Child Protection in Crisis

Network for Research, Learning & Action

Livelihoods, Economic Strengthening, Child Protection and Well-Being in Western Uganda

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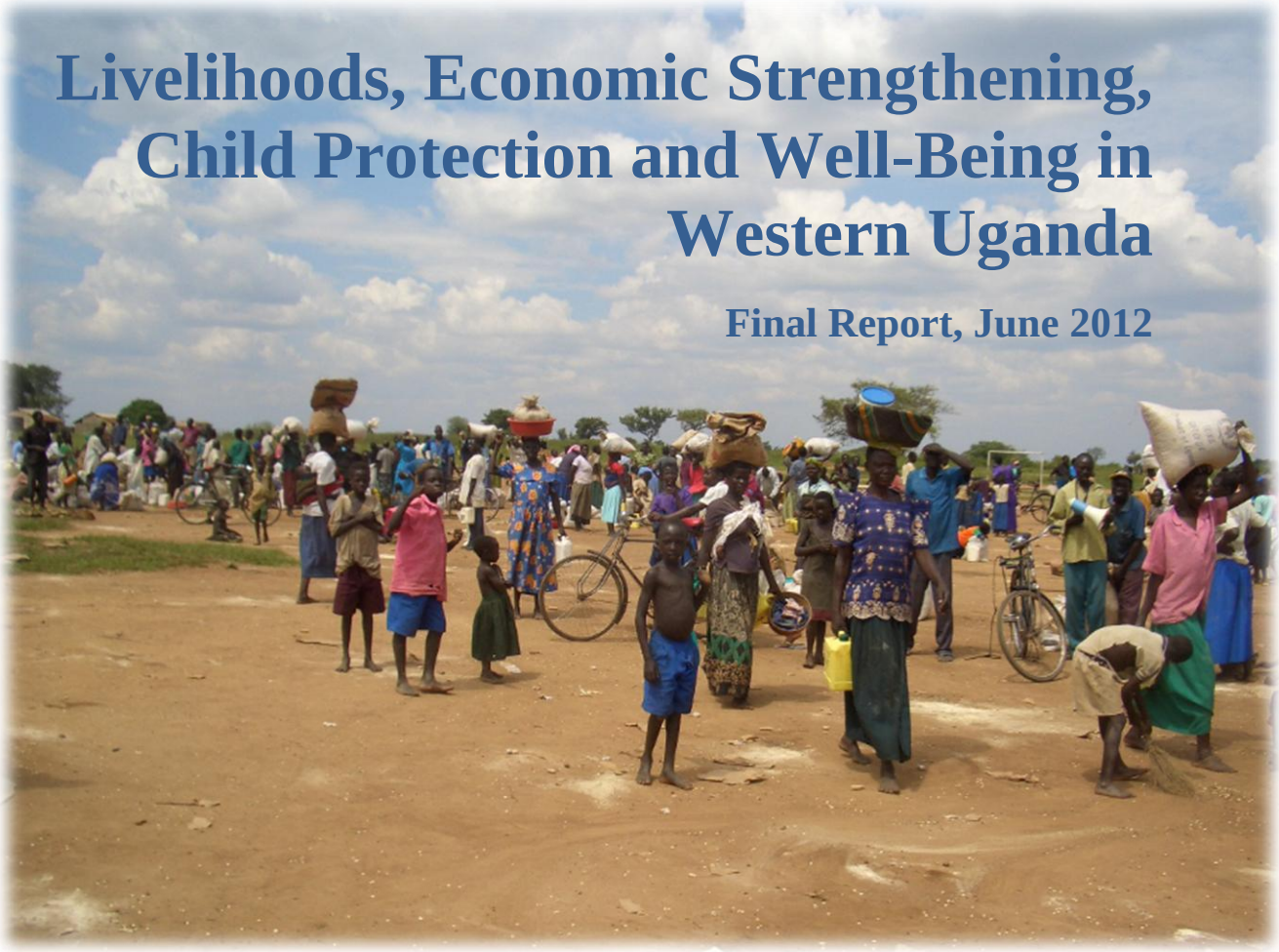

Benjamin Katz (1), Josh Chaffin (2), Inbal Alon (3) and Alastair Ager (1)

(1) Mailman School of Public Health, Columbia University, USA
(2) *Women's Refugee Commission, USA*
(3) *Western Uganda Bantwana Program, Uganda*

Columbia University MAILMAN SCHOOL OF PUBLIC HEALTH

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Address for correspondence: Alastair Ager, Professor of Clinical Population & Family Health, Program on Forced Migration & Health, 60 Haven Ave, New York, NY 10032, email: aa2468@columbia.edu or Josh Chaffin, Women's Refugee Commission, New York, email: joshuac@wrcommission.org.

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Summary

Governments and NGOs in humanitarian crisis settings are increasingly interested in tackling the intergenerational cycle of poverty through holistic interventions that integrate support for child development/protection and economic strengthening of households. This study addresses the relationship between household livelihoods and children's well-being and protection in two districts of Western Uganda supported by the Western Uganda Bantwana Initiative (WUBP).The study involves a survey of a total of 246 households with orphans and vulnerable children (OVC). Sampling allowed comparison of 142 households that had received WUBP services (for one or two years) with 104 households that had not yet received services.

Across all households both the level of assets owned and the intensity of livelihood strategies were found to be significant predictors of improved physical well-being of children, as well as of improved household provision of children's basic needs. However, children's psychosocial well-being was not found to be related to household income, assets or intensity of livelihood activities. Households with greater assets reported fewer child protection risks. The greater the number of children in a household's care, the worse the reported outcomes for children on all measures: physical well-being, psychosocial well-being and protection.

The greater the number of Bantwana services received by a household, the more likely the household was to report good psychosocial well-being of children. The level of Bantwana services received also predicted the likelihood of reporting child protection risks, indicating either increased risk or— as appears more likely— a greater awareness of protection concerns.

Findings suggest not only the value of economic strengthening activities to support the well-being of children, but also the potential importance of psychosocial support to households in complementing such provision. The significant contribution that reproductive health and family planning services may have in sustaining gains regarding children's well-being and protection in vulnerable contexts is also highlighted.

Introduction

To speed recovery and tackle intergenerational cycles of poverty, governments and agencies working with vulnerable populations in humanitarian crisis settings are looking for scalable ways to ensure children's well-being and protection from harm. As they move toward more holistic models of service delivery, some are seeking to better integrate their work in child protection with community-level economic strengthening interventions. Evidence has begun to emerge regarding associations between income, assets, livelihood activity and child well-being but, in general, little attention has been given to examining such relationships in more unstable contexts. As economic approaches gain favor among child protection actors in these crisis settings, the need for documented evidence on program impact in such contexts increases.

Impacts on Children of Economic Strengthening

While the evidence base on impacts for children from economic strengthening programs has begun to grow, it remains underdeveloped and fragmented.[1]Most studies have chosen only to focus on outcomes in education, nutrition, health and child labor, and there remains a lack of evidence from multi-sectoral interventions that include economic strengthening. Even fewer studies have looked at the effects of such programming on children's psychosocial well-being and vulnerability to risks of abuse.

