



**World Vision**  
UGANDA



# MOST VULNERABLE CHILDREN

**REPORT 2023**

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# Executive Summary

The overarching objective for this report was to review alignment to the World Vision strategic imperative in Our Promise 2030 of deepening our commitment to the most vulnerable children (MVC) specifically to; identify the MVC in World Vision Uganda Area Programmes, determine where the MVC are concentrated, examine changes in MVC status in the communities, determine whether World Vision Uganda geographical footprint is in areas with higher concentrations of MVC, identify the most common vulnerability markers affecting MVC and their families, and guide the identification and prioritization of MVC and their families in beneficiary selection and targeting.

Hence this report presents results in line with these objectives as an update to the Vulnerability mapping to ensure that WVU remains focused on reaching the most vulnerable children within the Country. This assessment is a guide to programmatic and strategic decision-making in order to deepen World Vision's commitment to the most vulnerable children.

The Vulnerability assessment was mainly conducted at two levels; the national and local levels respectively guided by the World Vision compendium of MVC Markers. The assessment was conducted during FY23 within all Area Programmes utilizing a mixed methods approach to collect both quantitative and qualitative data using a cross-sectional study design with the exception of; all Area Programmes transiting during FY23, all new area programmes that are in their first year of implementation with approved MVC assessment reports. Both primary and secondary data collection techniques were employed to triangulate and complement each other.

The four vulnerability factors that provided the overarching framework for the assessment are; abusive or exploitative relationships, extreme deprivation, serious discrimination and vulnerability to negative impact from a catastrophe or disaster whose assessment results are highlighted as follows:

**Demographics:** Primary data was collected across 41 Area Programmes (APs) Impact areas across 442 parishes in over 54 districts. In terms of Uganda geographies; the assessment was conducted across the whole of Uganda. A total of 880,480 children (437,650 boys and 442,830 girls) were assessed from a total of 413,941 households. Children with a disability were 2.0% (boys 2.3%, girls 1.8%). In regard to Registered Children (RC), data was collected from a total of 93,623 RCs while 786,857 of the children assessed were non-registered children.

**Vulnerability in WVU Areas:** Overall, 96.8% of the children (96.8% boys, 96.8% girls) assessed were established/found to be vulnerable. 73.6% (73.7% boys, 73.5% girls) were categorized as most vulnerable. Non-Primary Focus Areas (PFAs) have a higher proportion of MVC (79.2%) when compared to PFAs (73.6%) with no major variations in vulnerability between girls and boys in both locations. There has been a slight (1.2%) increase in the proportion of children categorized as MVC from 72.4% (72.7% boys, 72.1% girls) in 2018 to 73.6% (73.7% boys, 73.5% girls) in 2023. The proportion of MVCs is higher among non-Registered Children (76.1%) compared to the Registered Children (66.9%) with boys having slightly higher proportions of MVC compared to their girl counterparts. West Nile has the highest proportion (83.8%) of most vulnerable children, and closely followed by Northern region at 77.5%. These two regions vulnerability levels are higher than the national office (World Vision Uganda areas of operation) vulnerability average of 73.6%. Hence these are the two regions with the highest concentration or highest numbers of most vulnerable children amongst the World Vision Uganda areas of operation.

**Vulnerability dimensions:** The most prominent dimensions affecting children are Serious Discrimination (85.8%) closely followed by Extreme Deprivation (81.2%) with no major variations across all the dimensions by gender. Hence these two dimensions are the most significant contributors to child vulnerability in World Vision Uganda current operation areas. There has been an increase in the children experiencing serious discrimination from 78.3% (2018) to 85.8% (2023) coupled with an increase in the proportion of children experiencing extreme deprivation from 70.5% to 81.2%. On a positive note, there have been significant reductions in the children experiencing catastrophe or disasters (from 41.5% in 2018 to 10.5% in 2023) and abusive or exploitative relationships dimensions (14.9% in 2018 to 6.0% in 2023).

**Vulnerability Markers:** The most commonly experienced vulnerability markers affecting children's enjoyment of life in all its fullness are; children with limited or no access to basic services and facilities (72.0%), children living in households categorized as poor (52.7%) and children with no birth certificates (84.4%). These three

**Vulnerability by Lifespan of an AP:** APs in the first cycle (0-5 years) have higher (85.0%) proportions of MVCs when compared to the older APs (63.0% 6 – 10 years, 70.9% 10 years & above). However, it is interesting to note that APs 6-10 years have lower proportions of MVC compared to APs 10+ years.

In relation to vulnerability by age category, the 2023 MVC assessment results indicate that children 0 – 5 years have slightly higher (76.9%) proportion of most vulnerable children closely followed by children 6 – 11 years (73.8%). Despite having no major variations in vulnerability by gender, girls in all age groups have low proportions of MVCs compared to the boys.

**Most Vulnerable locations in Uganda:** At regional level; Northern is the most vulnerable region in Uganda and closely followed by Eastern Region as the second most vulnerable region. These are the two most vulnerable regions in Uganda. At Sub Regional level; Karamoja sub region is the most vulnerable sub region in Uganda, Acholi sub region in second place, West Nile in third place, Busoga in fourth place and Bukedi in fifth place.

**School dropout rate:** In regards to education attainment, the results further reveal that 14.5% of the children assessed dropped out of school with no major variations by gender

**Household Social Economic Data Profile:** In terms of food security, only 45.3% of the households indicated being food secure. This implies that a significant proportion of households (54.7%) are not able to access sufficient safe and nutritious food that can enable them meet their dietary needs and food preferences for an active and healthy life. It was also discovered that food production critical at facilitating food security is hampered with the households limited accessibility and use of improved farm inputs or improved technologies as only 29.4% of households are currently able to access and utilize improved farm inputs or improved technologies. Majority (71.8%) of the adult respondents are into farming as a main source of income which reflects the true reality of Uganda's economy that indicates that over 70% of Uganda's working economy is employed into Agriculture (UBOS, 2022).

Access to financial services is a critical needed support service for farmers, and during the assessment; we sought to establish what proportion of households had access to and benefit from financial services to boost production. The results indicate that, a small proportion (28.6%) of households reported having access to and benefit from financial services. Income is a very key factor to the sustained well-being of children in the communities. However, the results indicate that a very small proportion (17.6%) of households with multiple income sources for risk diversification. Financial literacy coupled with access to financial resources comes with an assortment of advantages than can latter translate into improved standard of individuals through an increase in financial stability hence included as part of the assessment to double with the communities. The assessment results reveal that majority (75.2%) of households do not have basic financial literacy coupled with no access to financial resources hence negatively affecting their financial stability

**Child Participation:** MVC assessment results indicate that only 24.6% (24.4% boys, 24.8% girls) have benefitted or participated in World Vision Interventions with only 30.4% (30.2% boys, 30.7% girls) of the children being satisfied with WV assistance in the community. Slightly more than half (53.6%) of the children are aware of any complaints and feedback mechanisms in the community where they are able to voice their ideas and concerns, enabling more relevant, effective, and safe work. On satisfaction of children when it comes to addressing raised complaints or feedback, only 11.6% of the children are satisfied with the time it took to close their complaints or feedback.

Given the above highlights of the MVC assessment findings; It is therefore of paramount importance that World Vision Uganda utilizes the 2023 MVC assessment findings to guide;

- It's strategic growth plan for both Sponsorship and Grants funding through FY24 and the coming years.
- Upcoming strategy development process and targeting of MVC,
- The review of the current technical programme designs/theories of change to ensure these are focused on addressing the identified pertinent risky vulnerability markers mainly under extreme deprivation and serious discrimination.

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## Acronyms and Abbreviations

<b>PFA</b>	Primary Focus Area
<b>Non PFA</b>	Non-Primary Focus Area AP Area Programme
<b>WVU</b>	World Vision Uganda
<b>MVC</b>	Most Vulnerable Children
<b>ODK</b>	Open Data Kit-ODK
<b>PWDs</b>	Persons with Disability
<b>FGD</b>	Focus group discussion
<b>KII</b>	Key Informant Interview CSV Comma Delimited
<b>WV</b>	World Vision
<b>WVI</b>	World Vision International TP Technical Programme
<b>NO</b>	National Office
<b>RC</b>	Registered Children
<b>Non-RC</b>	Non-Registered Children
<b>SPSS</b>	Statistical Package for Social Scientists MPI Multidimensional Poverty Index

## Definition of Key Parameters

**Caregiver:** The individual who takes primary responsibility for the physical, mental and emotional needs and well-being of a child: a person who is below the age of 18 years.

**Child labour:** Work that is mentally, physically, socially and /or morally dangerous and harmful to a child. It includes work or activities that interfere with a child's education. Child labour includes hazardous work, which by its nature or the circumstances under which it is performed jeopardizes the health, safety and morals of a child.

**Child physical abuse:** Entails physical aggression that may involve actions such as striking, beating, burning, choking and shaking a child. It also includes, any form of intended action that may result into physical and emotional injury/hurt and/or death of a child.

**Child neglect:** Constitutes the failure of caregiver(s) to provide adequate physical and emotional care for a child; may involve the refusal of or delay in seeking care, inadequate supervision, abandonment, and expulsion from home or refusal to allow a runaway to return home.

**Violence against children:** All actions or omissions/inactions that harm children's physical and emotional wellbeing. It includes sexual, physical, emotional abuse, child neglect and abandonment, subjection of children to hazardous work, conscription in armed conflict and child sacrifice. Vulnerability: A state of being or likely to be at a risk; where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

**World Vision Uganda Area Programmes:** These are distinct geographical areas (sub- counties within a district) where World Vision partners with different local stakeholders to improve the well-being of children through multiple sector programmes and projects aimed at addressing the root causes of issues that negatively impact children.

**Most Vulnerable Child:** A child is considered as most vulnerable if living with least two vulnerability factors or dimensions. A child is also considered as MVC if s/he is living with any of the following three vulnerability markers; children that are sexually abused, children living in communities with conflict and child refugees or children of refugees.

**Abusive or exploitative relationships:** - relationships which are characterized by violence; the use of a child to benefit others sexually or commercially; or relationships which consistently harm the child through intentional acts or negligence.

**Extreme deprivation:** - A child living under extreme material poverty or deprivation of caregivers.

**Serious discrimination:** - severe social stigma which prevents children from accessing services or opportunities essential to their protection or development, and

**Vulnerability to negative impact from a catastrophe or disaster:** -a'catastrophe'or'disaster' is a natural or human-made event which seriously threatens the survival or development of a child.

# 1 Introduction

## 1.1 Introduction

World Vision's global strategy -- Our Promise -- makes a bold commitment to "relentlessly pursue fulfilling 'Our vision for every child, life in all its fullness; our prayer for every heart, the will to make it so.' Through a continued process of reviewing WVU's alignment to Our Promise, deepening our focus on most vulnerable children is a key strategic imperative to address that needed conducting a robust comprehensive vulnerability assessment to ensure that WVU remains focussed to reaching the most vulnerable within the Country.

The assessment has helped update the vulnerability mapping both at national and local level and determine the most vulnerable groups and communities but also ascertain whether World Vision Uganda operations fall within the most vulnerable areas of Uganda.

## 1.2 Background of the Assessment

One of the key strategic imperatives for World Vision Uganda's current strategy is deepening our commitment to the most vulnerable children. Changing from primarily working in places where we are most comfortable and confident to shifting where we work, and how we allocate resources, towards the most vulnerable. Trends and context in the areas where World Vision Uganda operates keep changing, and as the context changes; this either increases or decreases the vulnerability of children and their families. Hence WVU response must be adapted to deal with this new reality to remain focused on the most vulnerable children. World Vision Uganda conducted the last vulnerability assessment in 2018, another assessment was then commissioned to further validate who and where the most vulnerable children are to remain true to this very critical strategic imperative. This has created an opportunity for World Vision Uganda to review alignment to Our Promise 2030 through the conduct of a comprehensive vulnerability assessment.

The first strategic imperative in Our Promise 2030 is to deepen our commitment to the most vulnerable children (MVC). The MVC assessment created a platform to assess WVU progress towards ensuring that MVCs enjoy life in all its fullness, reach the MVC that we have not included, to find who the most vulnerable are, work out ways to bring them into our programmes, and ensure they benefit. More importantly, it has also equipped us to address the factors that have caused their vulnerability, and see real reductions in the prevalence of children living in these situations. To achieve this, World Vision Uganda commissioned the MVC assessment. The assessment has helped to identify the most vulnerable children who are participating in our programmes. We define the children who are participating in our programmes as those who benefit from our relief and development programming, not including children for whom we contributed through advocacy (since they are mapped and counted through a different process).

## 1.3 Most Vulnerable Children

World Vision Uganda builds its understanding of the Most Vulnerable Child (MVC) from World Vision International global definition of most vulnerable children as those whose quality of life and ability to fulfil their potential is most affected by extreme deprivation and violations of their rights. These children often live in catastrophic situations and relationships characterized by violence, abuse, neglect, exploitation, exclusion, and discrimination' (The Handbook for Integrated Programming, 2010, p.9).

'Most vulnerable children are children whose quality of life and ability to fulfil their potential is most affected by extreme deprivation and violations of their rights. These children often live in catastrophic situations and relationships characterized by violence, abuse, neglect, exploitation, exclusion, and discrimination' (The Handbook for Integrated Programming, 2010, p.9).

The four vulnerability factors within this definition provide the overarching framework that is used to define World Vision Uganda's compendium of vulnerability markers and these include:

I. Abusive or exploitative relationships characterized by violence, the use of a child to benefit others sexually or commercially, or relationships which consistently harm the child through intentional acts or negligence.

II. Extreme deprivation; extreme material poverty or deprivation of caregivers.  
III. Serious discrimination; severe social stigma which prevents children from accessing services or opportunities essential to their protection or development, and  
IV. Vulnerability to negative impact from a catastrophe or disaster; a 'catastrophe' or 'disaster' is a natural or human-made event which seriously threatens the survival or development of a child.

World Vision Uganda MVC markers are based on both World Vision global and the Uganda Ministry of Gender Labour and Social Development definition of vulnerability. World Vision strongly affirms the proposition that vulnerability is a scale, not a state of being. A child is defined as vulnerable if s/he is living with any of the markers listed in the priority matrix and considered as most vulnerable if living with at least two vulnerability factors.

## 1.4 Purpose of the Assessment

To review alignment to the World Vision first strategic imperative in Our Promise 2030 of deepening our commitment to the most vulnerable children (MVC).

### 1.4.1 Assessment Objectives

The specific objectives of this assessment are as follows: -

- I) To identify the MVC in World Vision Uganda Area Programmes
- II) To determine where the MVC are concentrated
- III) To examine changes in MVC status in the communities
- IV) To determine whether World Vision Uganda geographical footprint is in areas with higher concentrations of MVC
- V) To identify the most common vulnerability markers affecting MVC and their families
- VI) To guide the identification and prioritization of MVC and their families in beneficiary selection and targeting

### 1.4.2 Assessment Questions

- 1) Where are the most vulnerable children located?
- 2) Where are the most vulnerable children concentrated?
- 3) Are there any changes in the vulnerability status of children over time?
- 4) Is the World Vision Uganda geographical footprint in areas with higher concentrations of the most vulnerable children?
- 5) What are the main types of vulnerability? What are the most common vulnerability markers affecting the most vulnerable children and their families?
- 6) Are World Vision Uganda Programmes identifying and prioritizing the most vulnerable children and their families?
- 7) What practices can we improve to better include MVC in our programmes and to monitor this consistently?
- 8) How can we work to address the root causes of MVC, and reduce or eliminate the number of MVC in our programme areas?
- 9) Do our current intervention choices address the vulnerabilities of the most vulnerable? Is there alignment between vulnerabilities and the World Vision Uganda Strategy Intervention/project models?
- 10) How can we better support communities and local partners in their efforts to identify and include the MVC in our work together?

## 1.5 Scope

The vulnerability assessment was guided by the four vulnerability factors explained above to provide the overarching framework that was used to define World Vision Uganda's compendium of vulnerability markers. Hence, the assessment was mainly focussed on assessing vulnerability in line with the vulnerability factors and markers. The assessment was conducted within FY23 within all Area Programmes with the exception of; all Area Programmes transiting during FY23, all new area programmes that are in their first year of implementation with approved MVC assessment reports, area programmes in the assessment & design phase. National level vulnerability assessment was conducted mainly through literature review of published documents.



## 1.6 Who is this assessment intended for?

The primary audience for the National MVC assessment data is WVU APs, Clusters, Regions and the National Office as a whole to utilize the findings to ensure that World Vision Programmes are ideally reaching the Most Vulnerable Children (MVC).

## 1.7 Utilization of MVC assessment findings

Our goal is to get most vulnerability markers to zero, increase resilience and address vulnerability factors and root causes of vulnerability. The process of MVC assessment and the results to provide an opportunity for the national office to; identify where the most vulnerable children are, generate credible evidence that supports the development of the World Vision Uganda growth plan, development of the WVU 2026 – 2030 Strategy, development of Area Programme profiles/data bases to support the transition to digitalized monitoring and tracking of beneficiaries, review the current programmes to ensure the prevention of children falling into MVC, the intentional inclusion of MVCs to participate in programming, Improve on the effectiveness to ensure that programme interventions and resources reach the Most Vulnerable Children

## 2 Methodology

### 2.1 Design

The MVC Assessment utilized a mixed methods approach to collect both quantitative and qualitative data using a cross-sectional study design to provide a richer detail and a more in-depth understanding of the vulnerability issues. However, the assessment mainly utilized a quantitative approach with a cross sectional study design. Both primary and secondary data collection techniques were employed to triangulate and complement each other. The assessment utilized a populationbased approach to identifying households and determining vulnerabilities. A quantitative survey was conducted with all households within each area programme using household survey vulnerability assessment tool (Appendix). The tool was designed based on MVC priority markers that were agreed upon under the four World Vision defined vulnerability factors. The tool also captured information on all members of each household.

### 2.2 MVC Identification Process

The vulnerability assessment took on a 3-stage approach as illustrated below:

#### 2.2.1 Preparatory/planning stage

This was the first stage of the vulnerability assessment process. This largely involved the participation of all relevant functions and units within the national office. This stage reviewed and finalized the Most Vulnerable Child Priority Matrix, and data collection tools coupled with the final vulnerability assessment road map. This stage also involved building the capacity of the field teams to support the conduct of the assessment across the national office.

#### 2.2.2 National level vulnerability assessment

The actual vulnerability assessment was mainly conducted at two levels, at national and local levels respectively. At the national level, this was basically to identify where the most vulnerable children are concentrated? And whether our programmes are in the best locations to reach the largest numbers of them. This was majorly done through secondary data review to determine where MVC are geographically concentrated by sub region and district.

#### 2.2.3 Local Level Vulnerability Assessment

At the local level, this assessment was conducted within all the area programme impact areas as earlier mentioned with the exception of those area programmes that are new and under assessment and design. Within World Vision Uganda's Area Programmes, this assessment has helped to determine who the most vulnerable children are and where they are located. This mainly answered the question of whether World Vision Uganda programmes are targeting the most vulnerable children. The local level assessment mainly utilized the household data collection tool based on vulnerability markers developed and designed on a mobile phone platform (Open Data Kit-ODK) for ease of data collection. Each household within the area programme impact area participated in the assessment with each child in the household assessed for vulnerability.

### 2.3 Assessment Procedures

This was a population-based approach to identifying households and determining vulnerabilities; hence data was collected from each household member inclusive of both adults and children. All households were assessed and all details of household members taken inclusive of all Children in each Household. Purposive sampling at the local level was used in identification of key informants, Focus Group Discussion participants and respondents.

### 2.4 Data Collection Methods

#### 2.4.1 Quantitative Approach

Quantitative data was collected mainly through primary and secondary data collection methods. Document review mainly supported in the conduct of the national level vulnerability assessment. This entailed reviewing various documents at the local, regional and national levels mainly to support the national level vulnerability assessment. The review of existing documents provided useful data to complete the national level vulnerability assessment. Primary data collection was conducted at the local level through a quantitative survey. The quantitative survey was conducted with all households using the household survey vulnerability assessment tool (Appendix). The tool was designed based on 26 MVC priority markers under the four World Vision defined vulnerability factors; the tool also collected data from each adult household member. This data was collected by community monitoring teams using ODK.

#### 2.4.2 Qualitative Approach

Qualitative data collection was mainly collected at the local level. Using semi-structured interview guides, key informant interviews were conducted by a member of the study team in the local language or English, as preferred by the informant. These were purposively selected. Qualitative data was as well collected from households through questions that were incorporated within the quantitative tool for this purpose.

Gendered FGDs of 8-12 participants per group were conducted in each of the APs by a moderator and a note taker. These were conducted with men, women, girls, boys and PWDs. Discussions were audio taped and notes taken verbatim. The interviews were recorded, and the notes transcribed. Subsequently, any non-English transcriptions were translated to English. Focus group discussions were conducted in the local language and recorded. Following their completion, the recording was transcribed and translated to English for analysis to support report writing.

