participants (48%) reported that one or more children in their household showed difficulty concentrating or learning, while 37.3% mentioned that one or more children in their household were not interacting with other children as usual during the month preceding the assessment.

Forty-six percent of respondents stated that one or more of the children in their household behaved badly at school, such as beating or abusing other children. Thirty-five percent said one or more children in their household showed fear of going to school or wanted to run away from home a month before the survey

More than half of study participants (70.6%) indicated that one or more children in their households were withdrawn and consistently sad in the month preceding the study.

### 4.9.1 Behaviour of the child under consideration

This section of the survey assessed children's social behaviour as reported by both parents/caregivers and children under consideration.

**Table 29: Social interaction of child under consideration[1]**

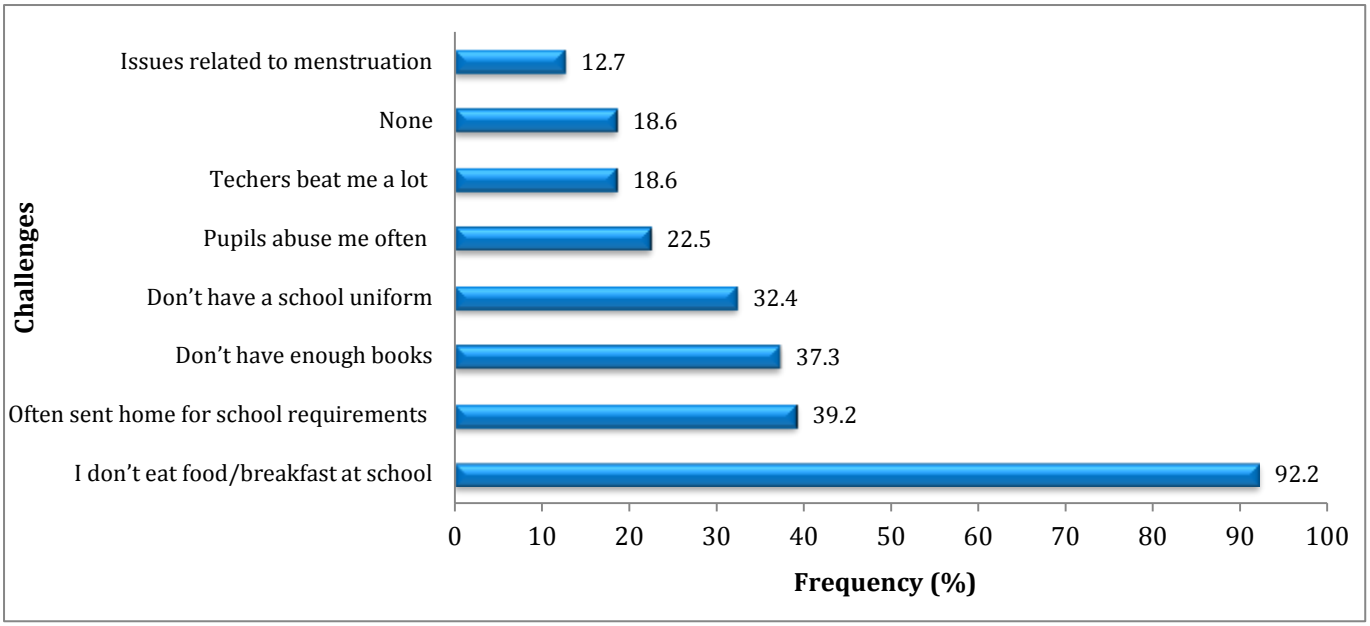
| Having someone that the child can freely play with | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Yes | 62 | 60.8 |
| No | 40 | 39.2 |
| **Reasons for lack of someone to play with (n=40)** | | |
| Children don't like to play with me | 11 | 27.5 |
| I have no friends | 10 | 25.0 |
| I don't like to play | 11 | 27.5 |
| I fear to play with the children here | 08 | 20.0 |
| **Frequency of child interaction with other children** | | |
| Every day | 23 | 22.5 |
| Most days | 10 | 9.8 |
| Some days | 49 | 48.0 |
| Never at all | 20 | 19.6 |
| **Reasons why the child does not interact with other children often (n=69)** | | |
| Children don't like to interact with me | 42 | 60.9 |
| I have no friends | 11 | 15.9 |
| I don't like to interact with other children | 16 | 23.2 |
| **Having someone to trust** | | |
| Yes | 38 | 37.3 |
| No | 64 | 62.7 |

Sixty-two children under consideration (60.8%) stated they have someone they can freely play with, while 40 (39.2%) said they did not. Of the 40 children who said they don't have someone who they can freely play with, 11 (27.5%) mentioned that children don't like to play with them, and 8 (20%) said they were afraid to play with other children.