Traditionally, economic strengthening programs have measured success by monitoring outputs such as program participation, and by evaluating outcomes such as increases in income and assets. Few have focused on the effects on all individuals within a household, much less on their emotional and social well-being. Donors, policymakers and implementers have assumed that an increase in financial stability of one household member would benefit the rest of the household, and rarely considered the intra-household dynamics that might mediate the flow of benefits within the home or exactly how each child might gain or lose from additional resources.

A handful of studies have demonstrated a link between increased wealth and assets with improved health, educational achievement and better nutrition outcomes in various settings.[2] Recent evaluative research in development contexts have focused on the impact from microcredit schemes, cash transfers, vocational skills training and other income-generating programs on child outcomes, primarily on the provision of basic needs like education and health, and also on child labor. The results have been mixed. A multi-region, cross-sectional study on the impact of microfinance on children found that, as household income increased, so did spending in education and healthcare.[3] Another multi-country report found similar results, where households who benefitted from microfinance interventions prioritized their increased income on children's education and purchasing more food.[4] Conversely, a study from rural Bolivia illustrated the problematic effect that increased opportunities for farming (resulting from a microfinance intervention) had on a household's demand for child labor. The lowest income households who benefitted from the program saw more gain from putting children to work for more hours in the

[1]The Impacts of Economic Strengthening Programs on Children. CPC Livelihoods and Economic Strengthening Task Force, August, 2011.
[2]See Chowa et al.; Shanks; Zhan &Sherraden.
[3] Impacts of Microfinance Initiatives on Children: Overview of the Study Report, CIDA, 2007.
[4]Jarrell Lynne et al. *Human Faces of Microfinance Impact,* Freedom From Hunger International, 2011.

fields, compared with the longer-term investment of sending their children to school.[5] Although household members are most likely aware of the advantages of educating their children, extremely impoverished conditions lead them to sacrifice the potential flow of future benefits in order to compensate for their current lack of sufficient income.[6]

In some contexts, an economic strengthening intervention results in both positive gains and unintended negative consequences. An emergency agricultural project employing asset transfers, skills training and credit access approaches in Niger saw increased nutritional outcomes for children, but also found an increased demand for labor among girls as a result of the project.[7] There is growing evidence of an inverted U-shape relationship between child labor and the amount of a micro-loan, where an initial boost in resources will increase the demand for child labor until productivity or income rises to a certain threshold level. At that point households can afford hiring outside labor.[8]

Although few in number, recent findings that identify child labor as a negative unintended consequence of improvement in livelihood capabilities and financial opportunities warrant further investigation of other potentially negative impacts on children. Also lacking in the literature are indications of other child protection outcomes like abuse and neglect, and psychosocial issues concerning emotional distress and social well-being. As more OVC initiatives take rights-based, integrated approaches, the need grows for rigorous evidence-gathering around the effects of economic changes on not just the provision of basic needs but also on psychosocial well-being and protection risks.

Ugandan Context

Uganda is one of Africa's fastest-growing countries, with a current population estimated at 34.5 million, growing at an annual rate of 3.1%.[9] With over half the population below the age of 16 and a total fertility rate of 5.9 (per woman aged 15-49), Uganda has one of the youngest populations in the world.[10] This population is comprised of 2-3 million orphans, where approximately 15% of the under-18 population and a total of 8 million (51% of under 18) are listed as moderately or critically vulnerable.[11] Many factors contribute to children's vulnerability in Uganda, including poverty, HIV/AIDS, child labor, inadequacy of child protection services, insecurity and disease.[12] In response, the Government of Uganda has drawn upon a National OVC Policy and a National Strategic Programme Plan for OVC.

[5]Maldonano, Jorge H. and Claudio Gonzalez-Vega. Impact of Microfinance on Schooling: Evidence from Poor Rural Households in Bolivia, 2008.
[6]Ibid.
[7]Burns, John C. and Omeno W. Suji. Impact Assessment of the Chical Integrated Recovery Action Project, Niger, Feinstein International Center, 2007
[8]Del Carpio, Ximena V. Does Child Labor Always Decrease with Income? An Evaluation in the Context of a Development Program in Nicaragua, Policy Research Working Paper 4694, World Bank, 2008.
[9]State of the World Population 2011. UNFPA
[10] Uganda: At the Beginning of the Demographic Transition. Population Reference Bureau, Population Bulletin, July 2011. (A fertility rate of *6.7* children per woman has also been reported in the OVC Status Report, NSPPI-1 Review, Ministry of Gender, Labour, and Social Development.)
[11] The criteria used in the Ugandan OVC analysis' definition of vulnerability include (but are not limited to) orphanhood, child marriage, being affected by HIV or other diseases, living in an area under conflict, living in a child-headed household, and lacking in access to basic services such as schooling. OVC Situation Analysis Final Report, March 2010.
[12]OVC Status Report. Ministry of Gender, Labour and Social Development, June 2010

A national household survey conducted in 2006 found that 7.5 million children were living in poverty, with the highest proportion in rural areas.[13] Although agriculture as a share of total national employment has grown in the last several years, overall productivity has declined, representing a major concern for rural households dependent on farming as both a major source of income and food.[14] The combination of high population growth and declining agricultural productivity leads to increased poverty, food insecurity and malnutrition, thereby magnifying the vulnerabilities children face.

Western Uganda

While children's vulnerability is widespread in all regions of the country, a recent situational analysis showed that, after the northern region, where the highest levels are primarily attributable to violent conflict, the western region has the second-highest percentage of 'critically vulnerable'. There, the declining productivity and dependence on agriculture in rural areas is of particular concern.[15] Child labor has been noted as a primary concern by local officials, due to the demand for cheap labor at the region's tea plantations and lime processing and quarry sites.[16] Displacement and migration due to the civil strife in Eastern DRC and rebel activity along the Western Ugandan border over the past two decades have only exacerbated problems affecting young people. A governmental mission in 2008 found lower school attendance and higher rates of teenage pregnancy and defilement in regions still affected by the fighting between Uganda's military and the rebel group Allied Democratic Forces.[17]

While Uganda has developed a framework at the national level to respond to the immense needs faced by OVC throughout the country, a lack of resources and mixed priorities at the district and local levels has left a gap. In many areas, local and international NGOs have stepped in to deliver varying combinations of child protection and other community development services.

Western Uganda Bantwana Program (WUBP)

WUBP is a project of the Bantwana Initiative, a collaboration between the US-based NGO World Education, Inc. and the US-based public health management consulting firm John Snow, Inc. Active in the western region since 2008, WUBP builds the management and technical skills of community-based organizations to provide comprehensive services to OVC and their families. The program invests in targeted technical, management, and customized follow-up support in three areas of community-identified needs: child protection, livelihoods, and psychosocial support.[18]

WUBP is focused on promoting child rights using a child-centered approach; providing livelihood opportunities to OVC households; psychosocial support and counseling at the household level; and rigorous monitoring and evaluation to influence OVC policy and practice. Bantwana works on the assumption that improving the financial security of households—

[13]Uganda National Household Survey 2005/2006.Report of the Socio-economic Module. Kampala: Uganda Bureau of Statistics (UBOS), 2006.
[14]Uganda Census of Agriculture 2008/09 at a Glance. UBOS, May 2011.
[15]Ibid.
[16]Bantwana Report – Staff Interview with Senior Development and Labour Officer for Kyenjojo District Community Based Services Department, July 2007.
[17]OVC Status Report.
[18]Bantwana Program Overview, http://bantwana.org/Work/uganda.htm

delivered as part of a comprehensive, integrated package including child protection and psychosocial support interventions—can help to improve children's overall well-being.[19]

WUBP provides targeted training and support supervision for income generating efforts to bring livelihoods beneficiaries higher up the value chain—specifically working with beneficiaries to form associations for collective marketing and value addition in volume and quality. WUBP's household livelihood interventions are based on a vulnerability assessment of individual households, which contributes to a joint selection (between Bantwana and household members) of an income generating activity for caregiver(s) to pursue. WUBP links households with the program's other community-based economic strengthening initiatives, often including savings and loan groups, support from community-based organizations, and collective marketing schemes, among others.