### 2.5 Data Collection Tools

#### 2.5.1 Quantitative Approach

Secondary document review tools were developed to support and guide the extraction of data from published and un published secondary data sources (health and school facilities, district, regional & National Publications etc.). A quantitative survey was conducted with all households using household survey vulnerability assessment tool (Appendix). The tool was designed based on 26 MVC priority markers under the four World Vision defined vulnerability factors; the tool also helped collect information from each adult household member.

#### 2.5.2 Qualitative Approach

Qualitative data was collected with the aid of key informant interview guides, focus group discussion guides, validation workshop guides and as well as qualitative questions incorporated within the household survey tool.

### Management

#### 2.6.1 Quantitative Approach

The MVC Assessment employed the computer assisted personal interviewing techniques with the Open Data Kit (ODK) platform used to collect quantitative data. The quantitative data from households collected through ODK was exported as Comma Delimited (CSV) and analysed using SPSS 21.0. The results were compiled and triangulated with information from the documentation review and qualitative survey. Data was first cleaned for consistency and ensuring that it is ready for analysis. Where applicable, data was edited as well to ensure consistency and see that there are no missing data.

Data was mainly disaggregated according to Sex, Area Programme, Primary focus area, and region as being the main domain of study. In addition, other level of disaggregation included disability status, and child registration status. Statistical tests were done to assess the extent of variation between the levels of disaggregation.

#### 2.6.2 Qualitative Approach

This was in textual form, consisting of notes and stories generated during the data validation workshops as well as discussions with key programme stakeholders. These were transcribed, edited and typed out. They were then read and re-read to identify responses that answer particular objectives and questions, as well as any emerging patterns of thinking, argument, and practice revealed. Results from the qualitative data were triangulated with the quantitative data to enable meaningful interpretation.

### 2.7 Quality Assurance

Quality assurance was very central in all processes of the MVC assessment to ensure that the product truly reflects the context on ground to be able to inform WVU programming. A number of mechanisms were put in place and key among these include; the household quantitative data collection tool was designed using Open Data Kit and quality checks and limits to data inserted within the designed questionnaire to prevent wrong data entry, missing entries and ensure that correct data is entered into the system, capacity building of the community monitoring teams in the assessment protocol, pretesting of the data collection tools, supervision of the data collection process, data cleaning, validation and data triangulation.

### 2.8 Ethical Considerations

The following key ethical considerations were taken into account during the assessment process:

- Informed consent/assent to participate in the study was sought from all respondents (guardians/parents of the child). Assent was sought from all children upon parental permission
- Abided by the recommendation of ethical research on minors.
- Confidentiality
- Community monitoring teams were trained on the conduct of child-friendly interviews.
- Only the study team has access to the data. The data set is password protected with limited access by any other user who meets the requirements to access.
- Community monitoring teams followed the Child and Adult Safe Guarding Policy each Household. Purposive sampling at the local level was used in identification of key informants, Focus Group Discussion participants and respondents.



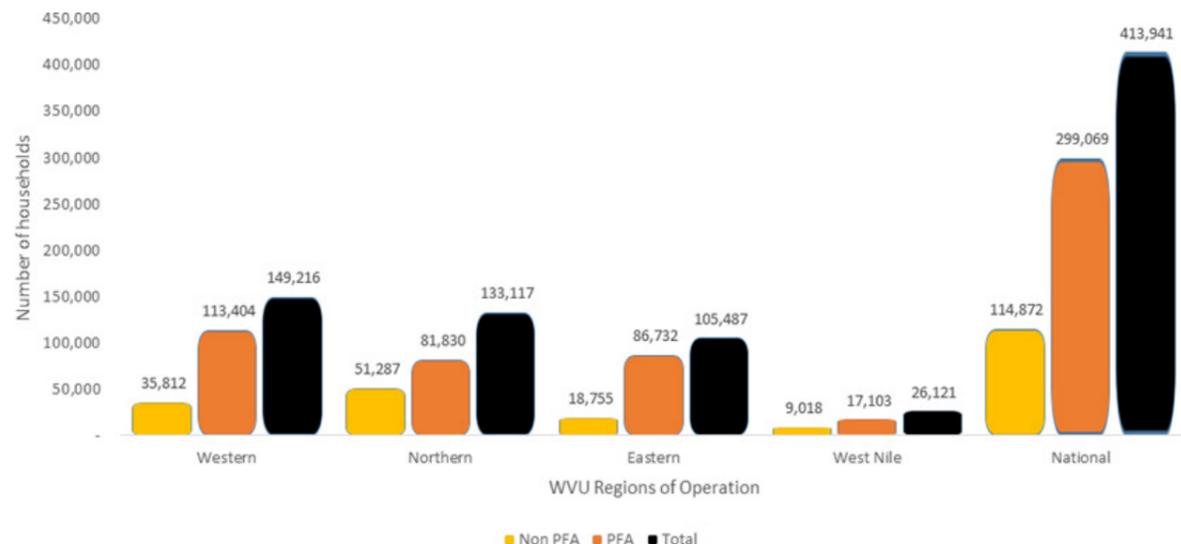
### 3 Findings

#### 3.1 Introduction

This report presents assessment findings at the local and AP level. However, the findings are presented in line with the specific objectives of the MVC assessment and clearly explained.

#### 3.2 Demographic Characteristics

Table 1: Number of Households Assessed by Region



This section focuses on the socio-economic and demographic characteristics. A total of 880,480 (437,650 boys and 442,830 girls) children were assessed from a total of 413,941 households. In regards to registered Children, data was collected from a total of 93, 623 RCs while 78, 6857 of the children assessed were non- registered children. Children with a disability were 2.0% (boys 2.3%, girls 1.8%) with no major variations between PFA and Non PFA areas by disability. In regards to education attainment, the results further reveal that 14.5% of the children assessed dropped out of school with no major variations by gender.

The figure above also shows the distribution of households assessed by WVU regions of operation, with Western region having the highest number of households assessed closely followed by Northern region. West Nile region had the lowest number of households assessed, this is partly explained by the very few numbers of areas programmes (2) where data was collected from during the MVC assessment

#### 3.3 Demographic characteristics of adults

Table 2: Demographic characteristics of adults

Characteristic	Number	Percentage
<b>Household Head</b>		
Male	177946	50.1%
Female	75578	20.3%
<b>Marital Status</b>		
Single	247760	34.0%
Married	403250	55.4%
Widow	25005	3.4%
Widower	7495	1.0%
Divorced	7530	1.0%
Separated	37177	5.1%
<b>Occupation</b>		
Teacher	14876	2.0%
Farmer	523157	71.8%
Boda Boda Rider/Taxi Driver	22256	3.1%
Medical Officer	3762	0.5%
Business	68377	9.4%
Other	95789	13.2%
<b>Disability</b>		
Male	12648	3.6%
Female	12095	3.2%
Total	24743	3.4%
<b>Education Level</b>		
Didnt attend School	88058	12.1%
Primary	421204	57.8%
O level	157227	21.6%
A level	20492	2.8%
Tertiary	22804	3.1%
University	8002	1.1%
Others	10430	1.4%
<b>Land Ownership</b>		
Male	167401	47.1%
Female	112236	30.1%
Total	279637	38.4%

#### 3.4 Household Social Economic Data Profile

This section of the report presents findings from data that was collected across all households around household social economic data profiles or attributes that have potential risk on the vulnerability of a child.

In regards to household access to or ownership of land that can be utilized for agricultural activities, the results shown in the figure below indicate that 71.6% of the households assessed either own or have access to land for agricultural activities. However, it's important to note that there is a sizeable proportion (28.4%) of households in the communities without access to land. Hence, children in these households are more inclined to fall into extreme deprivation as a result of their household lacking a very critical factor of production.

In terms of food security, only 45.3% of the households indicated being food secure. This implies that a significant proportion of households (54.7%) are not able to access sufficient safe and nutritious food that can enable them meet their dietary needs and food preferences for an active and healthy life. This exposes a child living in such households to malnutrition a very risky vulnerability marker under extreme deprivation.

It was also discovered that food production critical at facilitating food security is hampered with the households limited accessibility and use of improved farm inputs or improved technologies as only 29.4% of households are currently able to access and utilize improved farm inputs or improved technologies. Implying that agricultural production in the communities is predominantly driven by rudimentary methods and tools. This is further compounded by the very low percentage of households (26.4%) that are able to access enhanced market systems and value chains. This ends up limiting majority of households in the community's ability to participate in the money economy.

Access to financial services is a critical needed support service for farmers, and during the assessment; we sought to establish what proportion of households had access to and benefit from financial services to boost production. The results indicate that, a small proportion (28.6%) of households reported having access to and benefit from financial services as illustrated in the figure below. This implies that majority of households do not have access to financial credit to boost their production levels, latter on be able to engage in mechanized farming.

Income is a very key factor to the sustained well-being of children in the communities. However, the results indicate that a very small proportion (17.6%) of households with multiple income sources for risk diversification. This leaves majority of the households to solely depend on rain fed agriculture/farming for a source of living. This implies that should anything negatively affect the only main source of income; the household quickly slides into extreme deprivation dimension or extreme material poverty or deprivation of caregivers.

#### 3.5 Key Household Wellbeing data attributes

In terms of Early warning systems, slightly more than half (54.4%) indicated receiving early warning information, this implies that approximately 5 out of every 10 households receive this vital information aimed at risk management and disaster preparedness that help save lives and minimize the potential impact of disasters.

Ability to pay for children education and health costs. Slightly more households (47.8%) reported being able to pay for children's education costs without needing external assistance compared to only 42.9% who indicated ability to meet the health costs without external assistance. This is an indication that approximately 5 out of every 10 households in the communities are not able to meet their children's basic needs such as education and health which are very key in the development of a child without external assistance. This causes several adverse effects to children living in these households.

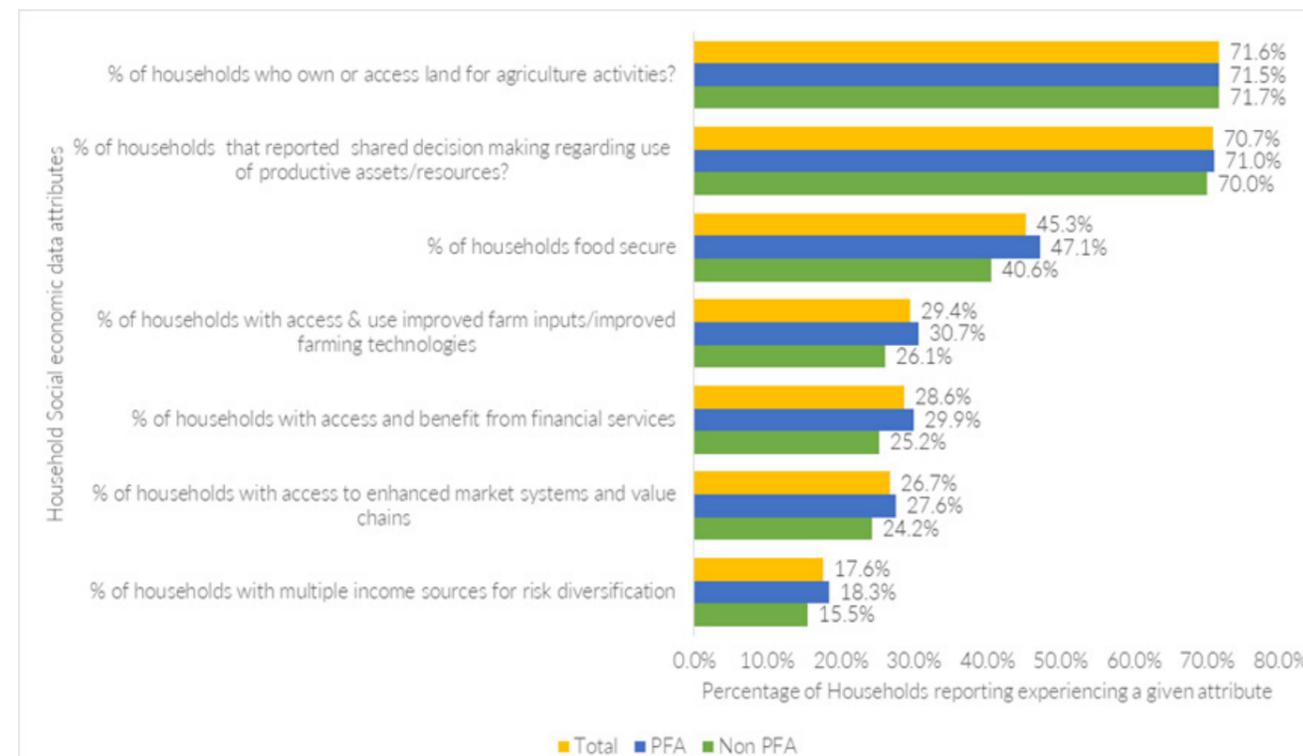


Figure 1: Household Social economic data attributes

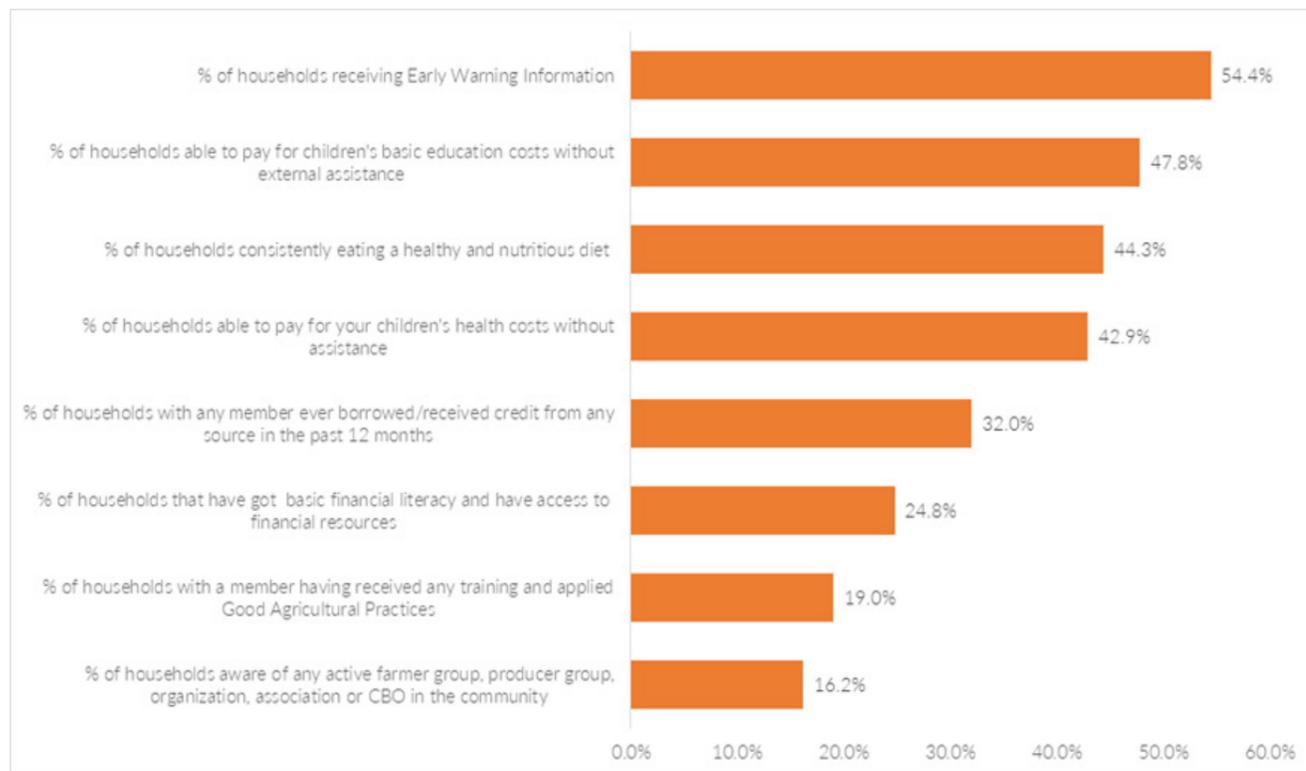


Figure 2: Household data attributes

The importance of having a healthy and nutritious diet to children cannot be over emphasized. Only 44.3% of the households indicated consistently having a healthy and nutritious diet. This is an indication that for many households (55.7%) are not able to do so. This exposes children as well as adults living in such households to diet related diseases.

Financial literacy coupled with access to financial resources comes with an assortment of advantages than can latter translate into improved standard of individuals through an increase in financial stability hence included as part of the assessment to double with the communities. The assessment results reveal that majority (75.2%) of households do not have basic financial literacy coupled with no access to financial resources hence negatively affecting their financial stability.

Several studies have underpinned the importance of households or communities having strong vibrant farmer or producer groups. However, the assessment results reveal that only 16.2% of the households are aware of any active farmer group or producer group in their communities.

### 3.6 Most Vulnerable children.

Overall, 96.8% of the children (96.8% boys, 96.8% girls) assessed were established/found to be vulnerable. However, in relation to the MVC definition 73.6% (73.7% boys, 73.5% girls) were categorized as most vulnerable as illustrated by the figure below: This implies that within WVU areas of operation, approximately 7 out of every 10 children are categorized as most vulnerable.

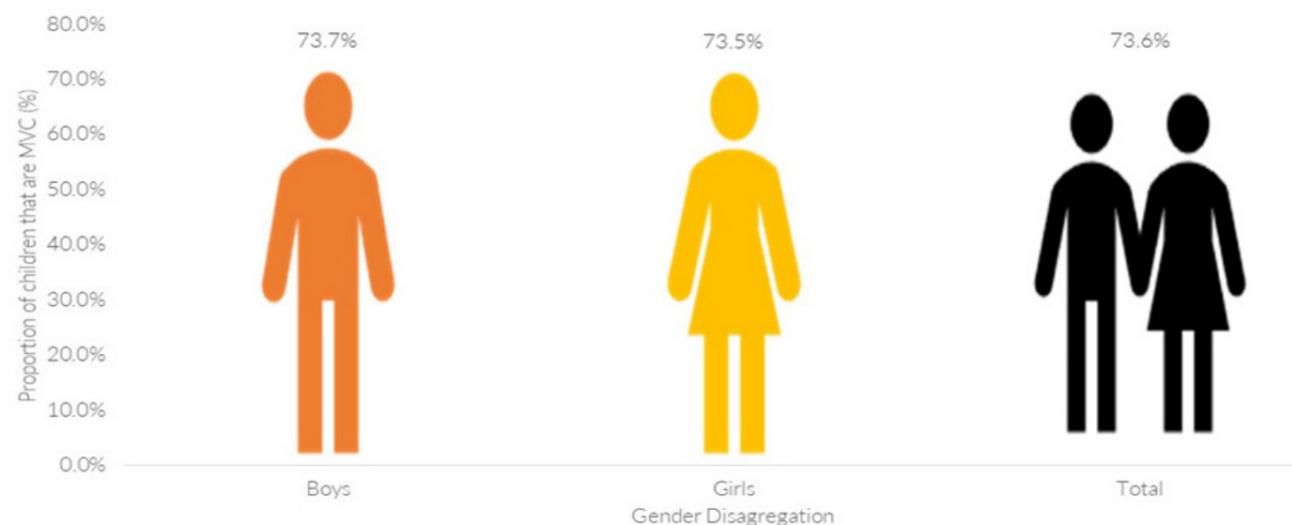


Figure 3: Proportion of Children categorized as Most Vulnerable

From the figure above, it's very evident that there are no major variations in vulnerability between girls and boys. In regards to vulnerability of children within PFAs in comparison to non PFAs; Non PFAs have a higher proportion of MVC (79.2%) when compared to PFAs (73.6%) with no major variations in vulnerability between girls and boys in both locations (PFAs Vs Non PFAs) as shown in the figure below:

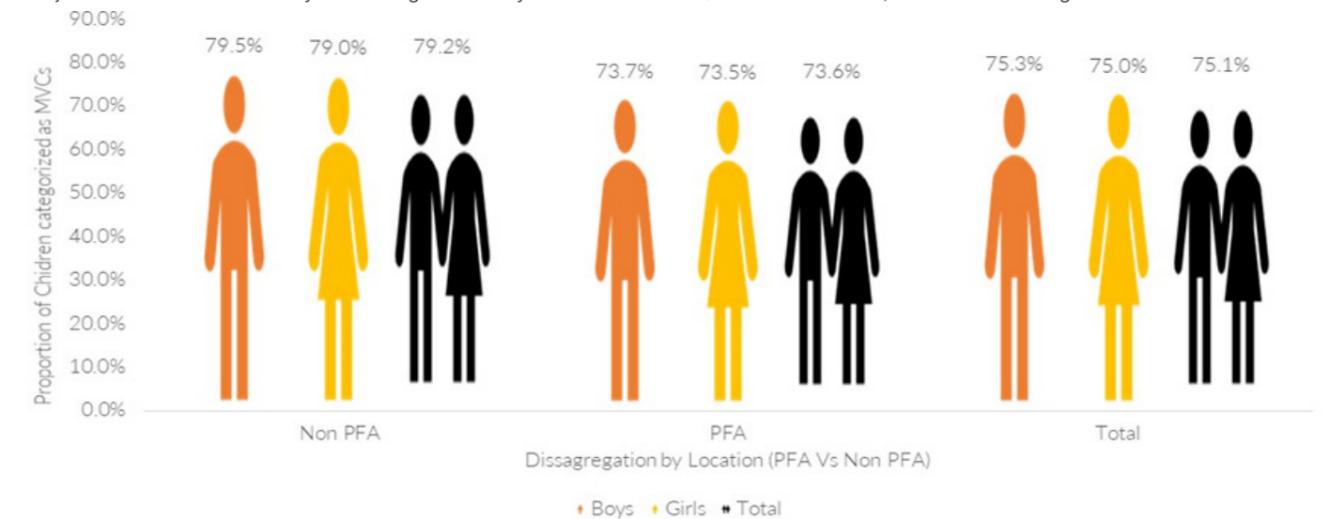


Figure 4: Most Vulnerable Children

In comparison to the WVU MVC 2018 results, there has been a slight (1.2%) increase in the proportion of children categorized as MVC from 72.4% (72.7% boys, 72.1% girls) in 2018 to 73.6% (73.7% boys, 73.5% girls) in 2023 as illustrated by the figure below:

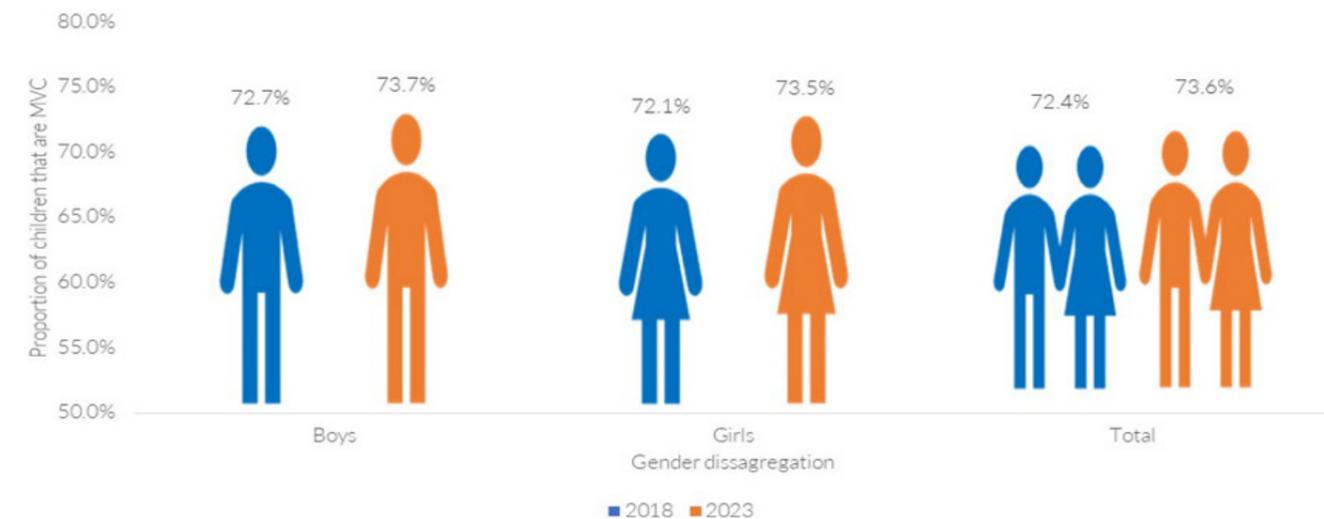


Figure 5: Changes in Vulnerability Status

The figure above clearly demonstrates that there have been no significant changes in the vulnerability status of children in Uganda within World Vision Uganda areas of operation when 2023 MVC data is compared to 2018 MVC data. Much as there are no major variations in vulnerability by gender, it's important to note that boys are slightly more vulnerable than girls as illustrated by the figure above.

### 3.7 Vulnerability by child age categorization

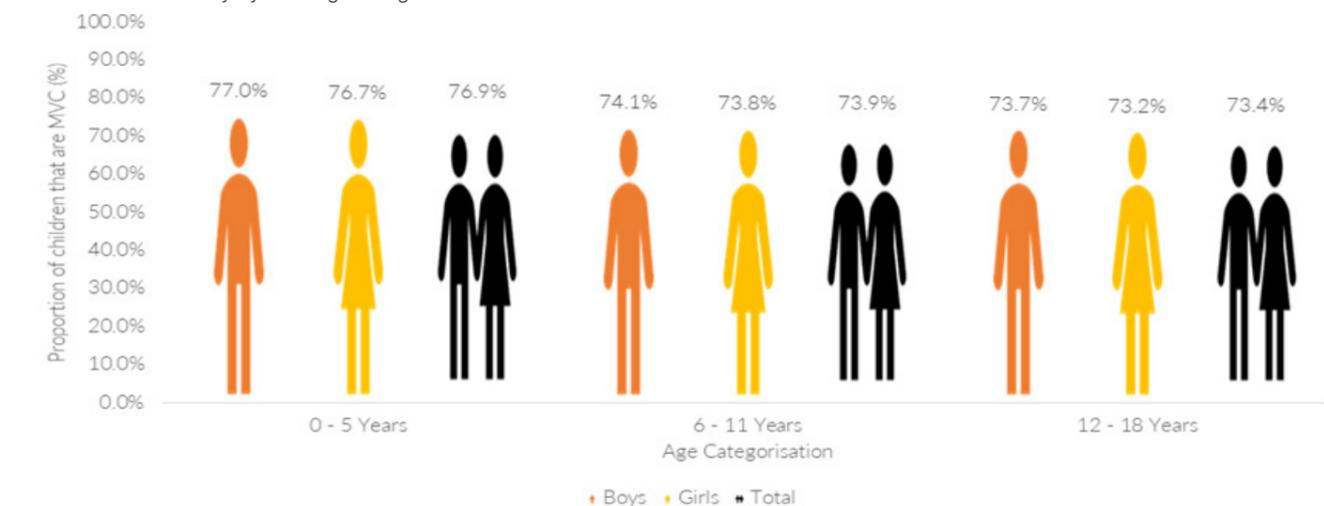


Figure 6: Vulnerability by child age categorization

In relation to vulnerability by age category, the 2023 MVC assessment results indicate that children 0 – 5 years have slightly higher proportion of most vulnerable children closely followed by children 6 – 11 years as illustrated by the figure above. Despite having no major variations in vulnerability by gender, girls in all age groups have low proportions of MVCs compared to the boys. When compared to the 2018 MVC assessment results as illustrated by the figure below; the vulnerability status increased across all age groups. It's also important to note that for the 2018 MVC assessment results, adolescents 12-18 years had the highest proportion of MVC (73.2%) followed by children 0-5 years of age (72.9%); however, this is not the case for the 2023 MVC assessment results as illustrated by the figure above.

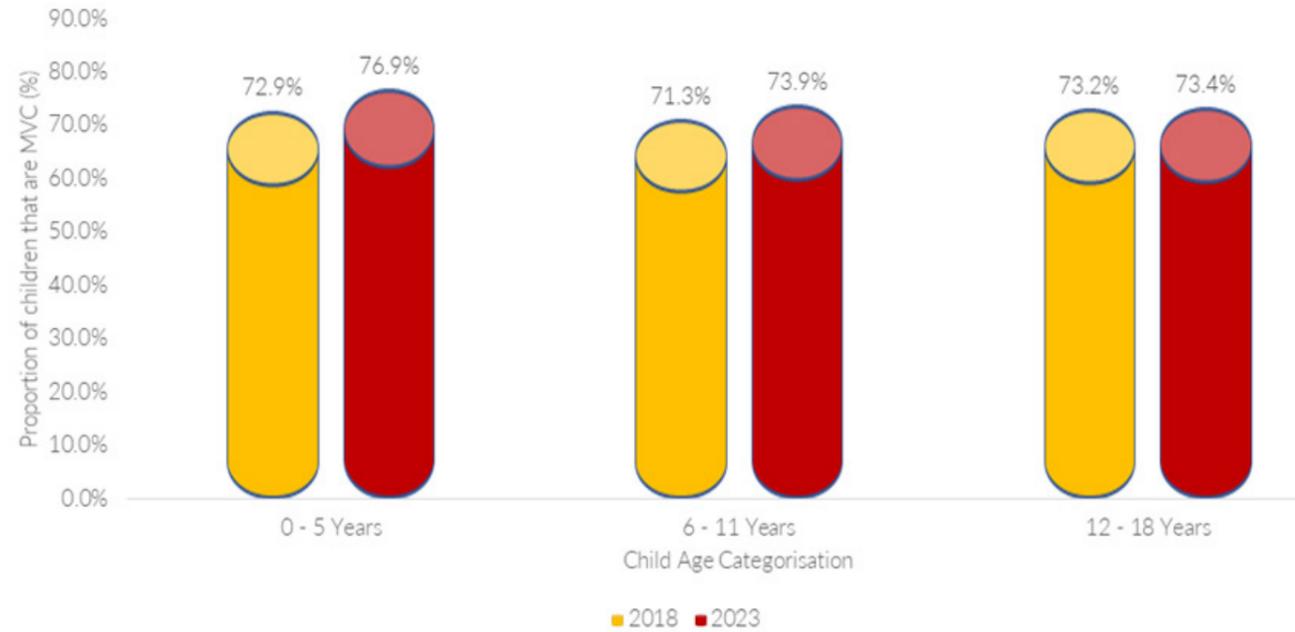


Figure 7: Vulnerability by child age categorization 2018 Vs 2023

### 3.8 Vulnerability by Registered Children and Non-Registered Children

As part of the Assessment phase of any proposed new Area Programme in World Vision Uganda, Sponsorship feasibility and risk assessment is conducted in order to arrive at a Go/No go recommendation for sponsorship, and one of the very key five issues looked at in this analysis is the population of the target group that must be high enough to support the required number of registered children and replacements for the required budget. World Vision's sponsorship programming requires that Registered Children are selected from the MVC. However, findings in the figure below reveal that the proportion of MVCs is higher among non-Registered Children (76.1%) compared to the Registered Children (66.9%) with boys having slightly higher proportions of MVC compared to their girl counterparts.

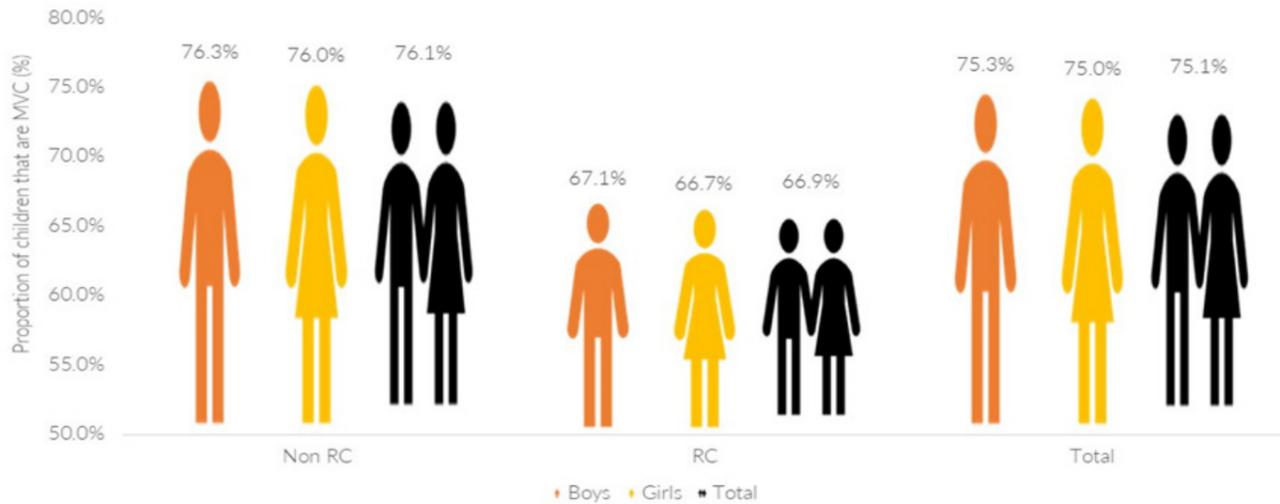


Figure 8: Vulnerability by Registered Children and Non-Registered Children

In comparison to the MVC 2018 results, this was the same scenario with the proportion of MVCs being higher among non-Registered Children when compared to the Registered Children as illustrated by the figure below:

"The focus of our implementation or interventions in on registered children as opposed to all children in the community." Staff MVC assessment post reflection discussion.  
 "Our participation measures have been focused on RC participation rather than general children." Staff MVC assessment post reflection discussion.

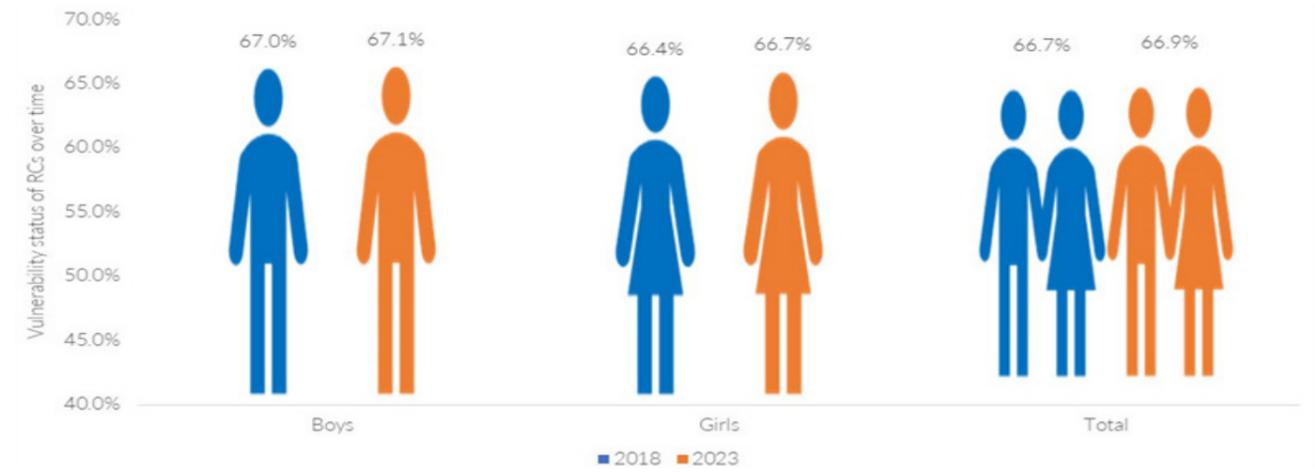


Figure 9: Changes in Vulnerability of Registered Children

The figure above illustrates that there has been a slight (0.2%) increase in the proportion of registered children who are most vulnerable from 66.7% (2018) to 66.9% (2023) with no major variations in vulnerability by gender.

### 3.9 Number of Vulnerability dimensions experienced by children

The figure below illustrates the proportion of children experiencing a given number of vulnerability dimensions. The results indicate that 62.9% of children experienced at most two vulnerability dimensions, followed by 22.3% of children who experienced at most one vulnerability dimension with the least (0.9%) proportion experiencing 4 vulnerability dimensions as shown by the figure below



Figure 10: Number of Vulnerability dimensions experienced by children

In comparison to the 2018 MVC assessment results, there has been an increase in the proportion of children experiencing at most two vulnerability dimensions from 38.8% in 2018 to 62.9% in 2023. There have also been major reductions in the proportion of children experiencing at most three vulnerability dimensions (from 26.4% to 11.0%) and four vulnerability dimensions (from 6.1% to 0.9%) as shown by the figure below:



Figure 11: Vulnerability by dimensions 2018 Vs 2023

### 3.10 What are the main types of vulnerability?

There are four vulnerability factors within this definition that provides the overarching framework that is used to define World Vision Uganda's compendium of vulnerability markers and these include: Abusive or exploitative relationships, Extreme deprivation, Serious discrimination and Vulnerability to negative impact from a catastrophe or disaster. These were the foundation that guided the assessment whose results are presented below:

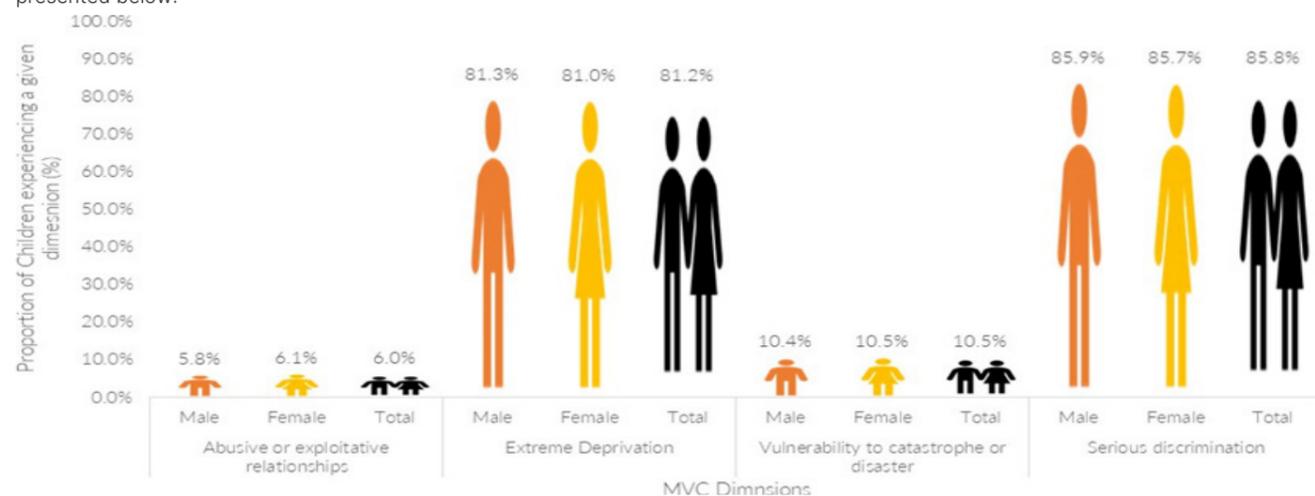


Figure 12: Main types/dimensions of vulnerability

According to the MVC assessment results illustrated in the figure above, children were defined as vulnerable according to the dimensions shown in the figure above. The most prominent dimensions affecting children being Serious discrimination (85.8%) closely followed by Extreme deprivation (81.2%) with no major variations across all the dimensions by gender. Hence these two dimensions are the most significant contributors to children vulnerability in World Vision Uganda current operation areas as illustrated by the figure above.

“Many households are still falling below the extreme poverty threshold, this has caused other issues to emerge. For example, not able to afford the household basic needs, there is child labour, teenage pregnancies, among others.” Community members discussion in Eastern Uganda.

“It’s heart-breaking to see children go without basic necessities like food, clothing, and shelter.” Political leader in Eastern Uganda.

There are some men in our community here, they are very lazy, they wait for a woman to harvest crops, his work is only to sell and he does not go to the garden. His family is always in lack of food and the children have nothing to eat...” Community member focus group discussion in Northern Uganda.

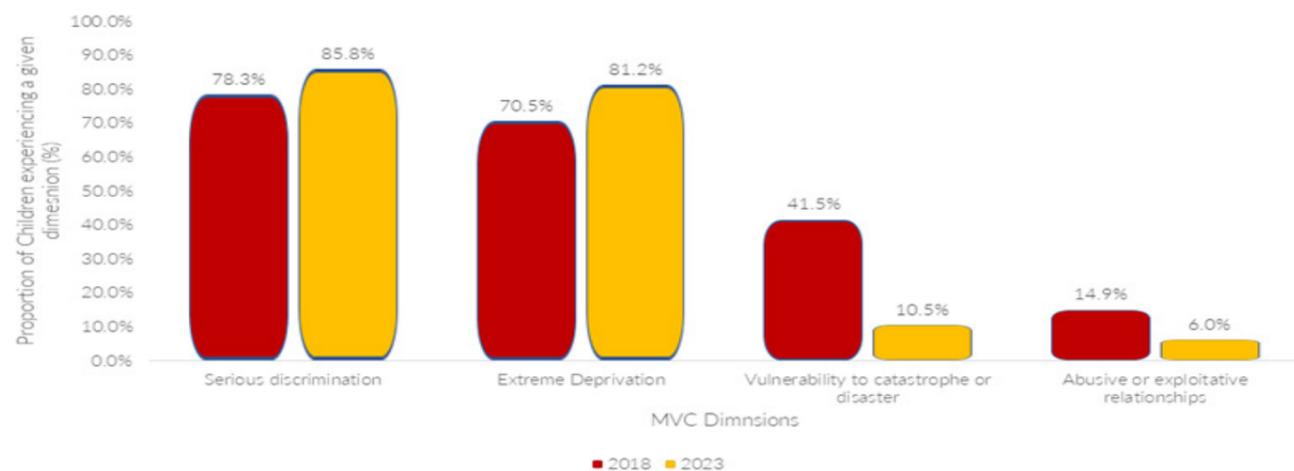


Figure 13: Changes in status of Vulnerability dimensions

Serious discrimination and Extreme deprivation remain the most prominent Vulnerability dimensions affecting children in World Vision Uganda areas of operation as illustrated by the figure above. However, it’s important to note that there has been an increase in the children experiencing serious discrimination from 78.3% (2018) to 85.8% (2023) coupled with an increase in the proportion of children experiencing extreme deprivation from 70.5% to 81.2% as illustrated in the figure above. On a positive note, there have been significant reductions in the children experiencing catastrophe or disasters and abusive or exploitative relationships dimensions as shown in the figure above.