Almost half of children under consideration (48%) stated that they interact with other children some days, while 20 (19.6%) stated that they never interact with other children. Of the 69 children who said they don't interact with other children often, 42 (37.3%) said children don't like to interact with them and 64 (62.7%) said they don't have someone they trust.

[1] This information was provided by the child under consideration.

**Figure 17: Major challenges experienced by children under consideration (n=102)**




An overwhelming majority of children under care 94 (92.2%) reported that they don't eat food/breakfast at school and 13 (12.7%) mentioned issues related to menstruation.

**Table 30: Social interaction by children under consideration[1]**

| Whether the child shares things freely with others | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Yes | 48 | 47.1 |
| No | 54 | 52.9 |
| **Whether the child seeks permission when needed** | | |
| Yes | 73 | 71.6 |
| No | 29 | 28.4 |

52% of respondents said their children do not share freely with others. When asked whether the child seeks permission when needed, 71.6% agreed.

**Table 31: Child hope and optimism, resilience and self-esteem ratings**

| Child hope and optimism | Frequency (n=102) | Percentage (%) |
|---|---|---|
| Not hopeful or optimistic | 45 | 44.1 |
| Hopeful and optimistic | 57 | 55.9 |
| **Resilience** | | |
| Not resilient | 50 | 49.0 |
| Resilient | 52 | 51.0 |
| **Self-esteem [2]** | | |
| Low self-esteem | 45 | 44.1 |
| High Positive self-esteem | 49 | 48.0 |
| Not applicable (too young to answer) | 08 | 7.8 |

44.1% of the children under consideration were not hopeful or optimistic, 49% were not resilient and 44.1% had low self-esteem.

[1] This information was provided by parents/caregivers

[2] This was measured using a Rosenberg Self-esteem Scale

### 4.10 Eligibility for Enrollment into the Sponsorship Program

For a child to be eligible for enrollment in the sponsorship project, he/she must meet the following criteria:

- Pass a background check to ascertain that the child is not receiving similar or related support through another source.
- The child must live in the project implementation area and be eligible to attend primary school.
- The household must be vulnerable (from moderate to severe vulnerability) in 3 main areas, including Economic Spending and Status (ESS), Education Vulnerability (EV) and Food Security and Nutrition (FSN).
- The child's academic performance must range from average to excellent. To determine this, CCUg took extensive steps to discuss the child's academic potential and character with teachers.
- The child's parent/caregiver must be willing to join other project beneficiaries in small groups of 10-15 for adult literacy classes if they are illiterate.

**Table 32: Eligible households as per the set criteria**

| Area of consideration | Moderately Vulnerable | Severely Vulnerable | Total |
|---|---|---|---|
| Economic Status and Spending | 62 | 1 | 63 |
| Education Vulnerability | 54 | 24 | 78 |
| Food Security and Nutrition | 67 | 19 | 86 |
| Housing Water and Sanitation | 51 | 42 | 93 |
| Child Protection and Legal Support | 48 | 21 | 69 |
| Psychosocial Support and Care | 61 | 18 | 79 |
| Health Care and Utilization | 63 | 17 | 80 |

According to the summarized information in the table above, although the project needed only 50 children/households for sponsorship, the number of children meeting the eligibility requirements was higher. Many children were not enrolled in the project because CCUg had reached the maximum enrollment of 50 children.

### 4.11 Limitations to the study

1. The survey used purposive sampling procedure where CDOs, LC, para-social workers and LCs selected potential respondents-who they deemed vulnerable for data collectors. This may have created a selection bias and could be the reason why most results are above the known average statistics for selected themes. For example, the survey found an HIV prevalence rate of over 30%, which is more than half the prevalence of HIV/AIDS among people aged 40 years and above. In addition, it also revealed that the average monthly household income was 20,000/= per household which is 11.1 times the income reported by national surveys like the UNHS in the two areas of study.
2. Due to the fact that the survey involved self-reporting by caregivers, there might have been omissions or exaggerations of information about households. However, more than 6 areas were assessed per household and the survey included at least 2 respondents per household (caregiver and the child) which may have reduced on provision of inconsistent information. Furthermore, data collectors used observation method to collect data from respondents' households, making it harder to caregivers to omit or exaggerate.