WUBP additionally increases advocacy for an awareness of child rights through the establishment and support of: child-led child protection clubs, radio programs, development of resource materials and tools written for and by children, household-level sensitization and counseling about child protection by community volunteers, and collaboration with school, community and district stakeholders. WUBP utilizes community-based volunteers to provide psychosocial support to children and caregivers to build resiliency and the ability to cope with and work through grief, trauma, sorrow and other stresses.

The contribution of sustainable livelihoods to child protection and well-being is central to the WUBP approach, but as mentioned above, the global evidence-base concerning the linkages between livelihoods programming and various child outcomes is lacking. This study was designed to examine these connections, both to inform future WUBP service delivery and the global conversation around livelihoods, child protection and well-being.

Sound evidence of any significant relationship between income, assets and livelihoods and child outcomes in a program evaluation context requires that positive outputs in financial and economic gains are first achieved. A successful program that leads to improved livelihood capabilities and strategies like increased access to credit or improved agricultural skills ensures that a sample population has undergone recent changes to income, assets or livelihoods—so that they can be analyzed in turn to show potential effects on children.

With this premise, the following research questions were developed for the evaluation research study: Does a household's livelihood status (measured in income and assets) predict the likelihood of protection from risks and/or the well-being of children? Do household livelihood strategies (measured in terms of recent adjustments to household economic activity) predict child protection and well-being outcomes? Does receipt of any services (inputs from WUBP or other programs active in the area) at the household level predict any of these child outcomes?

[19] WUBP Child Protection Case Study Results, October 2010

Methodology

Organizational Setting

Bantwana works with nine CBOs in four districts in western Uganda to implement an integrated program for households caring for OVC. Two of these CBOs— REDROC and TAPA—were selected for this study based on their demonstrated effectiveness, and because they implement more livelihood services than the other CBOs, including collective marketing and value addition training. While REDROC and TAPA are distinct and work with different populations, they both have experience working with rural communities and addressing issues related to poverty, HIV/AIDS, and psychosocial support through a rights-based approach to development. REDROC and TAPA both base their definition of vulnerability on national guidelines and local perspectives. Project managers use a list of criteria that includes orphan status, HIV status, evidence of recent abuse, conflict or displacement, poverty level, female or child-headed household, and school enrolment. Staff then works with local leaders to make the national criteria relevant to the local context.

Sampling

The research team utilized CBO reports to identify villages with the highest number of beneficiary households in their respective catchment areas for sampling. Selected villages were judged to be broadly representative of all the villages serviced by REDROC and TAPA based on their proximity to one another and lack of differentiation in Bantwana reports. All beneficiary households within the selected villages were identified for participation in the intervention group of the study.

A control group consisted of households with OVC, residing in the same villages as the intervention group, that were pre-enrolled in the next phase of the WUBP program. Eligibility for pre-enrollment used the same OVC criteria met by intervention households. This next phase of the WUBP program was scheduled to start after the data collection for this study was completed.

Using CBO reports verified by local staff, a total of 144 households currently receiving benefits and 108 households for comparison were identified. A total of six households either declined to participate or were unavailable for interviews, resulting in participation from a total of 246 households (142 intervention and 104 control, see Table 1). This represented a response rate of 97%.

Measures

A household survey questionnaire was developed covering five major themes: livelihood status, livelihood strategies, child protection, child well-being (including measures of physical and psychosocial well-being) and exposure to the intervention (i.e. receipt of services). Questions were developed through literature review, meetings with stakeholders at the national level,[20] and adaption to local contexts during the survey enumerator training and pilot testing.

[20] The Uganda Child Protection in Crisis (CPC) Program Learning Group, consisting of INGOs, local NGOs, government ministries, donor agencies and academics.

Livelihood Status: Livelihood status was determined by respondent-reported income and assets. A value for total earned income was computed from reported profits selling crops and livestock, asset disposal and any alternative means of income, based on a recall period of 12 months. Assets were quantified by the value of current livestock owned, other items owned worth at least 30KUsg. (i.e. 30,000 Ugs., approximately $11 USD)[21], and total savings. In addition to generating a monetary value for assets, enumerators asked participants whether they owned certain household items (iron roof, cement floor, paraffin lamp, bicycle, two-battery radio, and mobile phone) that were identified prior to data collection by local CBO staff and the Ugandan research team as significant household assets. Each household was then scored on this 'household item scale'.

Livelihood Strategies: Livelihood strategies were categorized based on respondents' income-generating or investment activities over the previous year: selling crops, selling livestock, buying livestock, receipt of a loan and whether they had a specific plan to earn more income in the near future. Respondents were also asked about changes in hours worked, if they hired any labor, and if they cultivated more or less land compared to the previous year. Livelihood strategies indicators were based upon emerging literature and development practice, and refined with input from local livelihoods program staff and researchers during the enumerator training and pilot testing.[22]

Basic Needs and Physical Well-being: One question was asked with regard to each of the following areas: occurrence of food shortages, number of sets of clothing owned for each child within the household, and whether each child slept on a mattress. Caregivers reported how many children lived in the household, the number of single or double orphans in the household, school enrollment status for each child and an estimated number of hours of daily household work per child, all disaggregated by sex.

Psychosocial Well-being: Primary caregivers were asked about the social and emotional well-being of the children in their care. Indicators included hours of play (disaggregated by sex), frequency of signs of emotional distress, and a measure of isolation (whether the child has no friends or does not interact with others outside the household). Previous evaluations by Bantwana had identified a positive connection with adults as an important determinant of improved psychosocial well-being. Consequently, the survey included a question to measure the frequency and type of activities carried out between caregiver and children as a proxy indicator for connection to caregiver.[23]

Child Protection: Because caregivers and not children were targeted as survey respondents, results in this category are best seen as perceived risks faced by children. Respondents were asked if the children in their care were subject to abuse at home, in the community or at school, and if caregivers used beatings and denial of food as means of discipline. Caregivers were also asked if "compared to last year, are children from the household now safer from risks of abuse," which was quantified on a 3-point scale, indicating "less safe", "same", or "more safe". Finally, caregivers were asked whether any children in the household were engaged in work for payment outside the home, as an indicator of child labor. It is acknowledged with this indicator that as caregivers become more aware of child protection issues, they are more likely to have the

[21]All currency conversions are based on a rate from July 1, 2011 (1 KUgs. = 0.38 USD)
[22]Kabarole Research and Resource Center located in Fort Portal, Uganda was integral to the process due to their local expertise on economic development and livelihoods capacities.
[23] S. Zuilkowski. Western Uganda Bantwana Program Child Profiling Study Report. Bantwana, February 2011.

capacity to identify risks or label certain practices as child rights violations, and therefore an increase in awareness may correspond with an increase in perceived risks.