Hence its very evident that programming interventions should be focussed around addressing the main contributing factors to children vulnerability being high proportions of children experiencing serious discrimination and extreme deprivation over the years. The MVC assessment findings reveal that the children experiencing these two dimensions continue to increase in the World Vision Uganda areas of operation

### 3.11 Vulnerability by Lifespan of AP

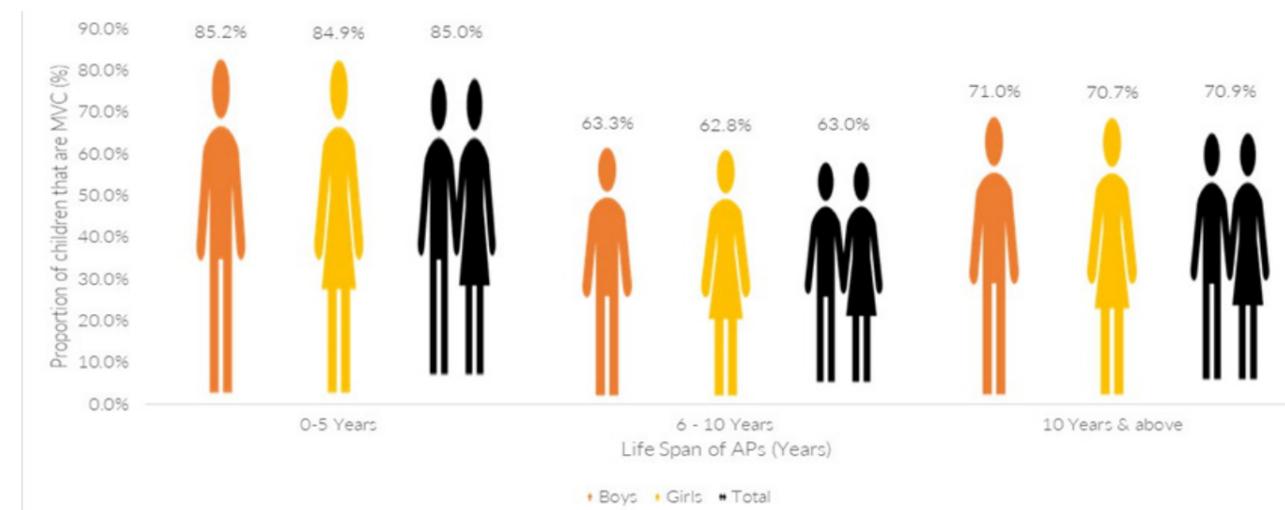


Figure 14: Vulnerability vs. lifespan of AP

The current programming guidance stipulates that the life span of an Area Programme is between 8 to 12 years dependent on the agreement between the field and the support office. The assumption that as an Area Programme ages along this development path, the vulnerabilities of children will be addressed through the implementation of customised WV approaches and models as informed by the respective Area Programme design documents. This implies that the older an AP gets, the proportions of MVCs should be gradually decreasing, hence the need to look at vulnerabilities Vs lifespan of APs to ascertain if this is the case within the operation areas.

The figure above shows that young APs (0-5 years) have higher (85.0%) proportions of MVCs when compared to the older APs (63.0% 6 – 10 years, 70.9% 10 years & above). As already indicated above, this is in conformity with the expectation that an AP with the highest proportion of MVC is selected for intervention and over time, this proportion should reduce with ongoing development interventions. However, it is interesting to note that APs 6-10 years have lower proportions of MVC compared to APs 10+ years. This was the same scenario according to the 2018 WVU MVC assessment results. This thus needs further investigation as the expectation is that the older the AP, the lower the proportion of MVC. However, it’s very evident that the proportion of MVCs in APs that have been in operation for as many as 10+ years continue to have very high levels of vulnerability among children.

The KIs and the FGDs confirmed the above findings coupled with the staff MVC assessment post reflection discussions. Staff reflection discussions point to a number of contributing factors to this consistent trend when 2023 MVC assessment results are compared with the 2018 results as demonstrated above. The key standout factor being the non-contextualization as well as flexibility of the models coupled with the planning guidance over the years of an AP life span. Staff participants in the discussions indicate that there is need to have contextualized models that speak to the local context as well as having operation plans implemented on an incremental basis along the AP life span. The other factors highlighted include; APs have bigger coverage areas which makes it difficult to reach many children, improve on our model approach like Education, Resilience and Livelihood (R&L), sponsorship, high poverty rates in the households with no specific contextualized model to address the actual local contextual root causes, technical programme designs not aligned to addressing the actual vulnerability markers, below are excerpts from staff MVC assessment post reflection discussions:

“We have not mastered a model that World Vision is known for in the communities”

“We need to do adaptive programming especially after outcome monitoring when we observe changes, integrate some of the vulnerability indicators or markers in outcome data exercise so that we don’t wait to do a vulnerability assessment”

“The current technical programmes are not well aligned to addressing the Vulnerability markers, we need to design programmes that are hinged on mitigating identified leading vulnerability markers”

“We do not have any intentional interventions in the current strategy aimed at supporting birth registration in the community much as we had these in the previous strategy hence the increase in the proportion of children without birth certificates which is a very critical marker in child protection.”

“Changes need to be made in our current programming to address the specific needs of MVCs in older APs if WVU is to stay relevant in communities that we serve.”

“Area Programmes need to design programmes that are tailored to addressing the specific vulnerability markers affecting children the most as reflected in the MVC assessment report as opposed to following one template that makes it seem like all areas within the country are the same.”

“There seems to be no balance between efforts to improve the lives of the most vulnerable children and preventing them from sliding back into MVC status, our interventions seem to be addressing the signs and symptoms of the different dimensions but not the major root causes of vulnerability.”

### 3.12 Is the World Vision Uganda geographical footprint in areas with higher concentrations of the most vulnerable children?

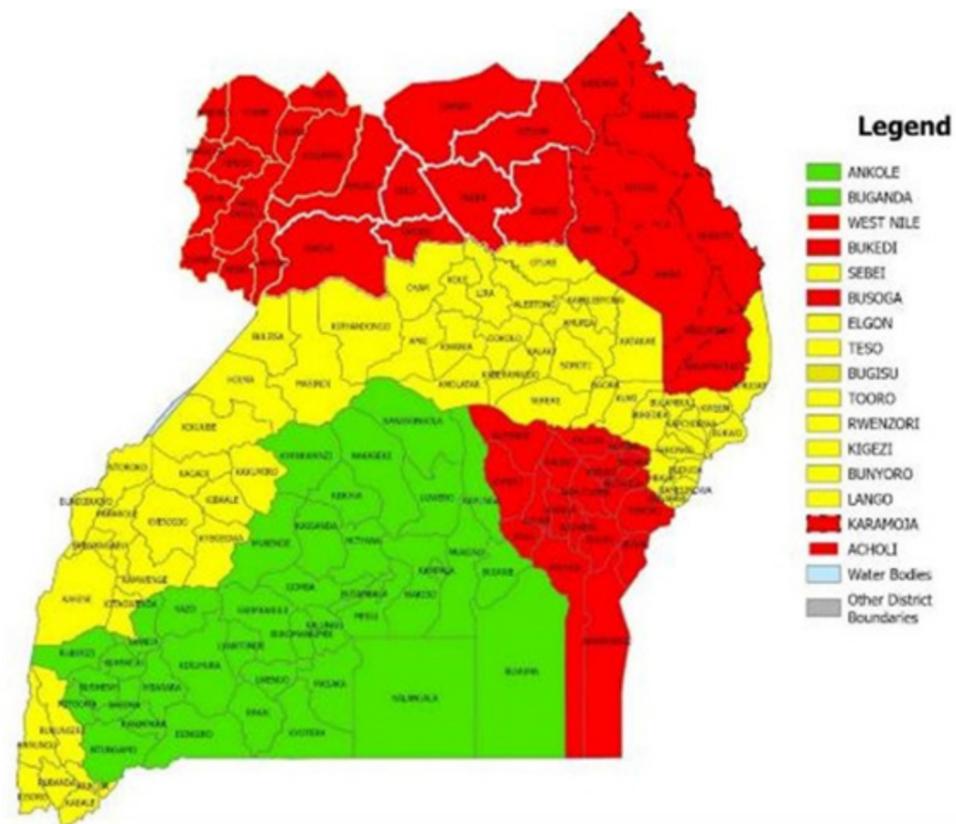


Figure 15: Vulnerability Map of Uganda

In order to understand and ascertain where the most vulnerable children are located in Uganda, a National level assessment was conducted mainly through the literature review of published government reports and study reports and triangulated with collected primary household MVC data at the local level.

Through the national level assessment, the MVC assessment sought to establish; 1). Where are the most vulnerable children concentrated? 2). Whether World Vision Uganda's geographical footprint is in areas with higher concentrations of the most vulnerable children?

In order to answer the above very critical MVC assessment questions, through the comprehensive review of secondary documents as already indicated with the aid of developed document review checklists, the whole of Uganda was subjected to the same parameters/scale to arrive at the levels of Vulnerability of Uganda Regions/Sub regions as well as districts.

The Map above illustrated the results of the national level assessment

Map Key	
Colour Coding	Level of Vulnerability
<span style="display: inline-block; width: 20px; height: 10px; background-color: red; border: 1px solid black;"></span>	High
<span style="display: inline-block; width: 20px; height: 10px; background-color: yellow; border: 1px solid black;"></span>	Moderate
<span style="display: inline-block; width: 20px; height: 10px; background-color: green; border: 1px solid black;"></span>	Low

We sought to identify areas or locations in Uganda that are more vulnerable in comparison to others looking at a number of parameters in reference to the World Vision Uganda Vulnerability framework (Annex). In the process, three categories were utilized **Red**: - High vulnerability levels or most vulnerable areas, **Yellow**: - Moderate and **Green**: - Low vulnerability levels.

The following indicators were utilized to arrive at the rating illustrated in the figure above; 1) Education: - (years of schooling, school attendance & Literacy rates), 2) Health: - Access to health services, access to an improved source of water, improved toilet facility), 3). Living standards: - overcrowding, access to electricity, housing construction materials and ownership of assets, and 4). Employment and financial inclusion: - access to productive employment, child labour, and access to financial services were the broad-based indicators that were used whose results are above and briefly highlighted below: These indicators are in line with those utilized by the Government of Uganda (MPI Report, 2022) in arriving at deprivations experienced by poor people in their daily lives as well as the World Vision Compendium of MVC Markers (annex). With this background, below is a highlight of the key findings following the extensive review:

**Uganda has the following regions:** Central, Eastern, Northern and Western. Hence Uganda has 4 regions (UNHS, 2019/20). Sub Regions: Buganda, Bugisu, Teso, Elgon, Busoga, Bukedi, Sebei, Acholi, Lango, West Nile, Karamoja, Ankole, Bunyoro, Kigezi, Rwenzori, Toro (UNHS, 2019/20).

**Increase in Poverty:** Increase in poverty more pronounced in rural areas especially in Karamoja, Acholi, Bukedi, and Busoga sub regions (UNHS, 2019/20).

**Contribution to poverty by sub region:** Busoga contributes the highest proportion, closely followed by Bukedi and Acholi respectively. These are the only regions whose contribution to national poverty is in double digits. Majority of the poor people are in Busoga (14%) followed by Bukedi (10.4%) and Acholi (10.3%) sub region (UNHS, 2019/20).

**Proportion of poor persons before and during Covid-19 (%):** The sub regions affected most include; Karamoja, Acholi, Bukedi and Busoga respectively. It was observed that Karamoja and Acholi sub regions were the most affected on this parameter (UNHS, 2019/20).

**Urban Vs Rural areas:** results show that the high multi-dimensional poverty rates in rural areas compared to urban areas coupled with a high proportion of the population living in those areas (75 percent) presents a major challenge for poverty reduction efforts in Uganda. Although the costs of reaching the poor in rural areas may be high due to, for example, infrastructural and institutional challenges, continued commitment is needed to extend social services and other development programmes to the poor in rural areas (MPI Report, 2022).

**Multi-dimensional Poverty:** Multidimensional poverty estimates replicate the well-known poverty patterns in Uganda. The Northern region has the highest levels of multidimensional poverty. Overall, people living in the Northern region face higher deprivations compared to their counterparts in the Central, Eastern and Western regions. Eastern region has been consistently more deprived in productive employment, child labour and overcrowding while the Western region has been consistently more deprived in access to safe water. Karamoja still tops the other sub-regions in deprivation despite a slight decline in levels of deprivations. Notably, the population in Karamoja is deprived in years of schooling, school attendance, access to toilet facilities, overcrowding, electricity, housing material and financial services. The other sub-regions with high incidences Multidimensional Poverty and above the national average are Acholi, West Nile, Lango, Teso, Kigezi, Bunyoro, Tooro and Busoga (MPI Report, 2022).

**Proportion of Households in subsistence Economy:** Acholi, Karamoja, Bukedi, Busoga, and Lango sub regions have the highest proportion of households in the subsistence economy (UNHS, 2019/20).

**Dependency ratio:** Across sub-regions, Karamoja had the highest dependency ratio. The other

sub-regions of Karamoja, Busoga and Bukedi had maintained a high dependency ratio of more than 100 (UNHS, 2019/20).

- **Literacy Rates:** The sub regions that have very low literacy rates compared to the others are; Acholi, Karamoja, Busoga and Bukedi. It's important to note that Acholi has the highest illiteracy rates closely followed by Karamoja (UNHS, 2019/20).

- **Proportion of children aged 3 years to 5 years attending school:** Karamoja, Acholi, Kampala, Kigezi, West Nile, Bunyoro, and Teso had the lowest proportion (NSDS Report, 2022)

- **Primary School Enrolment:** Karamoja sub-region had the lowest school enrolment rate (NSDS Report, 2022).

- **Secondary School Enrolment:** Karamoja (12%) and Acholi (7%) had the lowest (UNHS, 2019/20).

- **Healthcare Seeking Behaviour:** The health care seeking behaviour was high in most sub-regions of Uganda except in the Karamoja, Elgon and Bukedi sub-regions (NSDS Report, 2022).

- **Distance to a health facility:** The sub-regional analysis showed that Karamoja had the least population proportion that had accessed health facilities in the radius of less than 3kms. Karamoja sub-region was followed by Acholi and Lango at 68 percent and 69 percent respectively (NSDS Report, 2022).

- **Child Labour:** Busoga and Bukedi sub-regions had the highest proportion of children aged 5-17 years in child labour (29% and 28% respectively) (National Violence against children Survey report, 2021).

- **Sexual abuse:** Acholi ranks the highest region in sexual abuse with 64% compared to the National figure at 59%. This is followed by Bukedi (61%) and Elgon with 52% (National Violence against children Survey report, 2021).

- **Teenage pregnancy:** The national teenage pregnancy rate is at 25%, higher in rural areas (27%) than urban (19%), with Kigezi the least (16%) and Teso highest (31%) (UDHS, 2016).

- **Nutrition Indicators:** Karamoja (25.3%), West Nile (16%), Acholi (15.5%), Toro (13.2%), Bugisu (13.6%) and Bukedi (11.8%) have the highest rates of underweight above the national level of 11%. Karamoja (9.4%) and West Nile (9.8%) have the highest rates of wasting above the national level of 4%. Acholi, Lango, West Nile, Karamoja, Bunyoro, Kigezi, Rwenzori, and Toro have the highest rates of stunting (Nutrition situation analysis report (UNICEF, 2018).

- **Under Five Mortality Rate (U5 MR):** The subregions with the highest under-5 mortality rate is Busoga, (84.3), Karamoja (78.4), Kigezi (70.4), Bunyoro/Tooro (84) and West Nile (85.8) as compared to the other regions and above the national average of 64.7 per 1,000 live births (Reproductive, Maternal, Newborn, Child, Adolescent and Healthy Aging Sharpened Plan for Uganda 2021/22–2025/26).

- **Infant Mortality Rate (IMR):** Karamoja, Bunyoro, West Nile, Busoga, Toro in the order of vulnerability (UDHS, 2016).

- **Neonatal Mortality Rate:** Karamoja, Bunyoro, Toro, Busoga, in the order of vulnerability (UDHS, 2016).

- **Maternal Mortality Ratio (MMR):** All sub regions indicated high MMR with Karamoja at 588 MMR and Kigezi at 541 MMR, indicating the most vulnerable regions (UDHS, 2016).

- **Diarrhea prevalence:** This was high in the following sub regions: Teso, Busoga, Acholi, Karamoja, Tooro and Lango (Diarrheal Diseases in Rural and Urban Uganda, 2016).

- **Malaria prevalence:** Prevalence of children age 6-59 months who tested positive for malaria by rapid diagnostic test (RDT) was high in rural areas (35%) as compared to 12% in urban areas. Karamoja region indicated a high prevalence of 69%, Acholi 63%, Lango 62%, Busoga 53% and Teso 52% (UDHS, 2016).

The above analysis and findings from the extensive literature review was triangulated with the collected local level MVC household primary data, and the results indicate that Acholi, West Nile, Karamoja and Busoga are the sub regions with the highest levels of vulnerability or the areas with the highest proportions of most vulnerable children. Therefore, after a thorough analysis and interpretation of the data whose key findings are highlighted above; below are the regions and sub regions where the most vulnerable children are concentrated or the most vulnerable areas in Uganda:

**Regional level:** Below are the most vulnerable regions from the highest to the lowest

I. **Northern** is the most vulnerable region in Uganda.

II. **Eastern Region** is the second most vulnerable region

Sub Regional level: Below are the most vulnerable sub regions;

I. **Karamoja** sub region is the most vulnerable sub region in Uganda,

II. **Acholi** sub region in second place

III. **West Nile** in third place

IV. **Busoga** in fourth place

V. and **Bukedi** in fifth place. Even within these sub regions, rural areas are more vulnerable than urban areas (MPI Report, 2022). **All these sub regions are shaded red on the map above.**

In order to determine vulnerability within World Vision's areas of operation, the assessment sought to; identify the MVC in World Vision Uganda areas of operation, determine where the MVC are concentrated in the World Vision Uganda areas of operation, to examine changes in MVC status in the communities, identify the most common vulnerability markers affecting MVC and their families, guide the identification and prioritization of MVC and their families in beneficiary selection and targeting and the results are in the sections and sub sections that follow:

### 3.13 Where are the Most Vulnerable Children located/concentrated.

In order to answer the question of where the most vulnerable children are located in reference to the MVC assessment terms of reference, we sought to establish the vulnerability levels of children within WVU Uganda regions of operation, the vulnerability levels within the WVU Area Programmes with comparison to the PFA Vs non-PFAs. The question of whether World Vision Uganda geographical footprint is in areas with higher concentrations of the most vulnerable children is well attended too in the section above.