## 5.1 Discussion

### 5.1.1 Demographic Data of Respondents

Just about two-thirds of parents/caregivers (63.7%) who participated in this study were age 40 year or older. The majority of them (84.3%) were female parents/caregivers and of these, biological mothers comprised 54.6%, while grandmothers made up 37.2%. This could be attributed to the fact that the care of children is often primarily vested in women.

In addition, 2 households surveyed were headed by children following the death of both parents. Child-headed households which are in most cases vulnerable families, face a myriad of social, economic and psychological challenges as compared to adult-headed homes. A study by Dalen, Nakitende & Musis (2009) found that child-headed households lacked food, clothes and had limited chances of attending school on a regular basis.

Although almost half of study participants (49%) were married, a significant number of them were widows (28.9%), separated (13.7%), divorced (3.9%) or single (2%). Single parents/caregivers are more likely to face challenges in child upbringing, and have fewer economic resources to ably care for their children and the family as a whole. This increases their risk of poverty and social deprivation. Related to this, Marther (2010) argued that most single parent families – especially those where the mother is the head – have limited financial resources to cover expenses related to child upbringing, such as education and health care.

The great majority of children under consideration (84.3%) were orphans, where 52.3% had lost the male parent, 30.2% had lost both parents and 17.4% had lost the female parent. Compared to other children, these children form a susceptible group of children who are less likely to access basic needs like food, education, health care and clothing, among other needs. According to a study conducted by Wamanya (2010), most needs of orphans are either partially addressed or not addressed at all.

### 5.1.2 Economic Status and Spending

The study findings showed that most parents/caregivers (60.8%) were not in any long-term employment. Of these, 30.4% were unemployed, and 30.4% were casual labourers. Six unemployed parents/caregivers (19.4% ) were disabled and perceived that as a barrier to their employment.

The main source of income for most respondents was casual work (digging/washing for other people around the village), as reported by 35 respondents (34.3%). Other major sources of income included donations from well-wishers (15.7%), small scale retail business (14.7%), maize growing (14.7%) and remittances from relatives (12.7%). It is not surprising that roughly three-quarters of respondents (71.5%) reported that their monthly income was less than 100,000/=.

Notwithstanding, the average amount of money earned by each parent/caregiver per month was 20,000/=, with a standard deviation of 1.6. This is 11.1 times less than the average household income reported by households in Busoga region in the Uganda National Household Survey (UNHS, 2016/17) at 222,000/=. The huge difference could be attributed to differences in sampling procedures used. While as the current survey used purposive sampling procedures that rely heavily on CDOs, LCs and para-social workers to select households which they deemed vulnerable, the UNHS used a two stage stratified sampling procedure. Nonetheless, the same report based on the UNHS (2016/17) documented that Busoga Region where Mayuge and Jinja district lie, is the 3rd poorest region in Uganda with 42% of the population categorized as poor.

Results from the needs assessment also revealed that over half of respondents (55.9%) were not engaged in any form of financial saving or either future use or investment. This may be related to lack of money to save due to the high incidence of poverty, a poor saving culture and ignorance about current means of saving.

In line with the study, FinScope III Survey (2013) found that some of the reasons why Ugandans don't save are the lack of adequate information on saving (47%) and a lack of money to invest (44%). Furthermore, Okia (2011) asserted that the poor saving culture among Ugandans is a barrier in the fight against poverty, mainly because most of them consume more than the income they obtain.

It is worthwhile to note that a 52.9% of parents/caregivers were spending up to 5,000/= every month on education and 31.4% were spending from 5,001-20,000/= on food and nutrition. As the average number of dependents per parent/caregiver was 5 and the mean number of children in each household was 4, these statistics show that most households had large families despite not having enough money to care for them.

Over three-quarters of parents/caregivers (77.5%) said they needed to borrow money for household necessities such as food, rent, clothing, education and health care in the past month; however, 29.1% were unable to access the funds they needed. Interestingly, the majority of respondents (63.7%) reported that the major challenge they face in improving their household income is inadequate capital. These results corroborate results reported in the FinScope Survey Report (2009), which showed that 30% of people in Uganda are financially excluded, with no access to banking or other formal or informal financial services and products normally needed to support vulnerable groups.

