



Listening **to the most vulnerable children**

Year One: Children's views of vulnerability in four countries

Summary Report World Vision UK 2018

Acknowledgements

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Executive Summary

In 2018 World Vision UK launched a 5-year research project to improve our evidence base and understanding of who the most vulnerable children are in communities in which World Vision works, the extent to which they are reached, and how their circumstances are addressed by World Vision programmes. This report summarises the findings from the first year of the research.

The research spans a range of emergency, fragile and development contexts in four countries: Bangladesh, Myanmar, Sierra Leone and the Democratic Republic of Congo and aims to put children’s voices at the centre of our understanding of the most vulnerable and their own views on World Vision’s work. In addition, in Sierra Leone, children themselves conducted their own piece of research on a key factor in their community: teenage pregnancy. Children’s views on vulnerability are supplemented by those of adults in the community, women, men, leaders and World Vision staff. In total, across all countries, 327 children and 134 adults participated in the research.

In Bangladesh the research was conducted with Rohingya refugees living in Camp 13 in the Kutapalong expansion site of Cox’s Bazar. The underlying issues that children identified with the most vulnerable include lack of proper family care, discrimination, particularly in relation to adolescent girls and children with disabilities; mental health problems and personal safety.

In Myanmar the research was conducted in Saizang village, Tiddim area, in which World Vision has been working for several years. Children in Saizang spoke of food shortages, child labour, school drop-out, violence by teachers, bullying, stigma and discrimination as key issues for children. The divorce of parents and vulnerabilities within the reconstituted family were also highlighted.

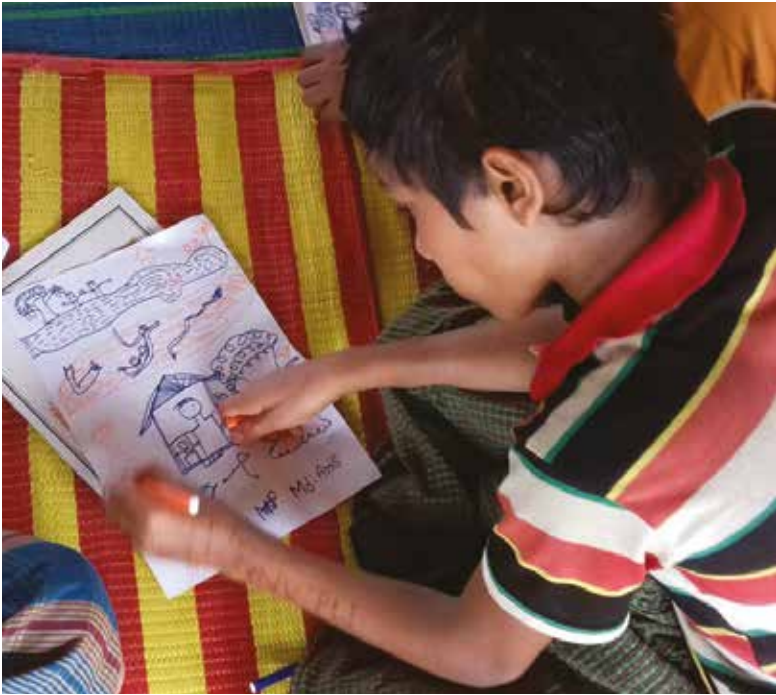
In Sierra Leone, children in the Upper Nyawa section of Jaiama Bongor chiefdom reported that the circumstances of the most vulnerable children concerned school, child labour, poverty, children living with grandparents, being disabled, being an orphan, poor mental health and violence at home.

In Lwambo, in the south-east of Democratic Republic of Congo, children identified disabled children, orphans, displaced children and children in divorced families as being amongst the most vulnerable. Children also highlighted other factors of children lacking family care such as abandoned children, street connected children, caregiver neglect and deprivation and the specific vulnerability of girls.

Across all contexts our research found that the local understanding of vulnerable children generally aligns with World Vision’s definition of vulnerability, except perhaps for mental health, which while consistently highlighted by

children as a key vulnerability is not explicit within World Vision’s definition. Disability is very clearly identified as a major vulnerability factor in all places. Other key factors include orphans, children in large families, children not in school, gender discrimination, poverty and health problems. In addition, there are factors that appear in most places; violence, abuse, neglect and exploitation, divorce and family breakdown. The research highlights local subtleties of how children become vulnerable, particularly explanations of cause and effect, proper analysis of which is critical for developing any programmatic or policy response.