3.13.1 MVC concentration by Region,

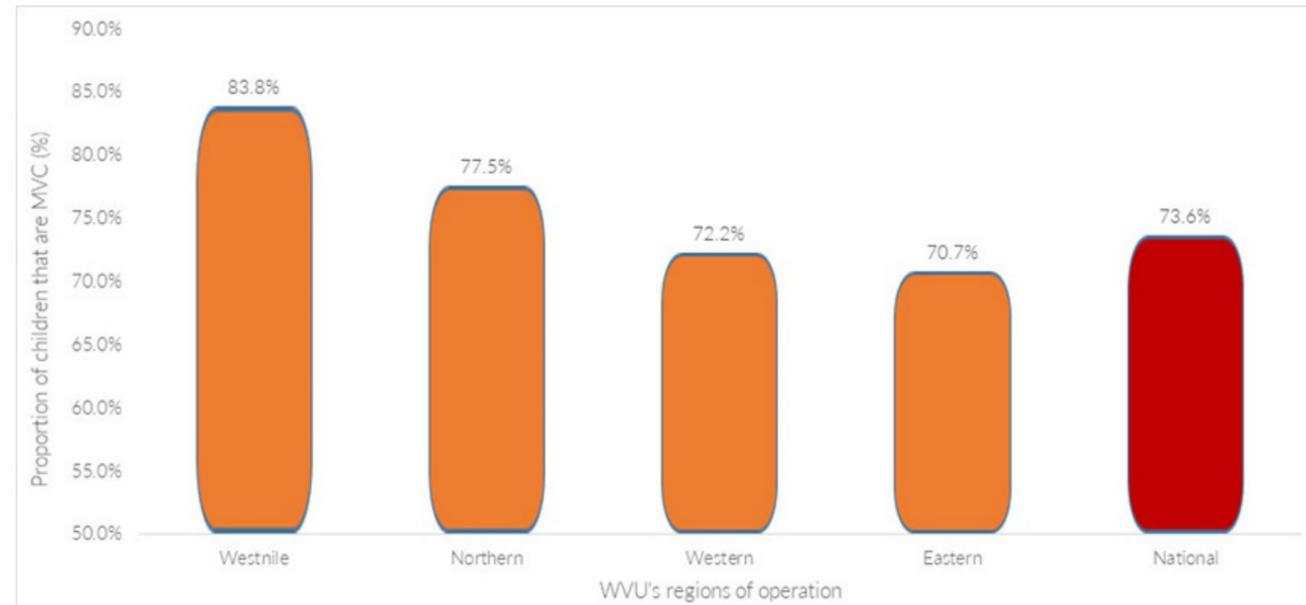


Figure 16: Proportion of the MVC by WVU Regions of Operation

As shown by the figure above, West Nile has the highest proportion (83.8 %) of most vulnerable children, and closely followed by Northern region at 77.5%. These two regions vulnerability levels are higher than the national office vulnerability average of 73.6%. Hence these are the two regions with the highest concentration or highest numbers of most vulnerable children amongst the World Vision Uganda areas of operation. This therefore implies that WVUs operations growth plan should focus more in West Nile and Northern regions of the country. This is also in conformity with the results of the national level vulnerability assessment.

In regard to vulnerability in WVU Regions of Operation (PFA Vs Non PFA), there are no major variations in vulnerability levels of children between PFA areas and Non PFA areas much as there are slightly higher proportions of children with vulnerability in Non PFA areas in comparison to PFA areas as illustrated by the figure below. It's important to note that the expectation is that areas that are selected as part of PFAs must have the highest proportion of MVCs in order to remain true to the key strategic imperative for World Vision Uganda of deepening our commitment to the most vulnerable children.

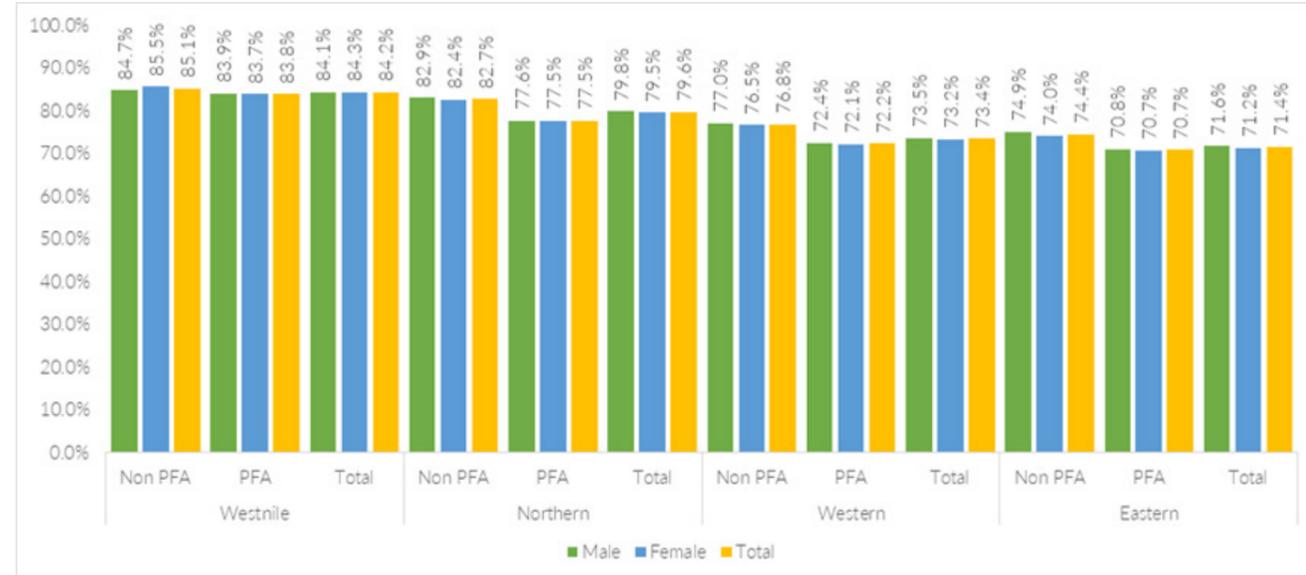


Figure 17: Vulnerability in WVU Regions of Operation (PFA Vs Non-PFA)

In regards to changes in Children Vulnerability in WVU Regions of Operation in comparison to 2018 MVC assessment results, the proportion of children that are most vulnerable have increased in Northern with slight reductions in Western and Eastern region respectively as shown by the figure below. As earlier indicated, West Nile and Northern regions have the highest concentration of most vulnerable children. This therefore implies that WVUs operations growth plan should focus more in West Nile and Northern regions of the country.

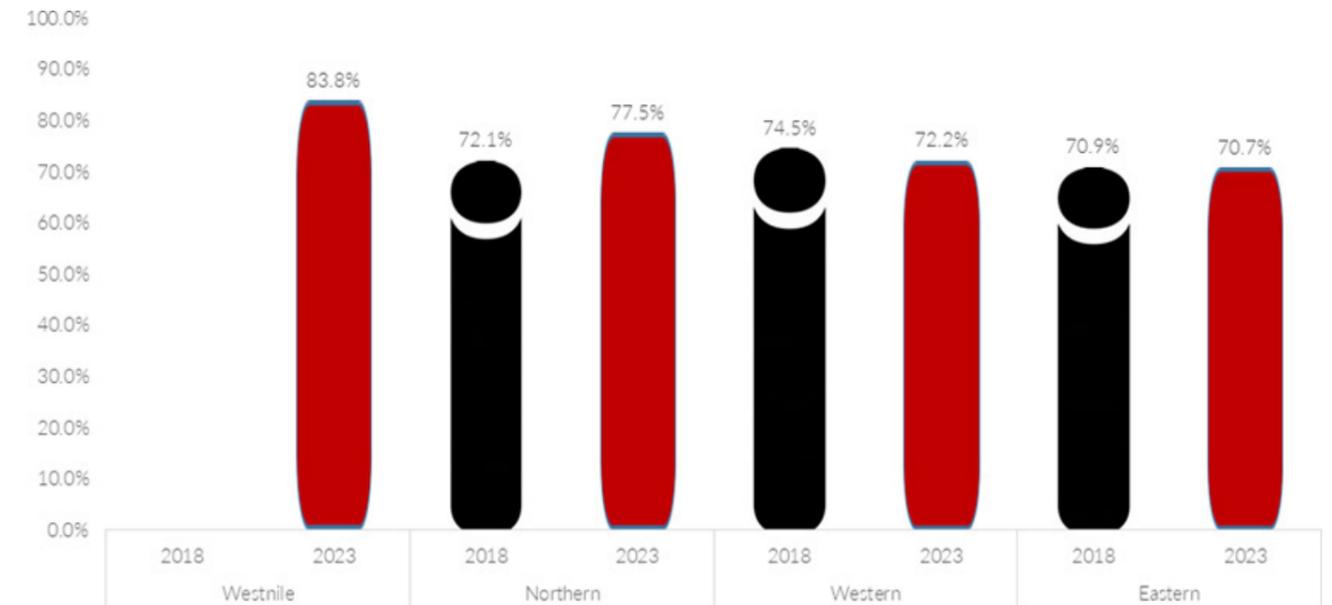


Figure 18: Changes in Children Vulnerability in WVU Regions of Operation

3.13.2 MVC concentration by Area Programme;

The MVC assessment findings reveal varying patterns in vulnerability across all the Area Programmes (APs) assessed with; Wol (94.6%), Kigandalo (92.5%), and Pajule (92.4%) having the highest proportion or concentration of most vulnerable children while Lunyo (46.7%), Buikwe (51.1%), Busitema (54.1%), Aboke (57.7%), and Kyabigambire (58.6%) having the lowest proportion or concentration of most vulnerable children as illustrated by the figure below. Overall, 51% (21 out of 41) of the APs are above the national MVC index (73.6%) with majority of the Area Programmes (80%) ranging between approximately 60 - 80 percent children categorized as MVC as illustrated by the figure below. The MVC assessment results indicate that children in majority of the area programmes remain most vulnerable.

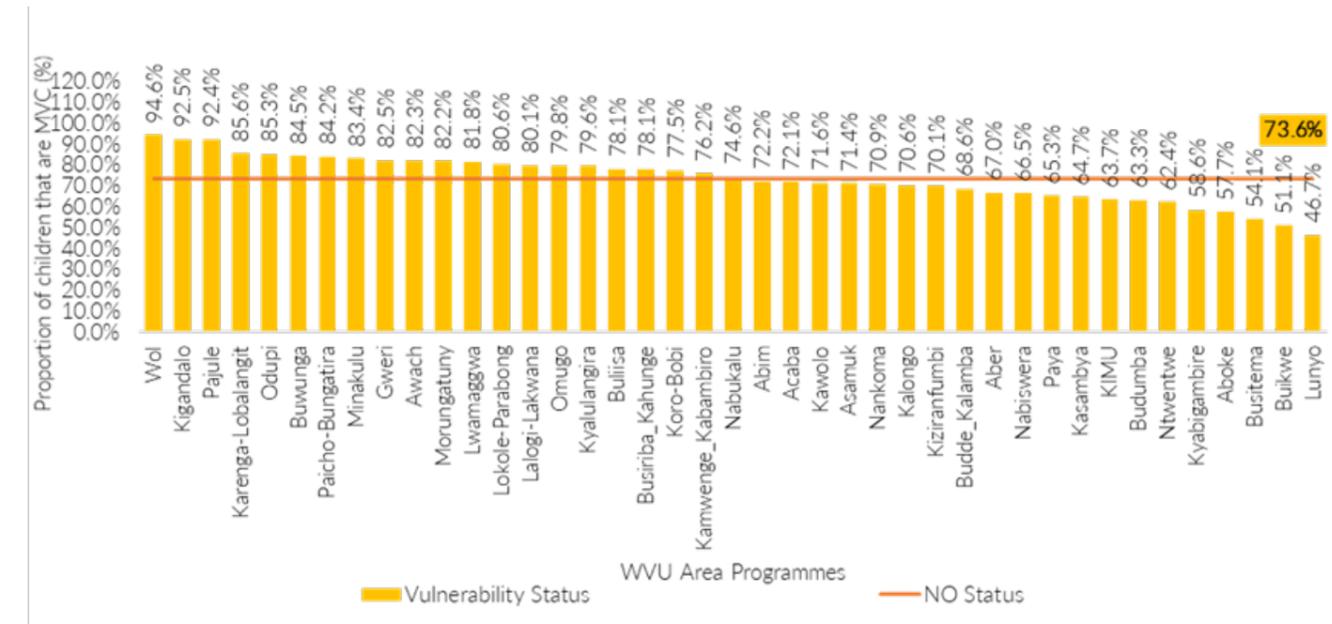


Figure 19: Proportion of MVCs per Area Programme

The figure below shows that Area Programmes in Northern and West Nile regions have the highest proportion of children categorized as most vulnerable. It's also important to note that most of the Western region Area Programmes have been in operational for 10+ years though they still have high proportions of children categorized as most vulnerable, as earlier indicated, this needs to be investigated more to understand what could be the factors to explain this status, a similar situation also exists across the other Area Programmes. As the expectation is that the older the AP gets, the lower the proportion of MVC, however the figure below shows that this assumption is not holding in majority of the APs

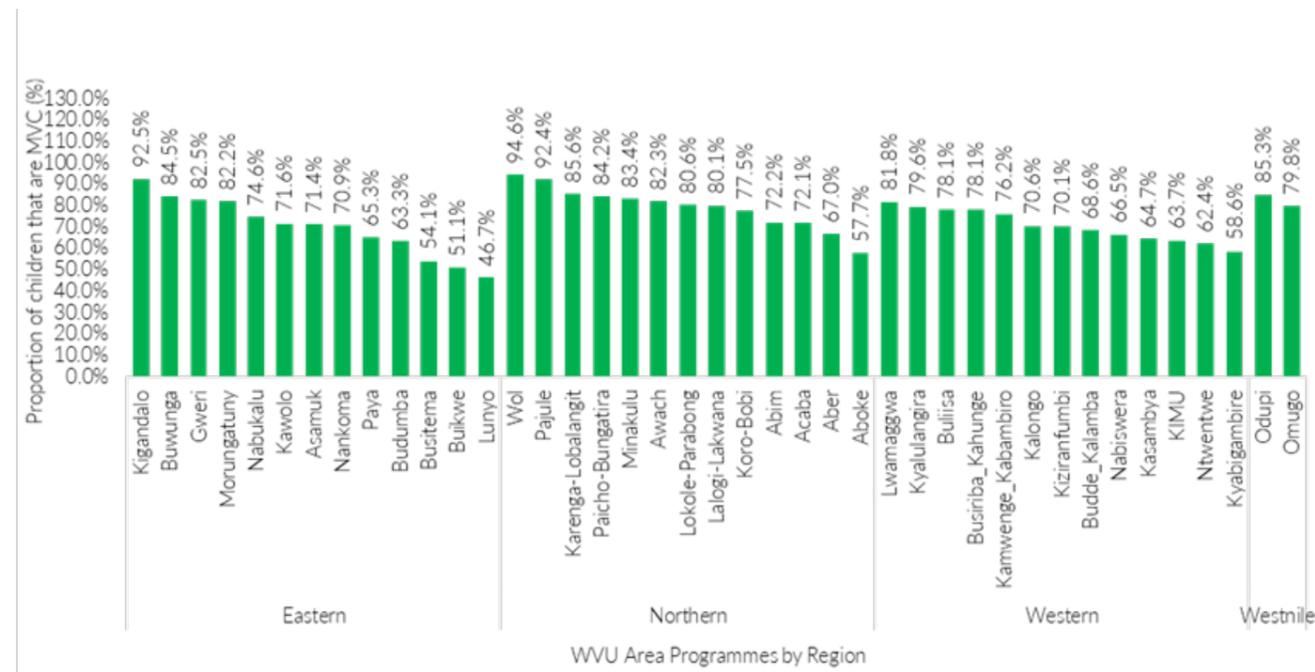


Figure 20: Proportion of MVCs per Area Programme by Region

### 3.14 What are the most common vulnerability markers affecting the most vulnerable children?

This focused on assessing and identifying which markers of vulnerability are most common amongst MVC and their families under the different vulnerability dimensions and comparing them across all children assessed during the MVC assessment. The results are illustrated below: Overall, the assessment of vulnerability was based on 26 vulnerability markers distributed across the four vulnerability categories based on the World Vision Uganda national vulnerability matrix. The section below thus provides the proportion of children with a vulnerability marker within each of the 4 MVC dimensions.

#### 3.14.1 Children experiencing abusive and exploitative relationships

During the MVC assessment, 7 vulnerability markers under this dimension were assessed and compared across all children to help arrive at the children experiencing abusive or exploitative relationships as illustrated in the figure below:

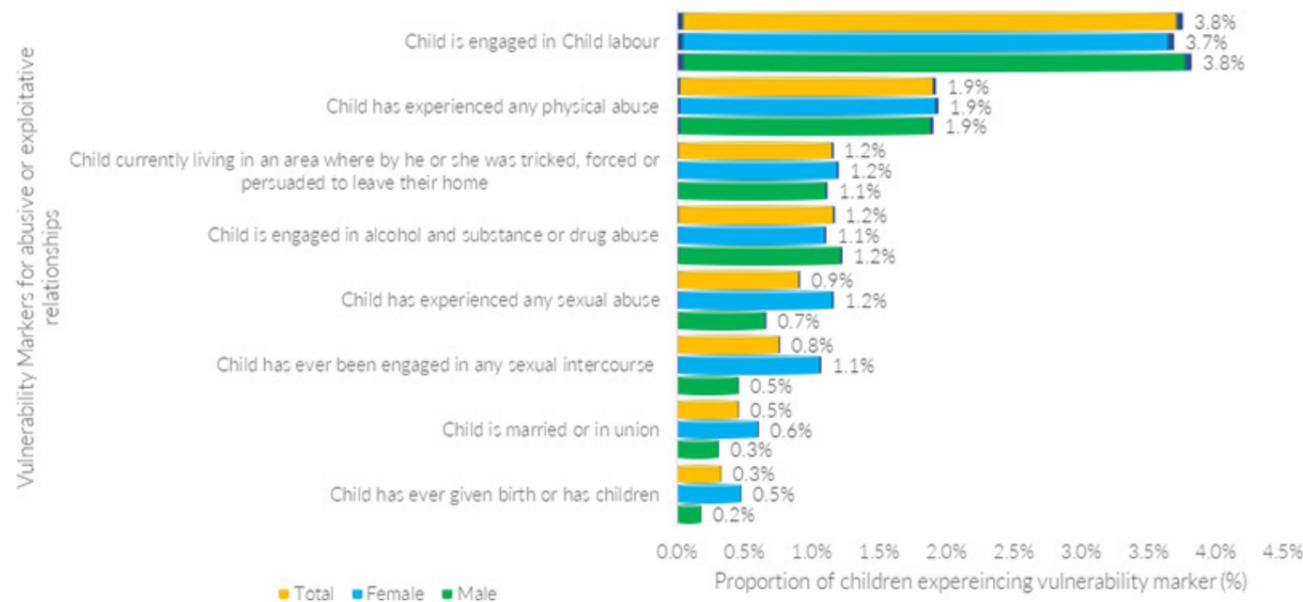


Figure 21: Children experiencing abusive or exploitative relationships

From the figure above, Child labour (3.8%) is the highest marker under this vulnerability dimension experienced by children in World Vision Uganda areas of operation closely followed by Physical abuse (1.9%), and children in marriage or ever given birth, children ever engaged in any sexual intercourse and Children who have experienced any sexual abuse being the least experienced markers of vulnerability under this dimension respectively as illustrated by the figure above. Generally, there is no major variation in children experiencing any given marker of vulnerability by gender. Overall, there is a significant reduction in the children experiencing this dimension across all the markers in comparison to 2018 MVC assessment results.

"Physical abuse used to be very common, with coming of World Vision, parents have been advised and this has changed the picture"-CPC chairperson-Morungatuny parish

"In the past, the law was not strong and the rights of children was not commonly respected, however, in the current trend, the law is very active on children's rights-Head teacher-Asamuk primary school

"I am encouraged by the growing awareness among children regarding their rights and the empowerment they receive through training programs. Parents have also been equipped with the necessary skills to properly care for their children. I am optimistic that the current trend will lead to a reduction in the number of cases we are seeing."-CPC chair-Budumba sub county

"Now days, ladies in the communities who are educated are the main people who take children especially if they have new born babies and they need someone to take care of their children."

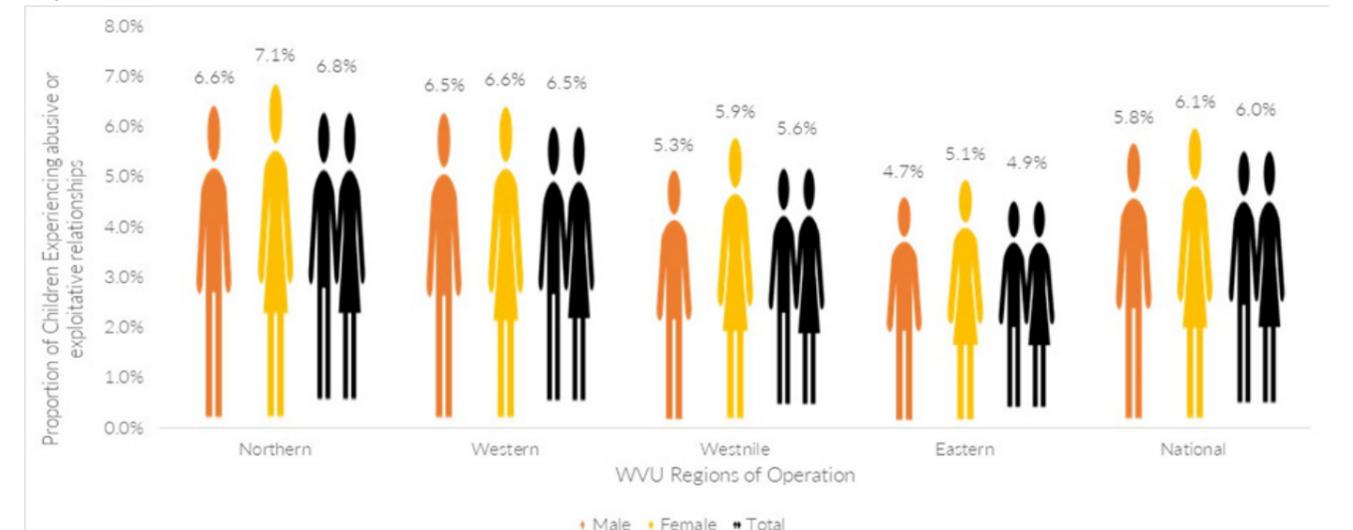


Figure 22: Children experiencing abusive and exploitative relationships by WVU region of operation

In regards to the proportion of children experiencing abusive and or exploitative relationships across the World Vision Uganda regions of operation, the figure above shows that there are slightly more children experiencing this dimension in Northern (6.8%), which is closely followed by Western (6.5%) with Eastern (4.9%) having the least proportion. There are no major variations when it comes to this dimension by gender.