Although most respondents (69.1%) knew the kind of income generating activity they wanted to undertake if given a chance, 30.9% did not know. The majority of parents/caregivers (70.6%) reported that they either did not have, or were not sure they possessed, any skills to engage in any IGA to help them improve their household income. This suggests that financial exclusion may not only be the problem affecting most parents/caregivers interviewed; a lack of skills to engage in meaningful enterprises for earning income also seems to be an obstacle hindering their economic stability. Overall, a majority of respondents (60.8%) rated moderately vulnerable for Economic Status and Spending, with a significant need for skills acquisition and access to credit to foster IGAs, which could increase their household incomes.

### 5.1.3 Education Vulnerability

About 7 out of every 10 respondents (67.6%) did not know how to read and write, even though 82.4% had some form of formal education. This is contrary to what was reported by the National Population and Housing Census (2014), which documented that about 72% of Uganda's population is literate. Illiterate parents/caregivers are more likely to experience tremendous challenges accessing credit, have an increased risk of poverty and are less likely to be involved in the education of their children.

It is therefore not surprising that most caregivers were not involved in their children's education in the term preceding the survey. Four out of every 10 caregivers (44.1%) did not help their children with homework, 41.2% did not check their children's books to assess whether they took notes, 89.3% did not help their children to understand a concept taught at school, 77.5% did not discuss their children's performance with their teachers, 82.4% had never discussed their future educational attainment with their children, and 88.2% did not attend any PTA meetings. This suggests that parental illiteracy is a major barrier in their involvement in their children's education. Similar findings were obtained from a study conducted by Roos & Be (2011) in Eastern Uganda, which found that illiteracy restricted parental involvement in their children's education. Although parents need to possess knowledge and skills to guide

their children in homework, it is difficult or impossible in circumstances where the parents themselves did not go to school or are illiterate.

In addition, poor parental involvement in their children's education has been associated with poor academic performance and increased risk to school dropout.

Results from the needs assessment showed that although the mean number of school-age children in respondent's households was 4, 6 out of every 10 households (61.3%) had at least one child who was not attending school at the time of the study. The main reasons for not attending school were lack of school fees (71.4%) followed by lack of scholastic materials (42.9%), sickness (15.9%), child disability (7.9%) and lack of interest in school by the child (3.2%). An overwhelming majority of parents/caregivers (84.3%) reported that at least 1 child in their household missed an average of 5 days in the term prior to the survey.

The major reasons for missing school last term were child sickness (95.2%), lack of school fees (84.3%) and scholastic materials (14.5). In addition, the average per term cost of scholastic materials per child per term was 15,000/=, with a standard deviation of 1.6. School fees per child per term averaged 30,000/=, with a standard deviation of 3.8. Given the average of 4 school-age children per household reported above, on average, each parent/caregiver needed at least 180,000/= for both scholastic materials and school fees for their children each school term.

The average monthly income earned by respondents was 20,000/= (80,000/= per term), which is less than half of the money needed to provide education alone for 4 children, to say nothing of access to other basic needs such as food, health care, shelter and clothing. It is an undeniable fact that the majority of children belonging to the parents/caregivers interviewed were not only frequently absent from school but some were not attending school at all due to poverty. These findings concur with an earlier study conducted by UNICEF, Ministry of Education and other organizations (2014), which asserted that poverty is the number one cause of school drop-outs in Uganda. It was reported that most people are too poor to provide for themselves and ensure that their children access the required school materials.

Overall, 5 out of every 10 parents/caregivers (52.9%) were rated Moderately Vulnerable for education, while (22.5%) were rated Severely Vulnerable. This highlights the impact of poverty on access to education among vulnerable families in Jinja and Mayuge districts.

### 5.1.4 Health Care and Utilization

Six out of every ten respondents or (64.7%) had at least one terminal illness and half of these reported having HIV/AIDS. Statistics from Uganda Population-Based HIV Impact Assessment (UPHIA, 2016-2017) estimated that HIV/AIDS prevalence among adults age 40 years or older ranges from 14-15%, a national prevalence that is about half that revealed in the survey. Mayuge district, where the bulk of the study was conducted, has a 10% HIV/AIDS prevalence rate, well above the national average of 6.2%. In addition to these demographic factors, the high prevalence among caregivers could be attributed to abject poverty which may have forced them to engage in risky behaviours that led to HIV infection.

According to Rugalema et al., 1999; Mufune, 2015), poverty and illiteracy lay the groundwork for the spread of HIV infection, where lack of money, assets and skills combine to promote risky behaviours needed to survive, some of which lead to HIV infection. As a majority of respondents were living on 20,000/= per month (666.6/= or roughly $.19 per day), it could be argued that poverty may have predisposed them to HIV/AIDS infection. In addition, HIV/AIDS among caregivers has a major impact on their productivity, which also contributes to household poverty. Tumwesigye (2003) asserted that many

AIDS-affected households become poorer and lack basic essentials such as food, clothing, health care, education and shelter.