Bantwana Services: Each household was characterized as either enrolled in Bantwana's program (depending on the date of enrollment, for either one or two years) or pre-enrolled for participation (comparison group).The CBOs offer a comprehensive package of interventions to all project households; however, participation in activities is optional and different households choose to take up different interventions. Additional questions were therefore asked to measure the scope of the intervention package received. Services provided by both TAPA and REDROC were measured: savings and lending groups; support for an income-generating activity (IGA: seeds or livestock); training in farming and/or home gardening, training in record-keeping and collective marketing; home-based psychosocial support counseling; referral to other psychosocial services; and participation of household children in a child rights club.

Procedure

The survey instrument was adapted to the context through a collaborative process with the local research team and CBO program staff. Enumerators worked together to identify common phrases and local definitions, translating the questionnaire into *Rutooro*. However, based on preference, they chose to carry an English copy of the survey to the field for data collection. Field testing of the survey was conducted in WUBP villages where TAPA and REDROC had no presence.

The research team worked with CBO staff and community volunteers to identify beneficiary and comparison households within the selected villages. In both districts, the research team notified the Local Council (LC) before embarking on data collection. Enumerators were guided by community volunteers to identify households and, on average, completed between six and seven thirty-minute surveys per day. Upon arrival in the field, some discrepancies and overlap were found on the household lists, where some households originally thought to be located in one village were located in another. Enumerators sought out primary female caregivers in each household for participation. When a female adult was absent or professed lack of knowledge to address certain questions, an adult male caregiver was asked to participate.

Statistical Analysis

Data were entered and cleaned in Microsoft Excel and later transferred into SPSS 18.0 for analysis. The key independent variables of interest were household asset value; income level; and intensity of livelihood activity. Both assets and income were analyzed by quartile intervals. Asset 'scores' based on the household item checklist were found to have a strong positive correlation with the continuous household asset value variable (0.705, $p<.001$) and consequently, only the asset-value quartiles were utilized for both bivariate and multivariate analysis.

Composite indices were created for livelihood strategies; child protection; basic needs/physical well-being; and psychosocial well-being outcomes by clumping relevant variables together. An overall score of the intensity of livelihood strategies was measured by combining the eight livelihood variables mentioned above. Households earned one point for every livelihood activity engaged in over the previous year, producing a household score on a 9-point scale (0-8). In Table 4, scores are consolidated into four categories to indicate degree of intensity of livelihood strategies: 0-2 was coded as *weak*, 3-4 as *moderately weak*, 5-6 as *moderately strong*, and 7-8 as a *strong* indication of improved livelihood strategies.

The composite indices created for child protection, physical well-being/basic needs, and psychosocial well-being were used to generate scores for each household on these three dependent variables of interest. Basic needs/physical well-being, psychosocial well-being and child protection outcomes were indexed to 4-point, 5-point, and 7-point scales respectively (see Tables 5 and 6).

The 4-point scale (0-3) for physical well-being/basic needs was created by indexing variables concerning food security, clothing and bedding. Each household earned a point if they reported never having to reduce the amount of food for children due to lack of money, every child having at least two sets of clothing and all children in the household sleeping on a mattress. If a household did not report any of these positive outcomes for children, it was scored a zero.

Psychosocial well-being was measured by compiling variables related to hours of play, emotional distress, and isolation, into a 5-point scale (0-4). One point was added to the household score for every negative outcome reported. For subsequent analysis, scores were listed in reverse order and coded so that a zero indicated *low-functioning* emotional and social well-being and a 4 meant *high-functioning*, or in other words, a happy and social child.

In order to measure child protection risk, a composite index was generated combining occurrence of abuse (as reported by the caregiver), perceived change in safety, abusive methods of discipline, and occurrence of child labor. While the theoretical range for this scale was 0-9, no household scored above a 6, thus producing a 7-point scale (0-6) used for analysis. Scores of 0 were coded as *low risk* households, 1 as *moderately low risk*, 2 as *moderately high* and households that scored 3-6 were determined *high risk*. A key challenge with this child protection composite indicator is acknowledged to be distinguishing increases in actual child protection risks from an increase in reporting and awareness. Especially in households receiving Bantwana services, the emphasis in understanding child rights and protection and reporting these issues may mean that caregivers are now able to label activities in the home, school, or community as child abuse, whereas in the past those activities may have been more readily tolerated.

Measurement of 'services received' focused on breadth, or the quantity, of WUBP services received by an individual household in the 12 months preceding data collection. Each household was allocated a point for every service delivered, for a maximum of 7, leading to an 8-point scale (0-7).

Primary analysis tested for significant bivariate correlations between the above-mentioned independent and dependent variables using Spearman Rho measures to account for the uneven distribution of the dependent variables. The statistically significant relationships found were then used to test for predictive values in a multivariate linear regression model. A stepwise variable selection procedure was used to generate the regression models to ensure that only variables relatively more associated with the outcome were included in this stage of the analysis. In addition to the independent variables of interest (income, assets, livelihood activity and range of services), the following demographic variables were originally entered into the model for analysis: district, sex of respondent, number of adults in the household, and number of children in the household.

Results

Demographic and Descriptive Statistics

In the study population of 246 households, 142 (57.7%) households benefitted from Bantwana's program and the remaining 104 (42.3%) made up the comparison group of pre-enrolled households (see Table 1). 130 (52.8%) of the 246 households were located in Kasese District and 116 (47.2%) in Kyegegwa. 69.9% of total respondents were female (78.5% of respondents in Kasese and 60.3% of respondents in Kyegegwa; see Table 2). The mean number of adults per household was 2.7 (standard deviation [SD] 1.5), while the average number of children for all households was found to be 4.6 (SD 2.3).

Table 1: Sample Breakdown by District

Sample Population	Kasese		Kyegegwa		Total	
	# of Households		# of Households		# of Households	
After 1 Year of Intervention	38		24		62	
After 2 Years of Intervention	35		45		80	
Intervention Group (Total)	73		69		142	(57.7%)
Control Group	57		47		104	(42.3%)
Total	130	(52.8%)	116	(47.2%)	246	

Almost all households (93.9%) owned land and a large majority (83.7%) also reported owning livestock. 95.9% (236) of all households harvested crops in the 12 months prior to being interviewed, and 85.2% (201) of those earned income from selling crops. 89.6% of beneficiary households who harvested crops reported earning income from crops versus 79.2% from the comparison group. The mean income earned from crops for beneficiary households was 405KUgs./$154 (SD 582/$221) compared to 270KUgs./$103 (SD 317/$120) for comparison households. The very wide spread of farming income across the sample—with some households reporting very high incomes—is indicated by the median for crop income being substantially lower than the above means: 220 KUgs./$84 among beneficiary and 155 KUgs./$59 among comparison households. With regard to alternate sources of income, 62% (88) of beneficiary households reported having another source as compared to 50% (52) for pre-enrolled households.