The MVC assessment results shown in the figure below, indicate that the percentage of children experiencing abusive and or exploitative relationships in majority (61%) of the area programmes are below the national average (6.0%) of children experiencing abusive and or exploitative relationships. This implies that this specific dimension is not a significant contributing factor currently to the child vulnerability status in Uganda with the exception of Lokole Parabong, Kigandalo, Wol, Awach Area programmes where the percentage is in double digits.

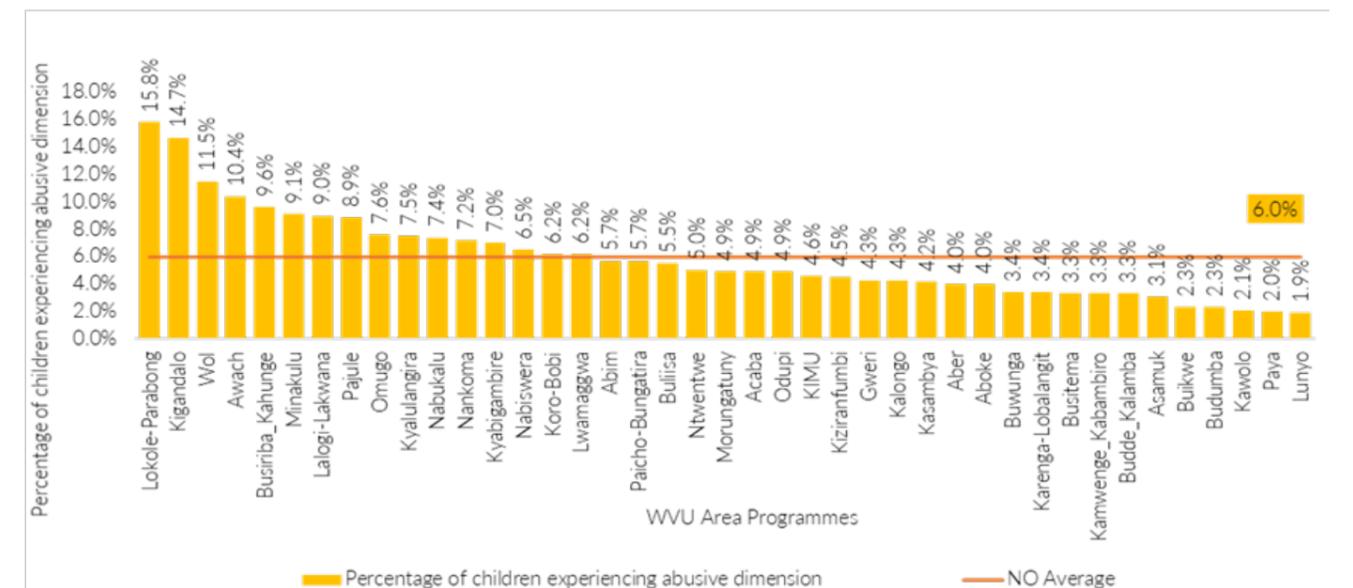


Figure 23: Percentage of children experiencing abusive or exploitative relationships by AP

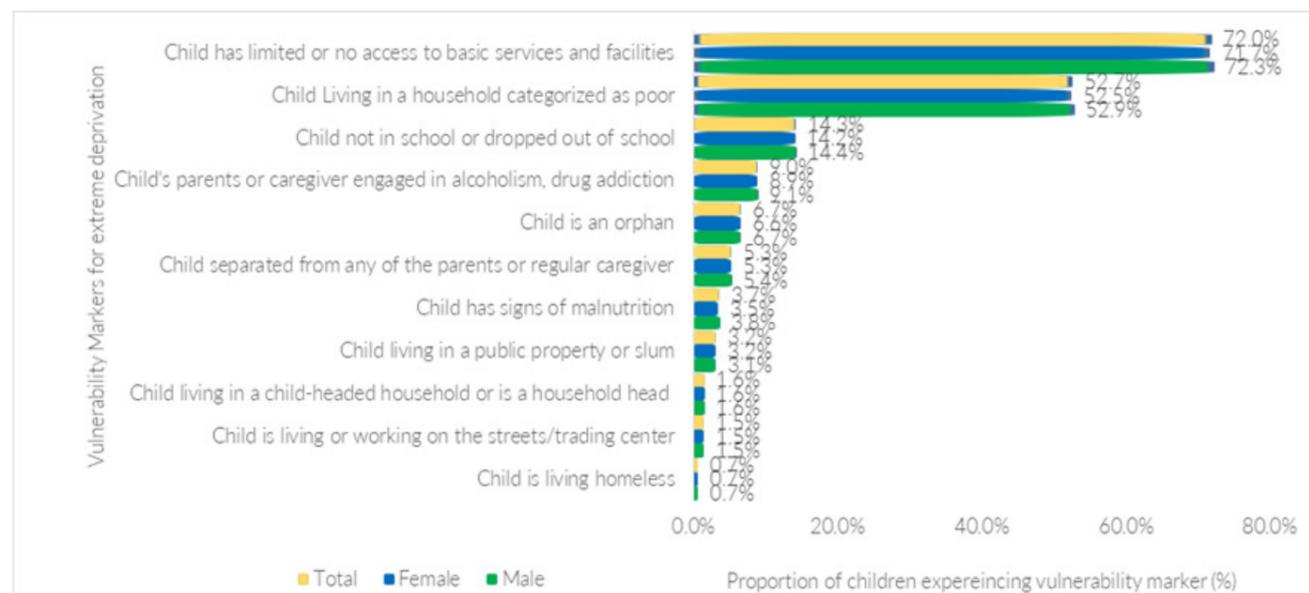


Figure 24: Children experiencing extreme deprivation

Qualitative findings from FGDs and KIs with community members highlighted a number of key driving factors for the high levels of extreme deprivation. For the limited or no access to basic services and facilities; participants mentioned lack of free services in most health facilities as per Government of Uganda policy as people are charged some fees for medical services which are supposed to be free, most areas within the communities have bad roads which are sometimes inaccessible, limited or no equipment's in the distant health facilities needed to support health personnel to provide adequately services, lack of adequate staffing the facilities as required, long distances to the schools and health facilities, drug stock outs at health facilities requiring patients to procure yet they cannot afford, limited access to safe drinking water as most communities have few boreholes that are always non-functional, increased population competing for the limited services and facilities, Limited resource allocation in rural communities as much of the money is allocated to urban areas, and limited infrastructure or extremely poor such as roads, clean water supply and sanitation facilities that makes it hard to provide essential services like health care.

"Parents need to take children for school and facilities near them for treatments, immunization, among others"

"Government should ensure that health centers have enough drugs for improved health serves said Atyang Jenifer."

"Over production of children among our community members has left our service points to be overwhelmed with too much population to serve"-Parish Chief -Buwunga.

"Reduced access to basic services and facilities by children is a pressing issue that demands immediate attention. While World Vision has made significant strides in addressing this challenge, it is crucial for the government to step up and provide additional support. Every child deserves access to essential services and facilities, and together, we can make this a reality."

"Even the facilities/structures that the government has already provided are not satisfying and are in a poor state " says a child participant in Western Uganda.

In addition to the above, qualitative data further revealed some key contributing factors to household poverty in the community. Firstly; high rates of unemployment, lack of access to credit, climate change is one of the factors predisposing households in to poverty as most farmers cannot adequately predict weather patterns leading in to poor yields, prolonged dry spell that greatly affects crops leading to poor yields, price fluctuation of agricultural commodities, most prices of commodities are low compared to the investment by farmers during production as a result farmers therefore cannot adequately make profits from their production making it hard for them to provide well for their children, high interest rate on capital borrowed for investment provided by MFIs, poor and unreliable weather patterns, high cost of farm inputs, climate change, alcoholism and limited or shortage of land.

"Some of the parents spend their time in the trading centres to drink alcohol so it has led to poverty and domestic violence" community member in Northern Region.

"I have seen first-hand the struggles that children living in households below the extreme poverty threshold face every day. It's heart breaking to see children go without necessities like food, clothing, and shelter. We must do everything in our power to lift these children and their families out of poverty and give them the opportunities they deserve to succeed."- Chairman LC1

Many households are still falling below the extreme poverty threshold, this has caused other issues to emerge. For example, there is child labour, teenage pregnancies, among others "The intervention of government and introduction of programs like emyoga has encouraged people to be in saving groups unlike in the past where people did not know how to save their income"-Chairman LC3-Gweri Sub county.

It is also important to take note of the 14.3% of children who are either not in or dropped out of school yet they are of school going age as illustrated by the figure above. From the community discussions held, this is majorly tied to a number of factors that include among others; inability of parents and other care givers to provide basic needs for their children, school fees are high coupled with high poverty rate among households has made in hard for some parents to pay school fees for their children up to completion, corporal punishment that some school gives to the children, hence school dropout, lack of midday meals to pupils. Children therefore drop out of schools because of hunger, lacks changing rooms for girls this has predisposed young girls to poor menstrual hygiene, some parents also don't provide sanitary pads to their girls. This has resulted to most girls dropping out of schools, limited access to education facilities by some children who travel long distances especially for secondary education has increased school drop out to that level.

"All schools should be supported to provide midday meals for children while at schools said Hellen."

"There are still cases of domestic violence, child neglect, child discrimination, poverty, lack of parents, vulgar language use, and single parents which is affecting the decrease" - Parent

However, qualitative data also highlights good strides registered over the years in ensuring all children are enrolled in school as well as on the other markers of vulnerability whose proportions are low when compared to poverty and limited or no access to facilities and services.

"The parents used not to consider education so much most especially on the girl child but these days, parents have realized the importance of education for all children"-Parent-Nankoma Town Council

"The coming of NRM brought Free education for all. This has increased in school enrolment. However, the quality of knowledge got from the education does not build our children"-LC3 Chairperson-Nankoma Sub county.

"Growing vegetables become a requirement for every household. A lot of vegetables are grown around the backyard which are a great source of vitamins A, C, E, etc, and minerals such as iron, magnesium, Zinc, etc. Health" Assistant in Northern Uganda.

"Increased access to information and nutritious meals are key factors in reducing child malnutrition." Community FGD participant in Northern Uganda.

"In the past, the parents were not aware of the balanced diets which affected most of the children but in the current trend, the communities have always been sensitized on how to reduce malnutrition"-VHT-Bukubansiri village

"Most parents have provided education to their children which has kept them out of the streets. The parents have also engaged in businesses that has enabled them maintain their children"-Concerned Parent-Bugiri

"Most of the parents have known their responsibilities compared to the past where parents used to leave families for children as they go to landing sites to carry out fishing"-CDO-Buwunga sub county.

Overall, there are no major variations in vulnerability across markers for boys and girls in regards to children experiencing extreme deprivation. These two (limited or no access to basic services and facilities and poverty) remain the main common vulnerability markers that continue to affect children over the years in comparison to the 2018 MVC assessment results.

In regards to the distribution of Children experiencing extreme deprivation across the WVU regions of operation, the proportion of children experiencing this particular dimension is highest in West Nile (94.3%), and closely followed by Northern (87.6%) as shown by the figure below. There is no major variation between Eastern (78.6%) and Western (77.7%) regions as they are as well below the national average of 81.2%. There are no major variations when it comes to this dimension by gender.

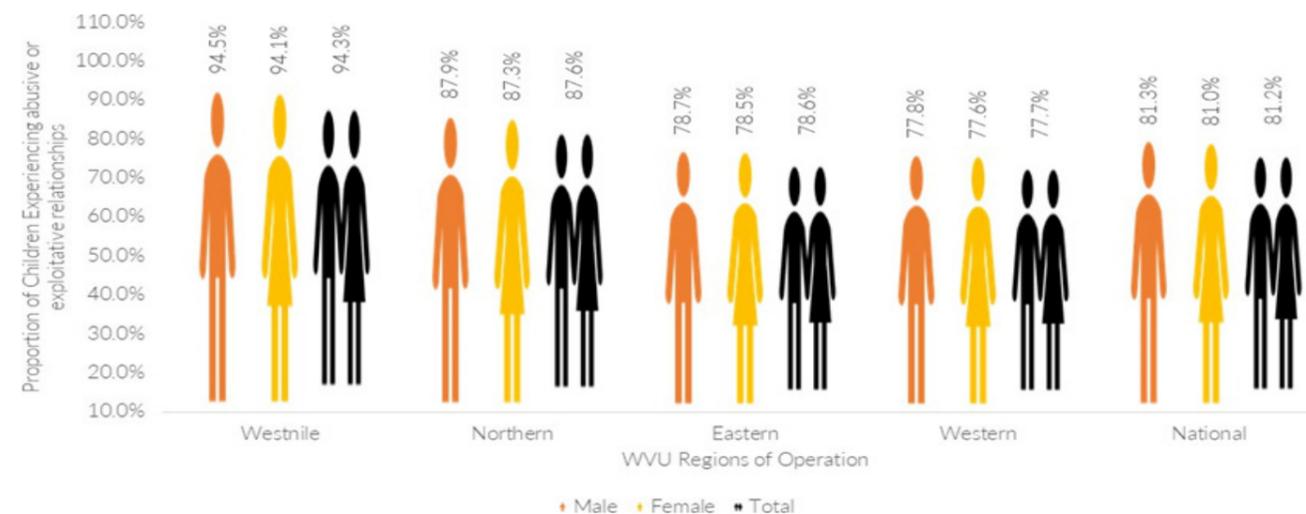


Figure 25: Children experiencing extreme deprivation by WVU region of operation

In regard to the distribution of children experiencing extreme deprivation across the WVU Area Programmes, the MVC assessment results reveal relatively similar patterns as shown by the figure below. It's very clear from the figure below that most of the area programmes are either above or very close to the national average, implying that the highest proportion of children in these communities are living under extreme material poverty or deprivation of caregivers

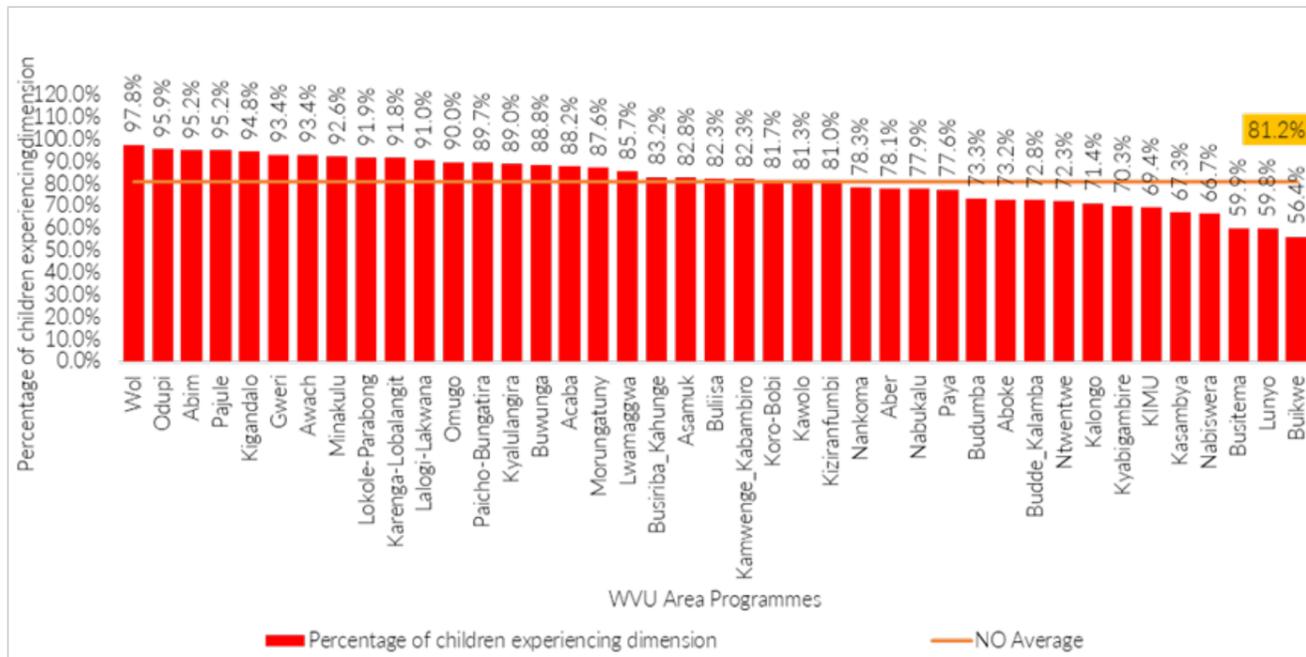


Figure 26: Percentage of children experiencing extreme deprivation by Area Programme

### 3.14.3 Children with Vulnerability to catastrophe or disaster

Overall, 10.5% of children assessed were found to be experiencing catastrophe or disaster. As shown by the figure below, the most commonly experienced markers included; children living in communities prone to disasters (6.4%), Children living in former war zones (4.2%) and Children living with old parents or guardians at 4.1%. The least common being children having a chronic illness at 1.9%. Overall, there are no major variations between boys and girl's vulnerability as illustrated in the figure below.

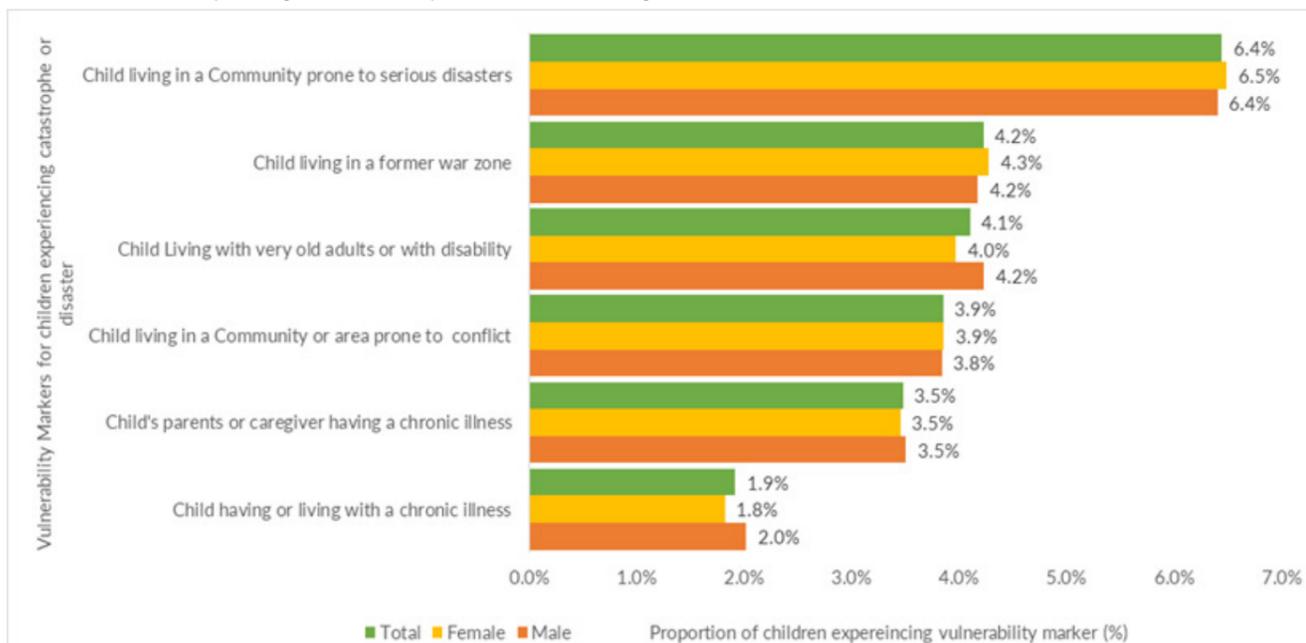


Figure 27: Vulnerability Markers for children experiencing catastrophe or disaster

The assessment results indicate that Northern region has the highest proportion (21.3%) of children experiencing vulnerability to catastrophe/disasters with Eastern region having the lowest (5.5%) percentage as shown by the figure below. There are no major variations when it comes to this dimension by gender. Focus group discussions with community members in Northern region highlighted a number of key contributing factors to this status that included; famine caused by changes in the weather patterns and climatic conditions, human activities such as charcoal burning, deforestation, and swamp reclamation that have resulted into rampant droughts affecting food production, pestes and diseases that have affected the production and yields thus affecting the yields hence leaving many households food insecure, excessive consumption of alcohol leading to high level of conflicts in households within the communities, and land fragmentation that is another leading cause of conflict in the region.