Although 57.8% of respondents knew the sero-status of all children in their household, 36.3% did not know the status of any of their children. Furthermore, 9.8% of respondents reported that none of the eligible children were receiving HIV treatment and 8.8% indicated that only half of infected children were receiving care/treatment. Clearly, a significant number of sero-positive children were not receiving HIV care or treatment at the time the survey was conducted.

Out of the 102 respondents who participated in the study, only 1% reported that all members of their household were sleeping in ITNs. This could be attributed to lack of the nets, ignorance and / or a negative attitude towards their use. However, the Ministry of Health (2018) reported that Uganda has the 6th highest number of annual deaths from malaria in Africa with over 10,500 deaths annually.

It is not surprising that malaria care and treatment was mentioned by nearly three-quarters of respondents (73.5%) as the care most often received from health facilities by study participants. An overwhelming majority of parents/caregivers (85.3%) reported that the illness most recently suffered by a family member was malaria. To further complicate access to care, 97.3% of respondents were living 5km or more from the nearest health facility, which would require them to incur transport costs to access health care. Over half of all participants (58.8%) were unable to access health care for the household member.

These findings emphasize the inequity associated with health and health care utilization among poor families in Uganda. The findings partly agree with what was observed by Pariyo, Kiracho, Okui, Rahman, Peterson & Bishai et al., (2009) in their study, which found that 43% of rural populations in Uganda were at risk of not seeking care because of poor geographical access.

### 5.1.5 Psychosocial Support and Care

More than half of study participants (52%) did not have someone to talk to and share their problems with. About 54% of parents/caregivers reported that a member of their household had been troubled in the past 6 months to the extent that they needed to consult a pastor/reverend/health worker/counselor/traditional healer.

Furthermore, nearly half of study participants (48%) were experiencing some level of depression at the time the survey was conducted. The majority of them (85.7%) had moderate depression, 8.2% had severe depression, and 6.1% had moderately severe depression. According to the World Health Organization, (WHO, 2017), Uganda has one of the highest rates of depression in Africa, at 4.6%. WHO further stated that depression is a major contributor to suicide, leading to over 800,000 deaths per year.

Survey findings showed that 6 parents/caregivers with depression were suicidal at the time the study was conducted[1]. The high prevalence of depression among study participants could be related to terminal illnesses like HIV/AIDS and living in abject poverty. Related to this, a study by Kinyanda et al., (2011) affirmed that depression is related to deprivation or poverty/low socio-economic status.

Study results also found that close to three-quarters of caregivers (73.5%) reported that their children were often withdrawn and consistently sad. Roughly six out of every 10 caregivers (58.8%) stated that

[1] Research assistants who collected data for this survey were briefed and instructed before initiation of the data collection exercise to report active suicide cases as soon as interviews end. Later, emergency suicidal prevention was conducted by CCUg staff.

sadness and being withdrawn was present in 1 child, 13.7% indicated that it was present in less than half of all children, while 1% stated that it was present in half of all children. This may be related to effects of caregiver/parental depression, which impairs their ability to provide quality care and support to their children. Several studies have found strong evidence linking depression among parents/caregivers with poor parenting practices ,which negatively affect their children (Lovejoy et al., 2000; Lim, Wood & Miller, 2008; Cummings et al., 2008). However, since the study did not collect data on all the children who were withdrawn and sad in the household, these results could be related to other factors, such as living in deprivation with limited food, clothes and frequent school absenteeism and school dropouts.

Overall, 77.4% of respondents were rated as Vulnerable for psychosocial support and care, underscoring the need to reduce depression and its resultant effects on productivity, parenting and overall quality of life of parents/caregivers of OVC

### 5.1.6 Food Security and Nutrition

According to the survey, slightly over half of caregivers (56.9%) ate 1 meal in the 24 hours preceding the survey. Overall, 92 households (90.2%) ate 2 meals or no meal at all the day prior to the survey because they did not have enough food (90.2%). Forty-eight percent of respondents also mentioned that they usually eat 1 meal in their household, and 31.4% reported that some days, they don't have a meal at all. Roughly half of all respondents' identified home-grown produce as their primary source of food. However, nearly sixty-five did not have access to farm land, suggesting that the food insecurity they were facing could have been related to inadequate land for growing food, poor weather conditions or pests, among others. This is corroborated by Tajuba (2016), who reported that since early 2016, Uganda has been facing a food insecurity situation due to poor weather conditions.