Table 2: Sample Demographics and other Characteristics by Group and District

		Total		Intervention Households		Control Households		Kasese		Kyegegwa	
		n	%	n	%	n	%	n	%	n	%
Respondent Sex	Female	172	69.9%	102	71.8%	70	67.3%	102	78.5%	70	60.3%
	Male	74	30.1%	40	28.2%	34	32.7%	28	21.5%	46	39.7%
	N	246		142		104		130		116	
Respondent Age	Mean (SD)	44.7	(15.0)	45.8	(15,6)	43.2	(14,3)	48.5	(15.1)	40.5	(13.9)
	N	246		142		104		130		116	
#Adults in Household	Mean (SD)	2.7	(1.5)	2.9	(1,6)	2.6	(1.3)	2.6	(1.6)	2.8	(1.4)
	N	243		142		101		127		116	
Children in Household	Mean (SD)	4.6	(2.3)	4.7	(2.5)	4.4	(2.1)	3.9	(2.0)	5.4	(2.3)
	N	246		142		104		130		116	
Owns Land?	Yes	231	93.9%	134	94.4%	97	93.3%	122	93.8%	109	94.0%
	No	15	6.1%	8	5.6%	7	6.7%	8	6.2%	7	6.0%
	N	246		142		104		130		116	
Owns Livestock?	Yes	206	83.7%	124	87.3%	82	78.8%	97	74.6%	109	94.0%
	No	40	16.3%	18	12.7%	22	21.2%	33	25.4%	7	6.0%
	N	246		142		104		130		116	
Harvested Crops?	Yes	236	95.9%	135	95.1%	101	97.1%	123	94.6%	113	97.4%
	No	10	4.1%	7	4.9%	3	2.9%	7	5.4%	3	2.6%
	N	246		142		104		130		116	
Crop Income?	Yes	201	85.2%	121	89.6%	80	79.2%	97	78.9%	104	92.0%
	No	35	14.8%	14	10.4%	21	20.8%	26	21.1%	9	8.0%
	N	236		135		101		123		113	
Mean Crop Income (KUgs.)	Mean (SD)	351/$133	(498/$189)	405/$154	(583/$221)	270/$103	(317/$120)	249/$95	(544/$207)	446/$170	(431/$164)
	Median	200/$76		220/$83		155/$59		90/$34		260/$99	
	N	201		121		80		97		104	
Alternate Income?	Yes	140	56.9%	88	62.0%	52	50.0%	65	50.0%	75	64.7%
	No	106	43.1%	54	38.0%	52	50.0%	65	50.0%	41	35.3%
	N	246		142		104		130		116	
Other Services?	Yes	63	25.6%	46	32.4%	17	16.3%	38	29.2%	25	21.6%
	No	183	74.4%	96	67.6%	87	83.7%	92	70.8%	91	78.4%
	N	246		142		104		130		116	

Livelihood Status

The *mean* income reported for all households in the survey was 942 KUgs./$358 (SD 1,477/$561), much higher than the *median* income of 387KUgs./$147 (Table 3). Due to the right-skewed distribution of income data, the median is likely a better representation of central tendency. Beneficiary (intervention) households were found to have a significantly higher income on average than the pre-enrolled (comparison) households (mean 1,221KUgs./$464, SD 1,769/$672 vs. 564KUgs./$214, SD 808/$307, p<.001). Also, households from Kyegegwa District had significantly higher income on average than households sampled in Kasese. The mean value of assets for all households was 1,136KUgs./$432 (SD 2,956/$1,123) but the median was just 294/$112, again demonstrating a right-skewed distribution. The median asset value for beneficiary households was 405 KUgs./$154 compared to just 199/$76 for the comparison group. From a list of 7 household items (physical assets), the mean number of items owned by all households was 3.44 (SD 1.90). Results showed that beneficiary households on average reported having significantly more household items than the comparison, pre-enrolled households (3.82, SD 1.96 vs. 2.90, SD 1.68, p<.001).[24]

Table 3: Livelihood Status by Group and District

	Total (n=246)		**Intervention (n = 142)**		**Control (n=104)**		**Kyegegwa (n=116)**		**Kasese (n=130)**	
Income Quartiles	n	%	n	%	n	%	n	%	n	%
0 – 149 KUsg. ($0-$57)	59	24.0%	30	21.1%	29	27.9%	12	10.3%	47	36.2%
150-386 KUsg. ($57-$147)	64	26.0%	28	19.7%	36	34.6%	18	15.5%	46	35.4%
387 - 1,012 KUsg. ($147-$385)	62	25.2%	38	26.8%	24	23.1%	35	30.2%	27	20.8%
Above 1,012 KUsg. ($385+)	61	24.8%	46	32.4%	15	14.4%	51	44.0%	10	7.7%
Mean	943	($358)	1,221	($464)	564	($214)	1,540	($585)	410	($156)
SD	1,477	($561)	1,769	($672)	808	($307)	1,848	($702)	700	($266)
Median	387	($147)	505	($192)	265	($101)	913	($347)	217	($82)
Asset Value Quartiles	n	%	n	%	n	%	n	%	n	%
0 – 104 KUsg. ($0-$40)	62	25.2%	28	19.7%	34	32.7%	8	6.9%	54	41.5%
104 – 294 (KUsg.) ($40-$112)	60	24.4%	33	23.2%	27	26.0%	15	12.9%	45	34.6%
294-902 KUsg. ($112-$343)	63	25.6%	32	22.5%	31	29.8%	40	34.5%	23	17.7%
Above 902 KUsg. ($343+)	61	24.8%	49	34.5%	12	11.5%	53	45.7%	8	6.2%
Mean	1,136	($432)	1,669	($634)	408	($155)	1,923	($731)	434	($165)
SD	2,956	($1123)	3,774	($1434)	592	($225)	3,299	($1254)	2,416	($918)
Median	294	($112)	405	($154)	199	($76)	830	($315)	130	($49)
Household Assets Scale (0-7)										
Mean	3.44		3.82		2.90		4.41		2.57	
SD	1.90		1.96		1.68		1.59		1.73	
Median	3.50		4.00		3.00		4.00		2.00	

[24] Equal variance not assumed

Livelihood Strategies

The mean score on an 8-point livelihood activity scale was 4.19 (SD 1.72; see Table 4). The mean level for enrolled households was 4.57 (SD 1.80) compared with 3.67 (1.46) for pre-enrolled households. 52.8% of the enrolled households indicated *moderately strong* to *strong* levels of livelihood activity compared to just 32.7% of pre-enrolled households.

Table 4: Livelihood Strategies

	Total (n=246)		**Intervention (n = 142)**		**Control (n=104)**		**Kyegegwa (n=116)**		**Kasese (n=130)**	
Livelihood Strategies										
	n	%	n	%	n	%	n	%	n	%
Weak (0-2)	45	18.3%	21	14.8%	24	23.1%	14	12.1%	31	23.8%
Moderately Weak (3-4)	92	37.4%	46	32.4%	46	44.2%	41	35.3%	51	39.2%
Moderately Strong (5-6)	84	34.1%	51	35.9%	33	31.7%	44	37.9%	40	30.8%
Strong (7-8)	25	10.2%	24	16.9%	1	1.0%	17	14.7%	8	6.2%
Mean	4.19		4.57		3.67		4.53		3.88	
SD	1.72		1.80		1.46		1.69		1.70	
Median	4.00		5.00		3.50		5.00		4.00	

Physical Well-being and Basic Needs

The mean score on the 4-point composite scale (0-3) for physical well-being was 2.11 (SD .93), reflecting that households on average scored moderately high on basic needs provision (see Table 5). Fifty percent of beneficiary households scored a 3, indicating a *high* score for child physical well-being compared to 33% of comparison households. Households from Kyegegwa District on average scored significantly higher on physical well-being/basic needs than households from Kasese (2.37. SD.73 vs. 1.87, SD 1.02, p<.001).[25]

Psychosocial Well-being

The mean score on the psychosocial well-being 5-point scale (0-4) was 3.09 (SD .92), indicating that on average, caregivers' perceptions of their children's social and emotional well-being was moderately high (Table 5). The difference in means between beneficiary households (3.16, SD .94) and comparison households (2.99, SD .88) and between Kyegegwa (3.12, SD .98) and Kasese (3.06, SD .86) were not significant.