"Conflict level exists in terms of theft, and domestic violence, child abuse and land wangles. There is also some little witchcraft. However, there is general relative peace in the sub county due to good working relationship between political civil, religious and cultural leaders, accounting for the low number of children who responded to this question." Community FGDs in Northern Region

"Famine because of changes in the weather patterns and climatic conditions has caused food security and cases of malnutrition in Karamoja and Acholi sub regions." Agricultural Officer.

"Land fragmentation has caused many land related conflicts in Northern Uganda. People are always fighting over land issues consequently leading in to conflict." Elder in Northern Uganda

In support of the MVC assessment quantitative findings under section 3.10 above illustrating that there have been significant reductions in the children experiencing catastrophe or disasters, qualitative data underscores several key factors. Firstly, mobilization and sensitization of communities on hygiene and sanitation through the local media, community gatherings, and meetings to prevent epidemics or pandemics, the test and treatment policy by the government helps to manage situations before they spread out, Improved surveillance by the local government in monitoring human behaviour, activities, and information for purposes of influencing, managing, or directing actions, and presence of police stations in communities to help detect and prevent crime. Below are excerpts from community members:

"We had war in 2003 so we did not have wars in the last 5 years-GISO - Morungatuny"

"The rates of internal conflicts like civil wars, religious war has reduced compared to the past" "We now have police stations that helps in handling conflicts before they become to big" "Almost all our family members received the COVID 19 vaccines and now we are living healthy" "Improved surveillance by the local government in monitoring human behaviour, activities, and information for purposes of influencing, managing, or directing actions in case of any outbreak." Community development officer

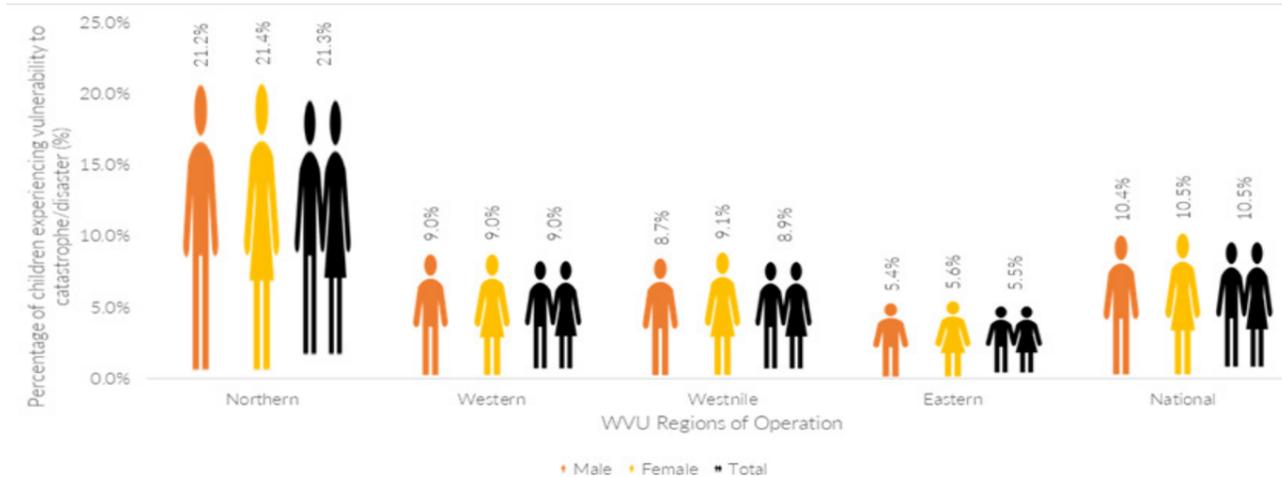


Figure 28: Children experiencing vulnerability to catastrophe or disaster by WVU region of operation

As shown by the figure below, the majority (63.4%) of the Area Programmes' percentage of children experiencing vulnerability to catastrophe/disaster is below that national average of 10.5%. The highest proportions being in Wol (80.2%), Pajule (61.1%) and Lokole Parabong (55.7%) all these being in Pader and Agago districts in Northern region. These are closely followed by Abim (30.9%), and Awach (29.4%) in Karamoja region. Low proportions of children experiencing this vulnerability dimension are seen in Budde Kalamba (0.4%), Kamwenge Kabambiro (0.4%), Lunyo (0.4%), Bulkwe (0.5%) and Kigandalo (0.9%) respectively.

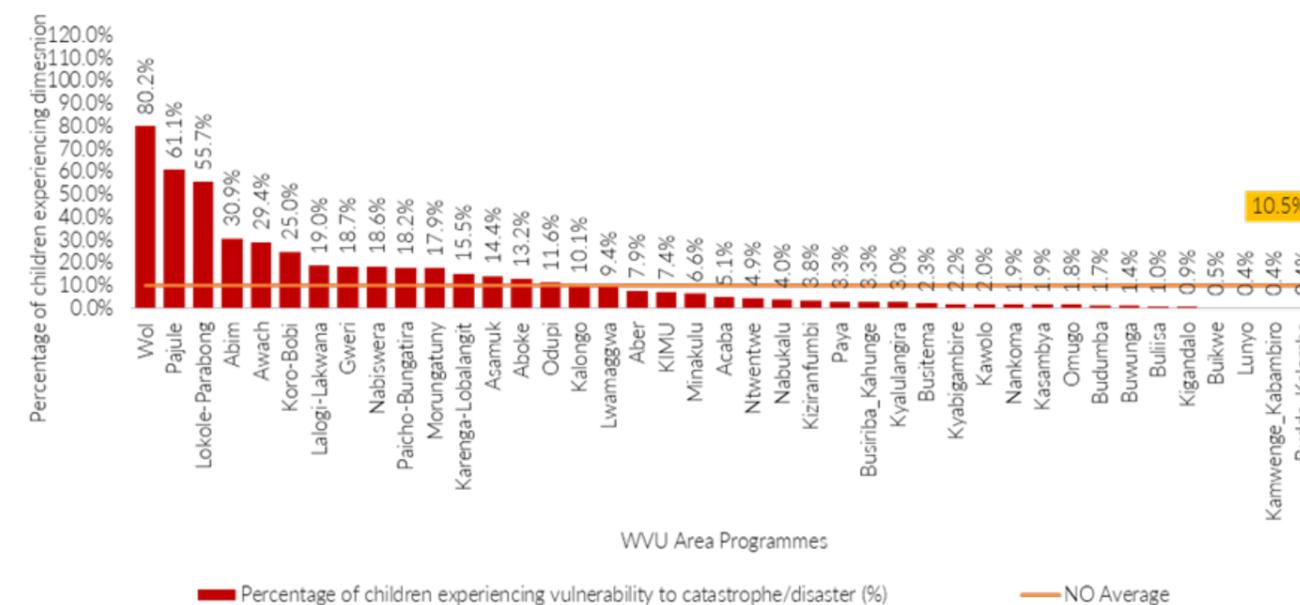


Figure 29: Percentage of children experiencing vulnerability to catastrophe/disaster by AP

### 3.14.4 Children experiencing serious discrimination

The MVC assessment results indicate that 85.8% of children are categorized as experiencing serious discrimination. This is the dimension experienced by most children very closely followed by extreme deprivation. The most commonly experienced vulnerability marker as children with no birth certificates (84.4%) with no major variations by gender as shown by the figure below. This is by far the most pressing issue for children under this dimension. Given its significance when it comes to the protection of children, this needs to be further interrogated to see how sustainably it can be addressed as it was still the most common (69.9%) vulnerability factor children experienced in 2018.

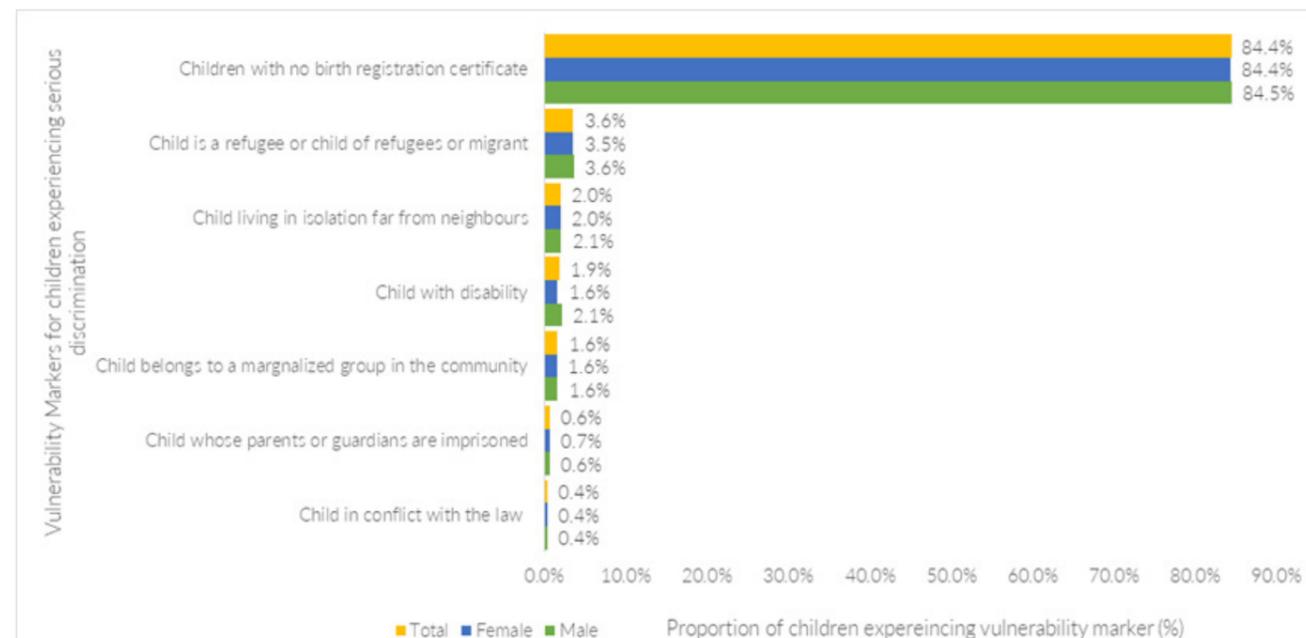


Figure 30: Vulnerability Markers for children experiencing serious discrimination

Qualitative findings also agree with the data illustrated in the figure above as they highlight the difficulties and challenges associated with obtaining birth certificates as a result of registration of persons in the communities. Communities highlighted a number of factors to explain why high proportions of children do not have birth certificates and these included; limited knowledge of the importance of birth registration by the parents/guardians, too much bureaucracy and costs attached to processing birth certificates, distant access points for birth registration, high birth registration certificate fees, limited information on the registration process, as well as long distances to the NIRA offices for the communities.

*“NIRA Offices are only located in Towns which is hard to easily access because of the distance, I wish they could establish offices at parish level where the majority of the children” FGD responses with community members.*

*“It is difficult to register children since NIRA services cannot easily be accessed and the process is time consuming.” Response from a mother in Northern Uganda.*

*“Very many people do not understand the birth registration process coupled with the requirements needed. In addition, the distance to the registration points (NIRA-Amuria) and the cost of acquiring one has led to many people not registering their children” Community Development Officer in Eastern Uganda.*

Discussions with community members revealed the implications of the lack of birth registration certificates to children in the community. Key among these include; hindrance in accessing judicial services, education services, health services among others within the community especially for services that are tagged to a household having children like mosquito net distribution, community co-curricular activities, distribution of farm inputs etc. Birth certificates are required when joining to school i.e. nursery, primary and while registering for UCE, eradication of the traditional birth attendance has encouraged most mothers to deliver at health facilities make it easy for them to acquire birth certificates.

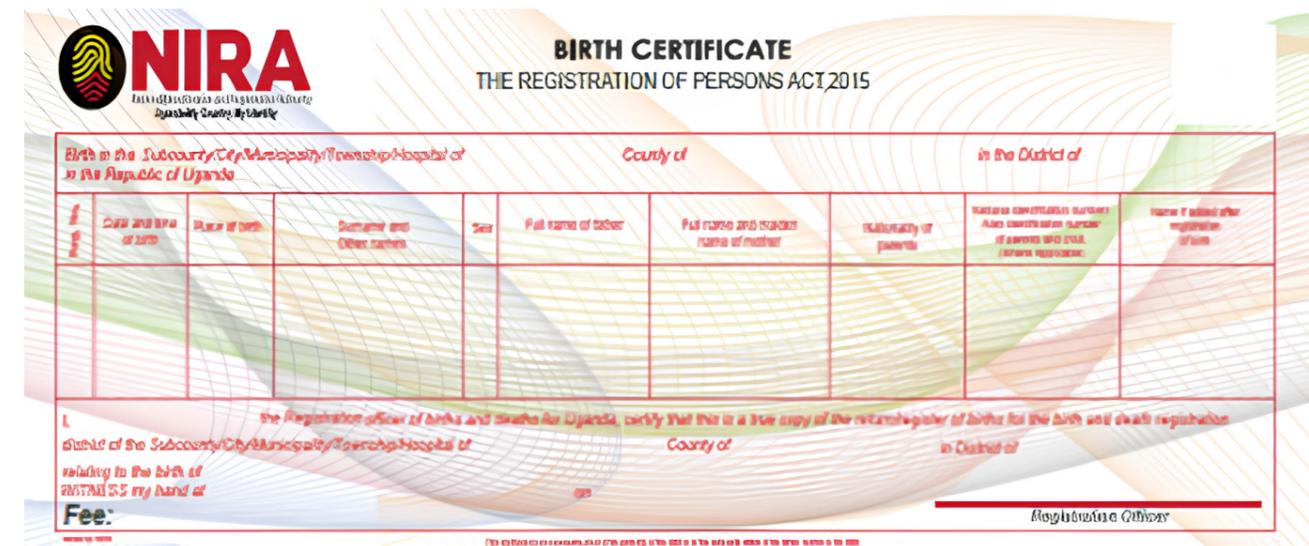
*“Birth certificates are more than just pieces of paper; they are the foundation of a child’s identity, rights, and opportunities. Every child deserves to have their existence officially recognized, and every parent has the responsibility to ensure their child’s future is secure. Let’s not take this crucial document lightly; let’s take action and ensure every child has the birth certificate they deserve.”- Community Development Officer in Eastern Uganda.*

*“..... I have children that are between 15 and 17 years of age, but whenever they come to register households for mosquito nets my household is jumped because they look at my children as being adults without having any proof that they are actually still children.” Response from a mother.*

The community views expressed above on the implications of non-availability of birth certificates are in line with the Handbook on birth, death and adoption Order registration by the National Identification and Registration Authority (NIRA).

Below are excerpts from this document:

- Laws governing birth, death and adoption order registration in Uganda
- 1) Article 18 of the 1995 Constitution of the Republic of Uganda
- 2) Registration of Persons Act 2015
- 3) Section 54 of the Children Act Cap 59 Laws of Uganda



#### What is Birth Registration?

This is the official recording of the name, sex, place of birth, date of birth and parentage of an individual as prescribed by law. In birth registration, we answer the “who”, “where”, “when” and “to whom” of an individual. Birth, death, and adoption certificates provide useful information that may be used to establish Ugandan citizenship. Birth registration information keeps the national identification register current and accurate. Why is birth registration important?

The 1995 constitution of Uganda and the Registration of births registration makes birth registration mandatory in Uganda. Failure to register a birth attracts a penalty of imprisonment and or a fine. Birth registration is very important due to the following reasons:

It opens up a world of health care. Every year, millions of children die from preventable diseases before they reach the age of five. Unregistered children are often unable to gain access to health care services or pay more for those services than a registered child. But a birth certificate means a child can access medical treatment and the vaccinations he or she needs to stay healthy.

It means an education. Without birth registration, a child can be kept from participating at school. But with a birth certificate, a child will have the necessary documentation needed to enrol in government funded schools.

It can provide protection. Without identification, government officials have no documentation of a child’s existence. As a result, the law is incapable of protecting children from crimes and abuse. But effective birth registration protects children and provides them with their legal rights.

It can help provide an inheritance. If an unregistered child’s parents pass away, they need to legally prove they are related to inherit their family property. But with birth registration, a child will have the legal proof of their family ties, ensuring they receive what belongs to them.

It creates a permanent record of existence. If a disaster strikes and a child is separated from his or her family, a reunion could be next to impossible without proper identification. But with birth registration, government officials can safely unite families and prevent any child from going unaccounted for.

Hence in reference to the Registration of Persons Act 2015, possession of a birth certificate to a child is more than just a paper as it is pivotal to a child being able to access accessing services or opportunities essential to their protection or development without any limitation in the Ugandan context.

Literature review also shows that the United Nations Convention on the Rights of the Child entitles every child to be registered immediately after birth. Birth registration, is an important measure of legal identity, is recognized in target 16.9 of the Sustainable Development Goals (SDGs), which aims to “provide legal identity for all, including birth registration” by 2030. A birth certificate is a key document of one’s birth and can be used in courts of law as evidence in verifying a child’s actual date of birth if contentious. Lack of birth registration violates children’s fundamental rights, including their right to nationality, and may also hinder young children’s access to targeted health services and social welfare programmes and enrolment in school. Without a birth certificate, a child’s exact age is challenging to prove, which is important for ensuring that children receive age-appropriate recommended schedule of vaccinations, applying correct growth standards to estimate children’s nutritional status (i.e., height-for-age or weight-for-age), and verifying that children are at least a minimum age upon entering school. This further shows that that not having a birth certificate negatively affects a child’s early growth and development outcomes

However, the least common vulnerability markers identified were Children in conflict with the law (0.4%) and Children whose parents or guardians are imprisoned (0.6%) as shown by the figure above. The improvements on the other vulnerability markers are attributed to; strengthened child protection community structures, community awareness of child rights, roles, and responsibilities, effective awareness creation of the existing laws and policies, and enforcement of the existing by-laws by local authorities that criminalized any form of abuse has been effective in enhancing case management among others.

*“Supportive structures such as faith and cultural leaders, CPCs, and Para-social workers that know referral pathways.” – LC1 Chairperson*

*“This has been possible because of the massive awareness and community sensitization meetings conducted on child protection laws, policies, and guidelines in the community, the formulation and implementation of the child protection by-laws, and law enforcement. However, 0.3% is attributed to alcoholism and drug abuse, urbanization, school dropout and child neglect among others.” – Subcounty Chief Aboke.*

*“Since my son received a wheelchair from World Vision, he is now able to participate in home chores including going to school with the help of siblings and friends” A mother to a disabled child*

*The cases of Children with disability have greatly reduced. In the past it was very hard to immunize children against Polio due to distance, through outreaches, more children have been reached*

"The decline in the number of children with disabilities is a testament to the transformative power of improved healthcare services, heightened awareness, and early detection. Additionally, the provision of essential services and assistive devices is instrumental in empowering children with disabilities to lead fulfilling lives." -In-charge-Paya HCIII

"In the past, there were so many conflicts that used to cause an increase in the rate of refugees compared to now days where there is peace even in families." A Mother in Easter Uganda

In regard to the distribution of children experiencing serious discrimination across the WVU regions of operation, there is no major variation as shown by the figure below: The proportion of children experiencing this dimension is relatively similar as illustrated below for boys as well as girls:

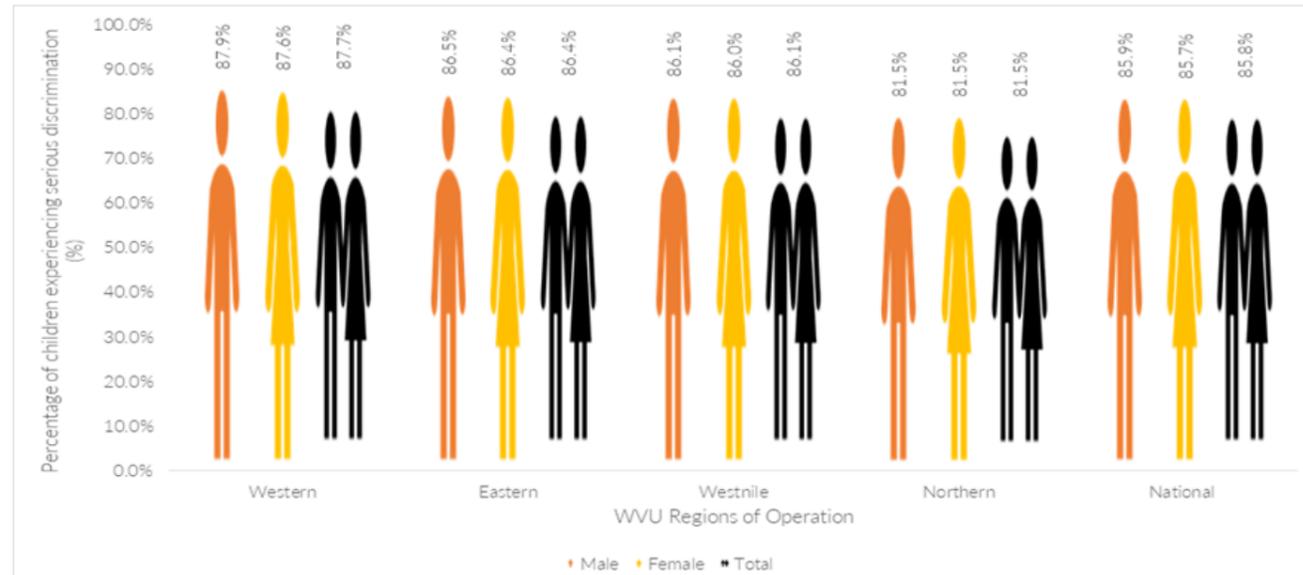


Figure 31: Children experiencing serious discrimination by WVU region of operation

In regard to the distribution of children experiencing serious discrimination across the WVU Area Programmes, the MVC assessment results reveal relatively similar patterns as shown by the figure below. It's very clear from the figure below that most of the Area Programmes are either above or very close to the national average, implying that the highest proportion of children in these communities are experiencing risky vulnerability markers that prevents children from accessing services or opportunities essential to their protection or development.