Thirty parents/caregivers reported that their households did not eat any food in a 24-hour period in the 7 days before the survey due to financial reasons. Seventy-eight respondents borrowed money to buy food and 63 respondents bought food on credit in the 7 days preceding the assessment. 53 parents/caregivers reported sending a family member elsewhere to eat in the 7 days prior to the assessment and 26 respondents stated that they let a female household member eat last or not at all in the 7 days before the survey. This illustrates the impact of food insecurity on the entire household, but particularly on the females.

The most common food type eaten by respondents in the 7 days prior to the survey was protective food (greens, tomatoes, oranges, pawpaws, mangoes, pineapples), which was consumed by 100% of respondents, followed by energy-giving foods (potatoes, matooke, posho, millet, rice, maize) at 52% and body building foods (beans, meat, soya, peas, milk, eggs, chicken, fish) at 45.1%. Protective foods may have been eaten most frequently because they are abundant and cost less in rural areas where the respondents live.

In addition, body-building foods such as beans, meat, soya, peas, milk, eggs, chicken, fish, are more expensive and harder to obtain for households living on less than a dollar a day (666/=). This predisposed respondents and their household members, especially children, to micro-nutrient deficiencies leading to the development of protein-energy malnutrition. This worsens the current poverty levels among respondents, because it is a barrier to social and economic development of the family as a whole. Poverty is unmistakably the driving factor in the lack of resources to purchase or otherwise procure food according to the Food and Agricultural Organization (FAO, 2011).

It was therefore not astonishing that slightly more than three-quarters of respondents (75.5) were worried that their households would run out of food in the 6 months before the survey. Generally, most households

(67.6%) were rated Moderately Food Insecure and 18.6% were rated Severely Food Insecure. This implies that the problem of food insecurity had been ongoing for a considerable period of time. The findings corroborate an earlier study conducted by Uwezo (2018), which found that 85% of Ugandans were worried about running out of food in the past three months.

### 5.1.7 Housing, Water and Sanitation

Most study participants (59.8%) were living in a brick and iron sheets house, although 29.4% stated that the housing structures they were living in were not stable, safe and dry. This may be related to lack of money to construct more durable housing structures.

A significant number of respondents (39.2%) were staying in the same house with domestic animals such as chicken, goats, pigs, cows, dogs and ducks. In addition, the majority of respondents (58.8%) were living in houses which they considered to be inadequate for family members. These living conditions predisposed household members to animal pests like jigger and fleas. In the recent years, jiggers have been endemic in nearly all the districts of Busoga. Odongtho (2010) noted that sharing housings with animals like pigs, poultry, dogs, cats, cattle and sheep which carry the jiggers has led to jigger infestation. Likewise, Mufumba and Yolisigira (2013) also stated that sharing houses with animals in Mayuge district is worsening the spread of diseases and conditions like jigger infestation, which are related to poor hygiene.

Most parents/caregivers (67.6%) reported that their households did not have latrines for household members to dispose of faecal matter. Of these, 52.2% were sharing with their neighbours, 36.2% were defecating in polythene bags and throwing them away, and 5.8% were defecating in the bush and anywhere convenient. Open defecation is a major problem in Uganda and poses serious health concerns to communities where it is practiced. This is because faecal matter may end up in springs and wells when it rains, and, as the survey found, some respondents access water from ponds, streams and wetlands. This confirms earlier reports by the Uganda Demographic and Health Survey (UDHS, 2011), which indicated that many people in Uganda often practice open defecation and do not observe good hygienic practices ,which in turn results in contamination of water sources. Similarly, Bell, (2014) also reported that due to the lack of commitment to enforce laws related to home sanitation, about 3.2 million Ugandans don't have a latrine at all and defecate in the open.

The lack of latrines in the majority of respondents' homes may be due to a lack of enough money to construct latrines, or poor enforcement of laws related to latrine construction among others. The majority of respondents (72.7%) were not washing their hands with water and soap after defecation, which could be related to ignorance about the importance of hand washing practices, the lack water and open defecation with no nearby hand washing facilities such as tippy taps with water and soap. According to Nuwagaba (2011), in many rural areas of Uganda, people cannot afford to construct latrines , hindering their ability to ensure proper sanitation and hygiene. Sekamu, (2013) reported that in Uganda, only 27% of people wash their hands with water and soap after visiting a latrine.