[25] Equal variance not assumed

Table 5: Child Well-being

Physical Well-Being / Basic Needs	**Total (n=246)**		**Intervention (n =142)**		**Control (n=104)**		**Kyegegwa (n=116)**		**Kasese (n=130)**	
	n	%	n	%	n	%	n	%	n	%
Low (0)	16	6.5%	12	8.5%	4	3.8%	1	0.9%	15	11.5%
Moderately Low (1)	46	18.7%	22	15.5%	24	23.1%	14	12.1%	32	24.6%
Moderately High (2)	80	32.5%	37	26.1%	43	41.3%	42	36.2%	38	29.2%
High (3)	104	42.3%	71	50.0%	33	31.7%	59	50.9%	45	34.6%
Mean	2.11		2.18		2.01		2.37		1.87	
SD	0.93		0.98		0.84		0.73		1.02	
Median	2.00		2.50		2.00		3.00		2.00	
Psychosocial Well-being	**Total (n=246)**		**Treatment (n = 142)**		**Control (n=104)**		**Kyegegwa (n=116)**		**Kasese (n=130)**	
	n	%	n	%	n	%	n	%	n	%
Low Functioning (0-1)	13	5.3%	8	5.6%	5	4.8%	7	6.0%	6	4.6%
Moderately Low (2)	48	19.5%	23	16.2%	25	24.0%	28	24.1%	20	15.4%
Moderately High (3)	87	35.4%	47	33.1%	40	38.5%	25	21.6%	62	47.7%
High Functioning (4)	98	39.8%	64	45.1%	34	32.7%	56	48.3%	42	32.3%
Mean	3.09		3.16		2.99		3.12		3.06	
SD	0.92		0.94		0.88		0.98		0.86	
Median	3.00		3.00		3.00		3.00		3.00	

Child Protection Risks

Perceptions of child protection risks did not resemble a normal distribution. 69.9% scored zero on the composite index, indicating low perceived risk for children in those households (Table 6). Although the mean score for beneficiary households (0.62, SD 1.12) was higher (suggesting increased perceived risks or understanding of child protection issues) than comparison households (0.45, SD .98), this difference was not proven to be statistically significant. However, households from Kyegegwa on average scored significantly lower (less risk) on the child protection scale than those from Kasese (0.31, SD .74 vs. .76, SD 1.25, p=.001).[26]

[26] Equal variance not assumed

Table 6: Child Protection Risk

Child Protection Risk	Total (n=246)		Intervention (n=142)		Control (n=104)		Kyegegwa (n=116)		Kasese (n=130)	
	n	%	n	%	n	%	n	%	n	%
Low Risk (0)	172	69.9%	95	66.9%	77	74.0%	94	81.0%	78	60.0%
Moderately Low (1)	42	17.1%	25	17.6%	17	16.3%	12	10.3%	30	23.1%
Moderately High (2-3)	23	9.3%	15	10.6%	8	7.7%	9	7.8%	14	10.8%
High Risk (4-6)	9	3.7%	7	4.9%	2	1.9%	1	0.9%	8	6.2%
Mean	0.55		0.62		0.45		0.31		0.76	
SD	1.06		1.12		0.98		0.74		1.25	
Median	0.00		0.00		0.00		0.00		0.00	

Child Labor and School Enrollment

Of the 246 households sampled, 21 (8.5%) reported at least one child age 14 and below receiving payment for work done outside the home (Table 7). Of the 689 children between 5 and 14 from the sampled households, 34 (4.9%) worked for payment. Out of 790 school-aged children (ages 6-17), 89 (11.3%) were found to be not enrolled in school. 237 out of 246 total households had children between the ages of 6-17 and 66 (27.8%) of those had at least one child out of school.

Table 7: Child Labor and School Enrollment Across Households

Child Labor	Total (n=246)		Intervention (n=142)		Control (n=104)		Kyegegwa (n=116)		Kasese (n=130)	
	n	%	n	%	n	%	n	%	n	%
Yes (at least 1 child)	21	8.5%	14	9.9%	7	6.7%	5	4.3%	16	12.3%
No	225	91.5%	128	90.1%	97	93.3%	111	95.7%	114	87.7%
School Enrollment	**Total (n=237)**		**Intervention (n=135)**		**Control (n=102)**		**Kyegegwa (n=113)**		**Kasese (n=124)**	
School-age child not enrolled	66	27.8%	38	28.1%	28	27.5%	33	29.2%	33	26.6%
All children enrolled	171	72.2%	97	71.9%	74	72.5%	80	70.8%	91	73.4%

Bantwana Services

Table 8 summarizes the range of services provided by the CBOs, REDROC and TAPA. The number of households receiving each intervention is recorded along with percentage out of 142 (the number of enrolled households sampled). The mean number of services received by enrolled households was 4.54 (SD 1.39). Support to income-generating activities (IGAs) and agricultural training were the two most common services provided, both reaching over 94% of beneficiary households. Respondents from the 142 enrolled households identified 194 total

IGAs received, indicating that some households had received support for more than one IGA.[27] Receipt of livestock was the most common IGA followed by seed disbursement. Record keeping and collective marketing trainings reached over two-thirds of all enrolled households. With regard to psychosocial support services, 33.8 % of respondents were aware of a child from their home being involved in a child rights club, and 78.9 % said they had received at least one household visit from a psychosocial support volunteer.

Table 8: Bantwana Services Received

Intervention (n=142)	**#**	**%**
IGAs	134	94.4%
Agricultural/Home garden training	134	94.4%
Record Keeping Training	105	73.9%
Collective Marketing Training	104	73.2%
PSS Volunteer home visit	112	78.9%
PSS Referral	7	4.9%
Child Rights Club	48	33.8%
Mean per HH	4.54	
SD	1.39	

IGAs (n=194)	**#**	**%**
Seeds	75	38.7
Livestock	114	58.8
Other	5	2.6

Primary Analysis

Bivariate correlation analysis performed using Spearman's Rho coefficient to control for non-normality of certain variables indicated that income level was positively associated with improved physical well-being (r=.287, p<.001) and negatively associated with increased child protection risks (r=-.182, p=.004). No correlation was found between income level and psychosocial well-being (r=.031, p=.633). Similar to income levels, bivariate analysis found a positive relationship between a value of household combined assets and child physical well-being (r=.408, p<.001). Although bivariate analysis does not control for other variables potentially associated with the outcome of interest, this coefficient of .408 between physical well-being and assets stands out as the strongest association found in the primary analysis of all measures. Assets also were found to have a negative correlation with increased child protection risks (r=-.182, p=.004).