The highest proportions of children experiencing serious discrimination are in; Kigandalo, Buwunga, Buliisa, Nabukalu, Kalongo, Busiriba Kahunge, Kamwenge Kabambiro, Nabiswera, Budde Kalamba, Paicho Bungatira, Lwamaggwa and Kasambya APs. It's important to note that majority of these are within Western Region as illustrated below

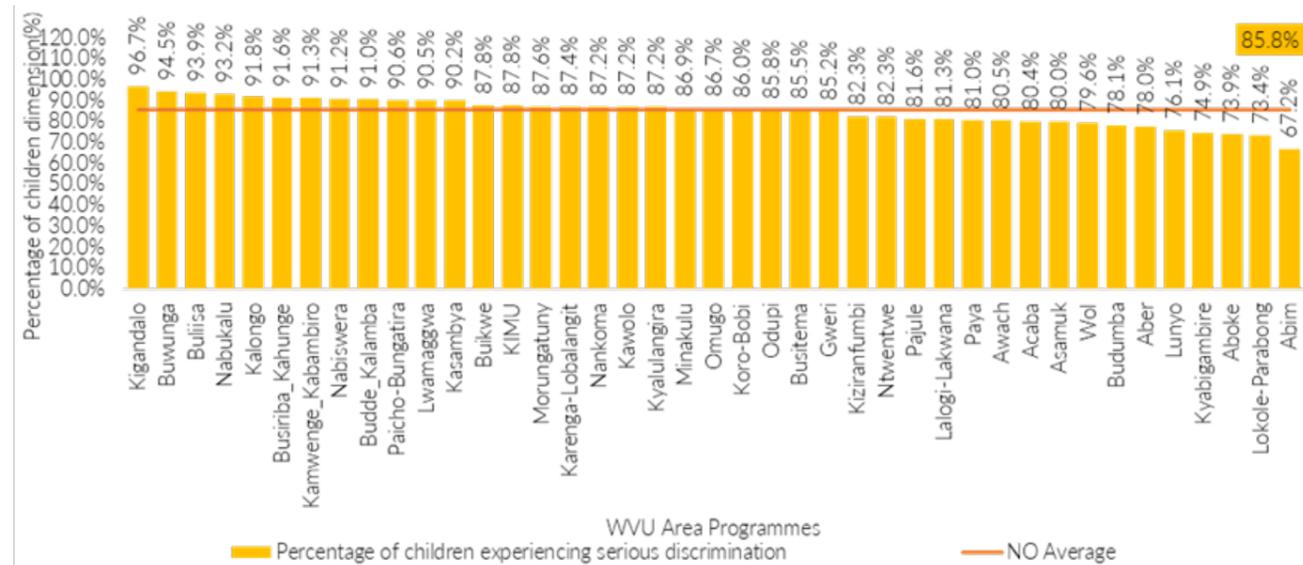


Figure 32: Percentage of children experiencing serious discrimination by AP

### 3.15 Child Participation

Child participation is a key right and a core principle of the UN Convention on the Rights of the Child (UNCRC). It states that children and young people have the right to express their opinions freely. People have a duty to listen to children's views and to help them take part in any activity that matters to them. This includes activities in their family, school, and local community, as well as public services, institutions, government policies, and judicial procedures. The results illustrated below speak into the current status of child participation:

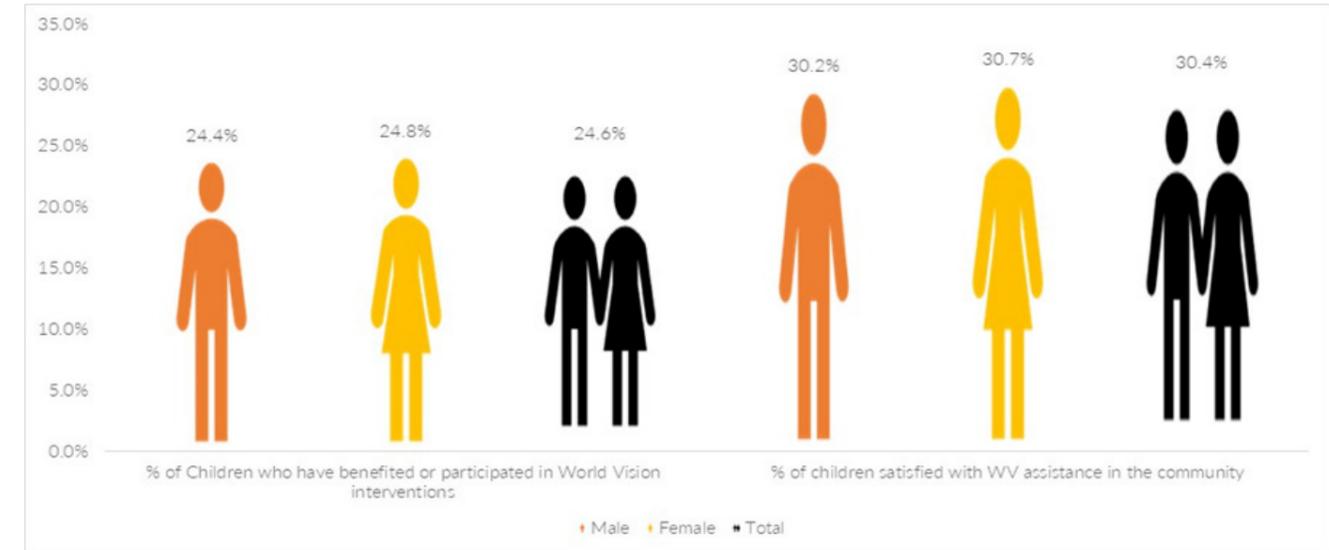


Figure 33: Child Participation

MVC assessment results indicate that only 24.6% (24.4% boys, 24.8% girls) have benefited or participated in World Vision Interventions with only 30.4% (30.2% boys, 30.7% girls) of the children being satisfied with WV assistance in the community. This implies that there is limited participation of children in WV programmes and later satisfaction as illustrated by the figure above. This implies that approximately only 3 out of every 10 children within WVU areas of operation are benefitting or participating in WV interventions in the communities.

From the community and staff discussions held, the low proportion of children participating in World Vision interventions in the communities is majorly tied to a number of factors that include among others; In Older APs like Aboke for example, approximately 80% of the sponsored children have grown into adults (i.e. 16+ years old) and feel they can survive on their own. These youth are very mobile as they keep on changing locations from one to another looking for employment opportunities in both the informal and formal sectors. This mobility limits them from participating in or benefiting from World Vision programs/ interventions. Additionally, a proportion of the children especially the adult youth are school dropouts while others already have children because of indulging in early or pre-marital sex. This category, feel too shy to come and participate in program activities planned at either the CDPCs or community level due to low self-esteem or fear that they might be followed up. The APs with Aged RCs have got a limitation in their participation when it comes to age-appropriate participation where most of the world vision intervention targets specific age category thereby hindering older RC participation. Project activities (especially R&L) don't target children as primary beneficiaries or participants but rather their households and this ends up affecting children participation to a level they appreciate and understand. Some parents are refusing their children from participating because they are not seeing the direct benefits.

"Low Prioritization of Children Involvement in different TPs as a result of not having intentional planning that ensures child participation in world vision interventions."

"Our participation measures have been focused on RC participation rather than general children"

"Our mode of implementation is based in communities instead of individual people"

"Interventions need to focus on targeting majority of children since we WV is child focused Organization."

The figure below shows that slightly more than half (53.6%) of the children are aware of any complaints and feedback mechanisms in the community where they are able to voice their ideas and concerns, enabling more relevant, effective, and safe work. There are no major variations by gender. This implies that approximately 5 out of every 10 children are aware of where to voice their ideas and concerns.

The assessment further sought to establish the satisfaction of children when it comes to addressing raised complaints or feedback. The results indicate that only 11.6% of the children are satisfied with the time it took to close their complaints or feedback. This is a direct pointer to non-responsiveness towards acting on children ideas and feedback to ensure more relevant and effective programs in the communities for sustained child well-being.

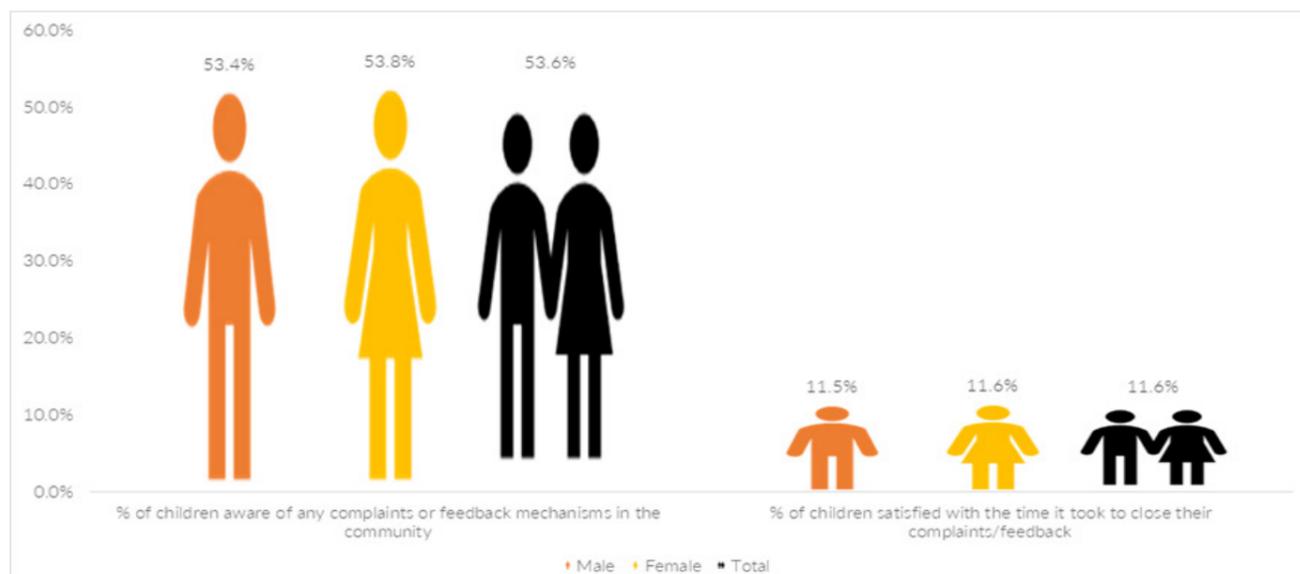


Figure 34: Programme Accountability

Qualitative data revealed that, there are high expectations even among the children especially the grown-ups who feel World Vision should provide them with tangible things or give direct benefit such as paying their school fees, medical bills and buying for them clothes etc rather than emphasizing shared benefits. Similarly, parents and guardians who continue to attach benefit to materials or handouts also hold this perception. Therefore, any intervention that is intended to benefit the whole community is not wholly understood to have been theirs. Additionally, there is limited understanding of World Vision sponsorship Programming which emphasizes shared benefits. This however, requires World Vision to focus on creating more awareness through sponsorship sensitization such that both children and their parents/guardians gain common understanding of World Vision's development approach

**Below are excerpts from staff discussions:**

"High expectations of direct benefits from World Vision among children which could be contributor."

"Negative attitude of some parents has denied their children from participating in World Vision programs."

"Limited awareness among the target communities about the availability and benefits of World Vision interventions could result in low participation rates."

"Poverty among household's limit families' ability to afford transportation costs or take time off causal work to participate in world vision interventions, could contribute to low participation and dissatisfaction rates."

"The AP populations are very high compared to the targeted population of registered children which is affecting their satisfaction but also limits participation in program interventions."

"Some of WV Interventions especially LIP, focuses on Government schools which leaves out private schools where some of the children attend, so children in private schools don't get to benefit."

"Most of the interventions targets adults who do not transmit/pass on information to children."

"Another factor could be ignorance among community members about how they have participated and a failure to appreciate WV's contributions in the area."

"Children compare WV's community-focused approach with other organizations' child- centred sponsorship, leading to dissatisfaction."

"This could be attributed to programming that is not intentional in promoting child participation."

"Varying Opinions and Expectations, Different individuals within the community have varying opinions and expectations regarding WV assistance. This could be influenced by factors such as cultural beliefs, socioeconomic status, personal experiences, and perceptions of WV's effectiveness. Differing expectations can result in discrepancies in satisfaction. Previous benefit from other NGOs directly to the children and community, this makes community

## 4 Conclusion

This section provides a summary of the major conclusions and recommendations deduced from the findings of the MVC assessment. The conclusions and recommendations are informed by the findings and analysis section above.

### 4.1 Conclusions

In reference to the findings of the MVC Assessment, the following are the major conclusions;

- Overall, 96.8% of the children (96.8% boys, 96.8% girls) assessed were established/found to be vulnerable. However, in relation to the MVC definition 73.6% (73.7% boys, 73.5% girls) were categorized as most vulnerable.
- Non PFAs have a higher proportion of MVC (79.2%) when compared to PFAs (73.6%) with no major variations in vulnerability between girls and boys in both locations.
- There has been a slight increase in the proportion of children categorized as MVC from 72.4% in 2018 to 73.6% in 2023.
- Much as there are no major variations in vulnerability by gender, it's important to note that boys are slightly more vulnerable than girls
- The proportion of MVCs is higher among non-Registered Children (76.1%) compared to the Registered Children (66.9%) with boys having slightly higher proportions of MVC compared to their girl counterparts.
- The most prominent dimensions affecting children are serious discrimination (85.8%) and closely followed by extreme deprivation (81.2%) with no major variations in across all the dimensions by gender. Hence these two dimensions are the most significant contributors to children vulnerability
- There has been an increase in the children experiencing serious discrimination from 78.3% (2018) to 85.8% (2023) coupled with an increase in the proportion of children experiencing extreme deprivation from 70.5% (2018) to 81.5% (2023).
- On a positive note, there have been significant reductions in the children experiencing catastrophe or disasters and abusive or exploitative relationships.
- It is interesting to note that APs 6-10 years have lower proportions of MVC compared to APs 10+ years. This was the same scenario according to the 2018 MVC assessment results.
- MVC Assessment results reveal that the highest risk markers experienced by children under extreme deprivation are limited or no access to basic services and facilities (Health care, Education, Water etc.) (72.0%) and closely followed by children living in households categorized as poor (52.7%).
- The most commonly experienced vulnerability marker under serious discrimination are children with no birth certificates (84.4%) with no major variations by gender.
- In relation to vulnerability by age category, the 2023 MVC assessment results indicate that children 0 – 5 years have slightly higher proportion of most vulnerable children closely followed by children 6 – 11 years. Despite having no major variations in vulnerability by gender, girls in all age groups have low proportions of MVCs compared to the boys.
- Most Vulnerable locations in Uganda: At regional level; Northern is the most vulnerable region in Uganda and closely followed by Eastern Region as the second most vulnerable region. These are the two most vulnerable regions in Uganda. At Sub Regional level; Karamoja sub region is the most vulnerable sub region in Uganda, Acholi sub region in second place, West Nile in third place, Busoga in fourth place and Bukedi in fifth place. Even within these sub regions, rural areas are more vulnerable than urban areas.
- MVC assessment results indicate that only 24.6% (24.4% boys, 24.8% girls) have benefitted or participated in World Vision Interventions. And 30.4% (30.2% boys, 30.7% girls) of the children are satisfied with WV assistance in the community. This implies that there is limited participation of children in WV programmes.
- Slightly more than half (53.6%) of the children are aware of any complaints and feedback mechanisms in the community where they are able to voice their ideas and concerns, enabling more relevant, effective, and safe work. However, only 11.6% of the children are satisfied with the time it took to close their complaints or feedback.
- In regards to education attainment, the results further reveal that 14.5% of the children assessed dropped out of school with no major variations by gender
- In terms of food security, only 45.3% of the households indicated being food secure. This implies that a significant proportion of households (54.7%) are not able to access sufficient safe and nutritious food that can enable them meet their dietary needs and food preferences for an active and healthy life. It was also discovered that food production critical at facilitating food security is hampered with the households limited accessibility and use of improved farm inputs or improved technologies as only 29.4% of households are currently able to access and utilize improved farm inputs or improved technologies. Majority (71.8%) of the adult respondents are into farming as a main source of income which reflects the true reality of Uganda's economy that indicates that over 70% of Uganda's working economy is employed into Agriculture (UBOS, 2022).
- Access to financial services is a critical needed support service for farmers, and during the assessment; we sought to establish what proportion of households had access to and benefit from financial services to boost production. The results indicate that, a small proportion (28.6%) of households reported having access to and benefit from financial services. Income is a very key factor to the sustained well-being of children in the communities. However, the results indicate that a very small proportion (17.6%) of households with multiple income sources for risk diversification.
- Financial literacy coupled with access to financial resources comes with an assortment of advantages than can latter translate into improved standard of individuals through an increase in financial stability hence included as part of the assessment to double with the communities. The assessment results reveal that majority (75.2%) of households do not have basic financial literacy coupled with no access to financial resources hence negatively affecting their financial stability

### 4.2 Recommendations

The report makes the following key recommendations:

- The report provides credible evidence that should support the development of the World Vision Uganda growth plan- World Vision Uganda growth plan should prioritize Area Programme and Grant projects growth in the established most vulnerable sub regions. Hence as World Vision Uganda operations continue to grow, there is need to develop a clear growth plan for funding opportunities to allocate future available opportunities to Karamoja sub region as the number one priority, Acholi sub region as the second priority, West Nile sub region as the third priority, Busoga sub region as the fourth priority and Bukedi sub region as the fifth priority.
- The report's findings provide adequate evidence to inform the upcoming 2026-2030 strategy development process and re-focusing interventions towards appropriate targeting of MVC.
- The assessment report findings should lay the foundation for the review of the current technical programme designs/theories of change to ensure these are focused on addressing the identified pertinent risky vulnerability markers mainly under extreme deprivation and serious discrimination.
- The findings should be utilized to support WVU programmes Improve on the effectiveness to ensure that programme interventions and resources reach the Most Vulnerable Children.

- The proportion of MVCs is higher among the non-Registered Children compared to Registered Children. Registered Children selection criteria should be reviewed to ensure Registered Children selection and recruitment focus on the most vulnerable children.
- AP programming is not achieving sufficient reduction in the proportion of children categorized as MVC. This could be because there is a mismatch between the technical programme designs and focus on MVC. During the next strategy cycle, programme design should not merely target MVCs, but should be specifically designed in order to achieve a reduction in their specific factors of vulnerability.
- The primary AP level datasets provide an opportunity for realistic MVC targeting and performance monitoring in AP and Grants/PNS projects.
- Given the quantitative findings of this report, there is an opportunity to orient the new WVU strategy around the reduction of MVCs. This could be done at strategy goal level as well as at specific objective level and within Technical Programmes. During the new strategy development, technical programme designs and theories of change should be aligned to addressing the identified most prominent or common risky vulnerability markers affecting Children.
- The designed and adopted technical programmes within the strategy should be well thought out to ensure that they take children out of extreme deprivation and serious discrimination.

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## Appendices

WVU 2023 MVC Assessment Indicator Summary Analysis Detailed MVC Assessment 2023 National level Statistics Detailed MVC Assessment 2023 Area Programme Statistics Detailed Vulnerability by Child Age Categorization Analysis World Vision Uganda MVC Markers - MVC Priority Risk Matrix



# MOST VULNERABLE CHILDREN

REPORT 2023



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