Almost two-thirds of participants (61.8%) did not have rubbish pits in their households exposing them to poor waste disposal and management. This worsens already poor sanitation due to lack of latrines and could contribute to sanitation-related diseases such as cholera.

Most survey participants (56.9%) were using paraffin as a source of light in their households. Coupled with the frequent use of tripod stoves for cooking, many household members in villages in Uganda are exposed to high levels of pollutants due to burning biomass fuels such as paraffin, wood, crop residues or even dung. With inadequate ventilation, use of paraffin as a source of light may contribute to the development of several respiratory diseases among women and children, who are the main 'consumers'.

### 5.1.8 Child Protection and Legal Support

The majority of children who participated in the study were experiencing some form of child abuse – physical, sexual and / or emotional/psychological. According to information obtained from children, more than half (51%) reported that their parents/caregivers had punched, kicked or hit a child in their household with an object in the past 3 months. Furthermore, 49% of children noted that their parents/caregivers withheld a meal as a form of punishment and 58.8% revealed that their parents/caregivers yelled/screamed at children and used abusive words/language in the 3 months preceding the survey.

Not surprisingly, information obtained from parents/caregivers showed a lesser degree of child abuse. Close to a third (30.3%) reported that they or another caregiver punched, kicked or hit a child with an object, and 44.1% stated that they or another caregiver withdrew a meal as a form of punishment to a child in their household in the 3 months prior to the survey. Thirty respondents reported that either they or another caregiver yelled/screamed at a child and used abusive words/language in the 3 months before the survey. In addition, 9 caregivers reported that their children were sexually abused, raped, molested or defiled in the 6 months prior to the survey.

These results show that about half of the children interviewed (and those in their households) were experiencing physical, sexual, emotional/psychological abuse. Based on the fact that 48% of parents/caregivers were experiencing depression, it may be argued that could have contributed to child abuse and neglect among their children. Depression leads to irritability and a quick temper, less emotional support/care and increased risk of neglect, pessimistic attitude, and increased use of belittling/abusive words among others, all of which contribute to child abuse.

This is confirmed by an earlier study by Brown et al., (1998), which reported that depressed mothers were more likely to physically abuse their children. Likewise, McLennan & Kotelchuck (2000) also found that mothers with depression excessively punished their children when they did wrong. Although having male participants in the study may weaken the association and relationship of the current study with the above studies, the overwhelming majority 84.3% of current study participants were female parents/caregivers, thus validating the relationship.

However, depression may not be the sole cause of child abuse among respondents' children. Other factors such as poverty leading to food insecurity and denial of food to children as a punishment, ignorance about child development, and domestic violence in the home could also have contributed to the high incidence of child abuse.

Less than a third of respondents (29.4%) stated that their children were involved in child labour. Although not reported, child labour can worsen school absenteeism among needy households. In line with the findings, Kairu (2011) reported that child labour in Mayuge district is due to poverty, where parents work alongside their children in stone quarries to generate income.

Unluckily for the children, less than a half of their parents/caregivers (48%) knew that one should report child abuse to the LC/police, probation officer, child protection committee, CDO, CSO, para-social work or VHT. Twenty-seven percent of parents/caregivers stated that they would do nothing while, 3.9% said they would negotiate with the offender if their child was abused. This implies that only a few parents/caregiver were aware of the legal framework through which they can report cases of child abuse/violence.

Even though the current study did not assess the actions taken by caregivers upon learning that their children were experiencing child abuse, it is unlikely that majority of them took any serious action -- especially since they themselves perpetrated most of the abuse.

Generally, about 60.9% of children interviewed were living in unsafe homes along with others in their households, reporting several exposures to and experiences with violence and child abuse, in the face of limited child protection.

### 5.1.9 Child Behaviour

Nine out of 10 (92.2%) indicated that one or more children in their households were often upset, distressed or depressed in the past month. Furthermore, nearly a third (30.4%) noted that their children displayed aggressive behaviour/had temper tantrums, 48% said they showed difficulty concentrating or learning, 37.3% reported that their children were not interacting with other children as usual, and 46% said that their children behaved badly at school, such as beating or abusing other children. In addition, 35.2% of respondents said their children showed fear of going to school or wanting to run away from home. A majority of parents/caregivers (70.6%) indicated that their children were withdrawn and consistently sad in the past month.

Clearly, the majority of respondents' children were displaying disturbing social, emotional and physical behavior, which could be a consequence of child abuse and neglect, maternal depression and social and economic deprivation. Boe et al., (2014) in their study found that family poverty was associated with externalizing problems in children through lower parental emotional wellbeing and negative parenting. Another study by Kiernan & Huerta (2008) revealed that economic deprivation through maternal depression was linked to both internalized and externalized problems among children.