Degree of livelihood activity showed a positive correlation with physical well-being (r=.372, p<.001), but no association was found between livelihoods and psychosocial well-being or child protection risks through this step of bivariate analysis. While initial analysis did not suggest a relationship between livelihood activity and psychosocial or child protection outcomes, this

[27] Respondents were asked specifically about items received within the past 12 months/since last summer's harvest, but it is possible that those households enrolled for two years in the WUBP reported on some services received in their first year of enrollment.

independent variable was still included in the subsequent multivariate analysis in order to confirm that the influence of other factors was not obscuring such a relationship.

Finally, the degree of Bantwana services received was tested for associations with all three child outcomes. A positive association was found between number of services received and physical well-being (r=.299, p<.001). No association was found between services and child protection outcomes. Results did show a positive correlation between receipt of services and improved psychosocial well-being outcomes (r=.153, p=.017) at a .01 level of significance.

Table 9: Correlations Between Income, Assets, Livelihood Strategies, Receipt of Bantwana Services and Child Outcomes

(N=246)	**Physical Well-Being / Basic Needs**		**Psychosocial Well-Being**		**Child Protection Risks**	
	r	**p-value**	**r**	**p-value**	**r**	**p-value**
Income Level	.287**	<.001	0.031	0.633	-.182**	0.004
Asset Value	.408**	<.001	-.017	0.786	-.233**	<.001
Livelihood Strategies	.372**	<.001	0.028	0.658	-0.084	0.192
Receipt of Bantwana Services	.299**	<.001	.153*	0.017	0.039	0.538

**. Correlation is significant at the .01 level

*. Correlation is significant at the .05 level

Bivariate Analysis of Child Labor and School Enrollment

Bivariate correlation analysis revealed a negative relationship between more assets and the prevalence of child labor within a household, when controlling for district, sample group (beneficiary/comparison), number of children in the household, and livelihood strategies (r=-.17,p=.008). Thus, households having fewer assets were associated with higher rates of working children. Also, when comparing children on an individual basis rather than by household, bivariate analysis found that being an orphan was positively associated with child labor (r=.096, p=.003).

Initial analysis concerning school enrollment found a negative association between household livelihood activity and having at least one school-aged child out of school (r=-.168, p=.008). However, after controlling for district, sample group, asset level, and number of children in the household, the relationship proved not significant (r=-.115, p=.073). But a higher number of children living in the household was positively associated with at least one child being out of school, when controlling for district, sample group, assets and livelihood activity (r=.209, p<.001). Analysis of children at the individual level resulted in a positive association between being an orphan and not being enrolled in school (r=.120, p<.001), controlling for age, sex and work for pay outside the home.

Regression Analyses

In order to ensure that none of the relationships identified through bivariate correlation analysis were being obscured by confounding inputs or mediating demographic characteristics, a secondary multivariate analysis was performed using a multiple linear regression model. A stepwise selection procedure controlled for relevant factors entered on a theoretical basis (other than the independent variables of interest – income, assets, livelihood activities) such as the district in which a household resided, the sex of the survey respondent, the number of adults and children living in the household, and the number of total services previously received via the Bantwana program. Tables 10, 11 and 12 indicate coefficients and levels of significance for each predictive variable. Also represented are model statistics for the 'excluded variables', those tested but not retained in the regression models due to not meeting the cut-off point for inclusion.

Physical Well-being and Basic Needs: Table 10 reports the linear regression analysis for child physical well-being. The adjusted r-squared value indicates that almost 25% of the variance of the physical well-being data can be predicted by the combination of variables: asset value, livelihood strategies and number of children per household. These results help interpret trends noted with regards to the bivariate analyses reported in Table 8. Both increased assets and livelihood activity were confirmed to be significantly predictive of improved physical well-being. However, although income level and level of exposure to Bantwana services showed significant associations with well-being in the primary analysis, neither variable proved to be significantly associated when controlling for other factors included in this model. Also, households with less children reported significantly higher scores for physical well-being (albeit with a weak effect size of -.081).

Table 10: Linear Regression Model Predicting Improved Child Physical Well-being

Variable	Unstandardized Coefficient (β)	Standard Error	t-statistic	p-value
(Constant)	1.137	0.166	6.847	<.001
# of children in household	-.081	.024	-3.332	.001
Asset Value	.336	.055	6.158	<.001
Livelihood Activity	.120	.033	3.624	<.001
Excluded Variables				
District (Kyeg./Kas.)	0.085		1.229	.220
Respondent Sex (F/M)	0.051		.909	.364
Intervention/Control Group	-0.018		-.312	.756
# of adults in household	0.033		.587	.557
Income Level	0.034		.474	.636
Bantwana Services received	0.062		.985	.325
n=246, F-Statistic = 24.48 (p<.001), Adjusted R-squared = .245				

Perceived Child Protection Risks: Table 11 reports the linear regression analysis for child protection risks. Results show that fewer assets, increased number of children, and more Bantwana services received were significant in determining increased perceived child protection risks. Although small, the coefficient for level of Bantwana services was positive at .028, indicating that a larger number of services received (including both livelihood and psychosocial interventions) predicted either an increase in perceived child protection risks or, alternatively stated, greater caregiver awareness and reporting of the risks faced by children. Similar to physical well-being, assets had the largest effect size on child outcomes (β=-.134, p<.001).

Table 11: Linear Regression Model Predicting Increased Reporting of Child Protection Risks

Variable	Unstandardized Coefficient (β)	Standard Error	t-statistic	P-value
(Constant)	.391	.069	5.666	p<.001
Asset Value	-.134	.026	-5.232	p<.001
Bantwana Services received	.028	.012	2.399	.017
# of children in household	.025	.012	2.170	.031
Excluded Variables				
District (Kas./Kyeg.)	-0.147		-1.945	.053
Respondent Sex (F/M)	-0.094		-1.521	.130
Treatment/Control Group	0.053		.530	.596
# of adults in household	-0.018		-.295	.768
Livelihood Activity	-0.017		-.241	.810
Income Level	-0.121		-1.624	.106

n = 246 *F-Statistic =9.311 (p<.001)* *Adjusted R-squared = .092*

Table 12: Linear Regression Model Predicting Improved Child Psychosocial Well-being

Variable	Unstandardized Coefficient (β)	Standard Error	t-statistic	P-value
(Constant)	1.459	.041	35.974	p<.001
# of children in household	-.030	.007	-4.178	p<.001
Bantwana Services received	.020	.007	2.776	.006
Excluded Variables				
District (Kas./Kyeg.)	0.094		1.456	.147
Respondent Sex (F/M)	0.082		1.319	.188
Treatment/Control Group	-0.141		-1.397	.164
# of adults in household	-0.013		-.207	.836
Livelihood Activity	0.045		.674	.501
Asset value	0.042		.597	.551
Income level	0.019		.288	.774

n=246 *F-Statistic =11.245 (p<.001* *Adjusted R-squared = .077*

Psychosocial Well-being: Table 12 reports the linear regression analysis for psychosocial well-being. The multivariate results are fully consistent with the bivariate results shown in Table 8. The only independent variable found to be significantly predictive of improved psychosocial functioning is the number of Bantwana services received. Although statistically significant, the coefficient value (.02) is so low that despite the plausible causal pathway between increased psychosocial support and improved psychosocial well-being scores, the model does not provide even a moderate effect size. Again, the number of children living in the household showed a significant (but weak) relationship (β=-.03) with the dependent variable, where having fewer children in the same household was predictive of improved psychosocial well-being for those children.