Thirteen respondents said their children were stigmatized/discriminated against due to an illness/disability in the past 6 months, 4 said their children abused drugs and alcohol, 10 reported that their children witnessed an adult being abused/domestic violence, and 4 stated their children had been in conflict with the law. These behaviours may not only lead to poor academic performance/school dropout and child depression; they could also worsen parental depression levels, making it hard for the whole family to progress socially and economically.

Apart from the above, data obtained from the children under consideration showed that 44.1% were not hopeful or optimistic, 44.1% had a low self-esteem and 49% were not resilient. This implies that without meaningful interventions to give these children hope, boost their esteem and confidence, many will eventually drop out of school, whether or not their families' incomes rise.

## 5.2 Conclusion

**ESS:** The majority of parents/caregivers were either unemployed or casual labourers with casual work and donations as their main source of income. Most parents/caregiver earned an average of 20,000/= and were utilizing about $.19 a day (666/=), although they had on average 5 dependents per household. This left most of them with a need to borrow, even though many were not engaged in any kind of saving. In addition, the vast majority of respondents wanted to engage in IGA despite the fact that nearly three-quarters lacked the requisite skills.

**Education:** More than two-thirds of respondents were illiterate, which greatly restricted their involvement in their children's education. Six out of 10 parents/caregivers had at least 1 child not attending school at the time of the study due to lack of school fees and scholastic materials. Eight out of 10 respondents' children missed school due to sickness and / or lack of school fees/scholastic materials last term.

**HCU:** Three out of every 10 caregivers were HIV positive; however, a third of them did not know the status of their children. Furthermore, 18.6% of children known to be HIV positive were not receiving care/treatment. Eighty-five percent of caregivers and their household members were not sleeping in an ITN, contributing to malaria. The average amount of money used to access health care per respondent was 30,000/=, and less than half of caregivers (61.4%) delayed or were unable to access health care due to financial constraints.

**PSC**: Slightly over half of caregivers lacked a confidant to share their problems with and obtain social support, and 48% of them had signs of depression. In addition, 53.9% of respondents had someone in their household who needed support/intervention from a health worker/counselor/religious leader or traditional healer.

**FSN:** Most respondents were facing food insecurity. About 57% ate 1 meal 24 hours before the survey and nearly half (48%) said they usually have 1 meal or on some days, no meal (31.4%). The main source of food for most respondents was home grown, even though 64.7% did not have access to farming land. All respondents ate at least one protective food a day in the week prior to the survey, although only a few (45.1%) were able to eat body-building foods. This predisposed them to protein-energy malnutrition.

**Housing, Water and Sanitation:** Most participants (59.8%) were living in houses made of bricks and iron sheets, although 58.8% reported that their houses were inadequate for the size of the family. More than a third (39.2%) were living with animals such as cows, goats, pigs or chickens in the same house. Most respondents had poor sanitation and hygiene in their homes: 67.6% did not have a latrine, 72.7% were not washing their hands with water and soap after latrine use, and 61.8% lacked a rubbish pit. The main source of power for lighting was paraffin (56.9%).

**CPLS:** Though it should be the safest place for them, more than half of respondents' children were facing child abuse in their homes in the form of physical/sexual and emotional abuse and child neglect. Unfortunately, most caregivers lacked knowledge about the legal formalities for reporting child abuse and neglect. Coupled with parental depression, this led to disturbing behaviour among children, such as being often upset, distressed or depressed, displaying aggressive behaviour, being withdrawn and sad, having difficulty in learning and fears of going to school or wanting to run away from home.

### 5.3 Recommendation

Under the current project, CCUg will provide adult and financial literacy classes, business and parenting skills training as well as group and individual counseling. CCUg will also organize women into saving groups to provide them with micro-grants to initiate/expand IGAs. However, based on the survey results described above, the following is recommended:

1) There is need for CCUg to partner with other organizations to enroll more children into sponsorship, based on the fact that a considerable number of OVC were not enrolled because the organization has reached its target.
2) CCUg should seek to establish a health fund for OVC caregivers to improve their access to health care while connecting them to NGOs/Health facilities providing HIV testing, care/treatment and support.
3) CCUg should conduct further studies to get a deeper understanding of the current levels of child abuse and neglect among OVC.
4) CCUg should work with other concerned NGOs and partners to improve sanitation and hygiene among households of OVC caregivers.

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