Discussion

Limitations

Child protection and well-being measures were captured through caregiver responses and not triangulated or cross-referenced with other data. Without assessing the child directly, caregiver expectations and perceptions may have resulted in insensitive or potentially biased judgments. Further, caregiver responses may represent an aggregation of outcomes of all children in the household, rather than reflecting the realities of individual children. Although this study aimed to examine some of the correlates of child protection risks at the household and community levels, it was not able to capture more systemic or structural predictors of risk, for example accessibility and performance of law enforcement and social services.

Focusing data collection on villages with large numbers of beneficiary households was efficient in terms of data collection, but potentially failed to capture issues faced by populations in more sparsely populated areas.

The two districts surveyed are serviced by the same Bantwana program, but considerable baseline differences were identified between Kasese and Kyegegwa in terms of economic status and livelihood opportunities and activities. Differences between the two districts in terms of child outcomes appear to be attributable to the substantial socio-economic disparity across the two.

Interpretation of the Findings

Notwithstanding these limitations, survey findings suggest some important linkages between household economic activity and child well-being. With regard to the provision of basic needs and physical well-being of children, high household asset value, increased livelihood activity and fewer children living within a household proved to be the most predictive factors. In particular, the ownership of valuable assets had the largest effect (β=.336, p<.001) on the likelihood of children's basic needs being met. Although a portion of asset wealth measured through this survey includes household items like mattresses and furniture, the majority are productive assets in the form of livestock. Whether households are generating more income in the short term seems to matter less than holding assets when it comes to meeting the needs of their children.

This is consistent with the focus of most economic strengthening initiatives on increasing skill sets or providing access to capital in order for beneficiaries to increase income in a sustainable manner that will bring about long-term outcomes. This is not to say that income has no bearing on child well-being. Within the most vulnerable and impoverished populations, for example, households will utilize short-term gains in wealth to meet the family's basic needs. As noted above, households with more children scored lower on physical well-being of their children, most likely reflecting a scarcity of resources within a household based on sheer number of mouths to feed and bodies to clothe.

Multivariate analysis that controlled for potentially confounding variables demonstrated that the higher value of household assets, the more likely a caregiver perceived risks to children in their care to be lower. This finding is coherent with the established understanding that when basic needs are unmet, children in poorer households will look outside the house for financial support, which can lead to early marriage, exploitation or child labor. As one caregiver noted, "I am worried that my young girls will not complete school and will go and get married because we don't have enough for them."[28]

Also, the number of children in the household proved to be a statistically significant factor in predicting protection from harm. Although the data collected in this study does not indicate levels of child neglect, the relationship between more children in a household and increased risks warrants further examination into the issue of neglect.

Households who received more services from Bantwana were more likely to report child protection risks. This weak but significant relationship may suggest that exposure to Bantwana services made caregivers more aware of risks, or provided them with the vocabulary to answer questions about child protection. As noted earlier, it is likely that households receiving Bantwana services are more able to label and report certain practices as child protection concerns and are therefore more aware of the risks faced by their children. This reporting or labeling effect is often considered a positive effect of child protection programming; however, it does make it difficult to distinguish between when risks have actually increased and when awareness has increased the reporting of pre-existing child protection issues.

The receipt of more Bantwana services had a modest positive association with improved psychosocial well-being. As mentioned above, the indicators for psychosocial well-being reflect the perceptions of caregivers interviewed rather than the views of children themselves. A statistically significant relationship (albeit also with a weak effect size) was found between having fewer children in the household and improved psychosocial outcomes. It is plausible that caregivers' attitudes about social and emotional well-being are linked to their concerns about the number of children they are responsible for and the external support services they are receiving related to child well-being.

Bantwana services are offered to households in a manner that creates opportunities for households to improve their own levels of income, diversify livelihood strategies, and increase their awareness of children's well-being and protection issues. The level of up-take of these various strategies depends upon the household members involved in the program. Therefore, in

[28]In-Depth Interview, Kasese.

the analysis it is informative that it is not always the exposure to Bantwana services but access to and up-take from families (as represented by increased income and assets associated with the services) that are more predictive of improvements in child level outcomes. The change in child level outcomes is through a change in income, assets and livelihood strategies, which are all strongly associated to receiving Bantwana services but also depend on the household actions in response to these services.

Programmatic Implications

IGA programs can increase both household income and assets
IGA programs in rural areas should focus not only on providing seeds and improving farming skills, but also on the business and financial skills needed to develop alternative livelihood strategies, improve access to credit, and increase savings and assets, which all can positively affect the protection and well-being of children.

Increased assets within a household protects children
This finding on the importance of assets to child protection is particularly important in considering livestock distribution as part of IGA programs. While it could be argued that providing livestock as an IGA may only have a marginal impact on monthly income generation, it appears that livestock do play a key role in increasing household assets, which impact both physical well-being and protection outcomes. The most likely explanation is that households use livestock as an insurance for bad times and are therefore able to provide for children's needs in critical times that might otherwise push children and caregivers towards risky or harmful practices, such as early marriage or child labor. A caregiver from Kyegegwa commented on the value of his bananas and goats:

> *I am a farmer and I rear livestock too. When [I make] profit from this yield, I save some and am able to meet my family's needs. I have a banana plantation and goats to ensure [I] always have money to pay children's fees and meet their other needs. I have a cassava garden so that I always have enough food.*[29]

Findings from previous studies that suggest new financial and livelihood opportunities can lead to an increase in demand for child labor were not replicated in this study. The protective relationship found between increased assets and a lower prevalence of child labor suggests that Bantwana's comprehensive approach that combines IGAs and child protection services can lead to better child labor outcomes, even among extremely low income households.

Family planning remains a critical issue for child protection
The number of children living in a household affected all key variables in the study. It appears that families with more children are less able to provide for their basic needs, care for their psychosocial well-being and protect children from risks. Access to health services, addressing domestic violence issues, and increased awareness about family planning services thus seem particularly relevant to child protection programs in contexts similar to western Uganda.

[29] In-depth interview, Kyegegwa.

Additionally, the number of children in a household might appropriately be used to inform future selection criteria of the most vulnerable households.

Improving access to education requires greater effort at the national policy level
In Uganda, a large percentage of children drop out of school before they reach the secondary level, due to the high cost of school fees.[30] The findings from this study found an initial correlation between lower intensity of household livelihood activity and children out of school, but secondary analyses proved that neither livelihoods nor income nor assets proved to have an effect on school enrollment. It seems that families must earn above a certain threshold of income in order to have an observable effect on school enrollment and thus IGA programs may only contribute to improved access to education if policies at the national level focus on reducing the cost of schooling and other barriers to education for vulnerable households.

Psychosocial support should be an explicit service offered within an integrated approach
This report's findings suggest that children's psychosocial well-being does not automatically improve with financial gains or improvements to livelihoods, as appears the case regarding physical well-being. As such, policies and programs must not overlook the importance of directly addressing social and emotional well-being within groups of vulnerable children at the household level.

Implications for further research
The household survey design included several 12-month recall questions. Although some of the observed associations were consistent with the initial hypothesized relationships between economic strengthening and child outcomes, a prospective longitudinal study design would be better suited to measure the impact of a both economic strengthening programs and broad changes in socio-economic status and livelihood strategies.

[30] 2010 Statistical Abstract. Uganda Bureau of Statistics, June 2010.

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