Our research indicates many of the most vulnerable children are reached by World Vision’s programmes, although children did identify gaps in targeting which should be considered in the future. Furthermore, the question for future programmes should go beyond reaching the most vulnerable but more deeply consider how they are reached and with what. Many of the programme actions described by children concern material benefit, such as school fees and materials, electricity, shelter; but some processes that make children vulnerable, such as lack of care from caregivers in the household, abuse, or the mental health problems children experience, will not necessarily be addressed by material provision. The root causes of children’s vulnerability mean there is also a need to address the actions of adults and institutions. While some adults were aware of broader preventative work in child protection, education and health system strengthening, children were far less aware. This suggests that there is a need to strengthen the extent to which children themselves are involved in developing interventions that deal with these structural and systematic issues.



ABOVE: The research included child-friendly methods to understand the lives of the most vulnerable children. © 2018/ World Vision

Listening to the most vulnerable children

Year One: Children's views of vulnerability in four countries

This is a report on the first year of a five-year research project to understand who the most vulnerable children are in communities where projects are implemented by World Vision, the extent to which they are reached, included and impacted, and how their circumstances are addressed by World Vision programmes. The communities and projects involved are very different, located in four countries, in Bangladesh, Myanmar, Sierra Leone and the Democratic Republic of Congo, in different political, social and economic circumstances including conflict affected, refugee and other situations, with varied programmes.

This report puts children's voices at the centre of a deeper understanding of the factors making children vulnerable, who are the most vulnerable and why. The report also looks at children's perspectives of who is reached by World Vision's programmes, whether the most vulnerable are included, and their perception of World Vision's work. Children's views on vulnerability are compared with and supplemented by the perceptions of adults in the community, women, men and leaders, in order to draw out different perspectives and dominating ideas held by those with power, including adults.

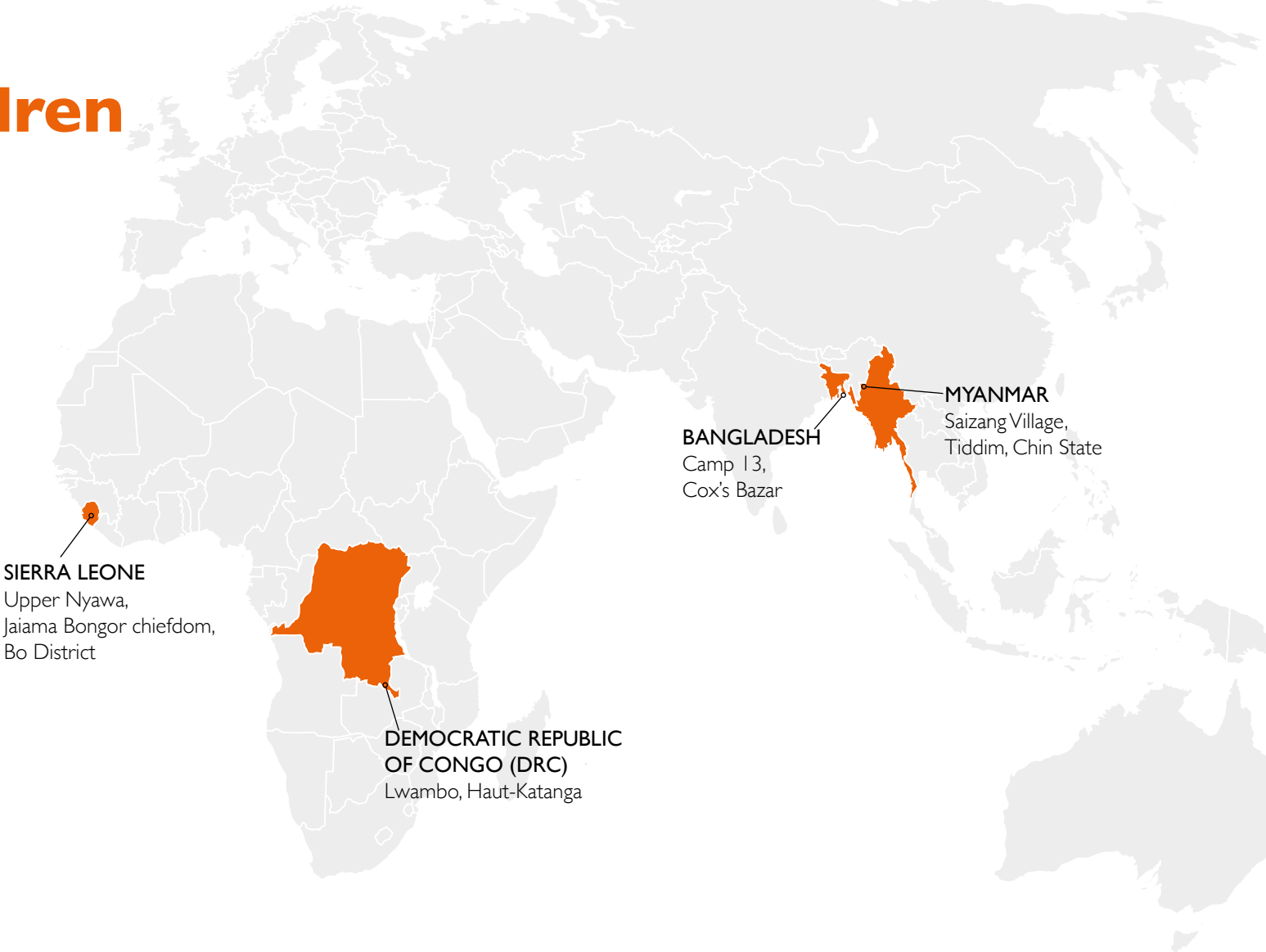
The research seeks answers to the following questions:

1. How are most vulnerable children (MVC) understood and defined by children and communities?
2. Are the most vulnerable children reached?
3. How are the most vulnerable children's lives transformed through programmes?
4. How are World Vision's programmes responsive to the most vulnerable children and changing over time?
5. What are children's views on vulnerability and World Vision's response?

Questions 1,2 and 5 were addressed in this first year of research.

Background – perspectives on vulnerability

Perspectives on vulnerability depend not only on personal situation, such as age, gender, disability, ethnicity, circumstances and status, but also vary by language and culture. This research has involved eight languages and various dialects: Bengali, Burmese, Chin, English, French, Mende, Rohingya and Swahili. There has not only been the



BELOW: The hilly areas of Camp 13 are susceptible to landslide, particularly during the monsoon season. Children that live in remote and hilly areas of the camp were identified as some of the most vulnerable. © 2018/World Vision



complication of finding equivalent terms and translating meanings, but a need to understand what this means in practice, including local meanings and dialect use.

The reason for centralising children's views is to understand vulnerability and programme work from their perspective. Children may experience and identify problems that have a much greater impact on their lives than is known or perceived by adults: for example, violence from teachers and bullying by peers may not be particularly visible to or seen as important by adults. Also, adults may have become accustomed to certain aspects of life in the community and not perceive the effect of making some children vulnerable. It is important also to recognise that children are not homogenous and to distinguish the different perspectives based on age, gender and disability but also other differentials within communities, such as family income, wellbeing and locally important forms of status.

This summary report focuses on findings from the research in four countries: in particular it looks at children's views in each country of vulnerability compared to adults, the implications of this for programming, what is being done and for which children and families, and how this meets the needs perceived by the community.

World Vision's definition of the most vulnerable children

For World Vision the Most Vulnerable Children (MVC) are defined by the accumulation of vulnerability factors they experience. The types of vulnerability factors are summarised below:

- Serious discrimination
- Abusive or exploitative relationships
- Extreme deprivation
- Vulnerable to catastrophe or disaster
- Disability

A child is considered to be among the most vulnerable when vulnerabilities intersect. Children can become increasingly vulnerable, experiencing more and more vulnerability factors, until they are defined as the MOST Vulnerable Children. The threshold for World Vision of when a vulnerable child becomes a most vulnerable child is when she/he experiences two or more of vulnerability factors simultaneously. It is important to note that MVC is not a static category - a child can move in and out of different vulnerabilities depending on their environment.

As part of the research in each country, the local perceptions of vulnerability were compared to the definition developed by World Vision.

Methodology

The standard method involved five focus group discussions (FGDs) with women, men, local leaders, girls and boys to understand in detail who children and adult community members considered to be the most vulnerable children, alongside a brief context analysis and interviews with WV staff familiar with the area. Once a common definition of the most vulnerable children was developed, a further six FGDs were held with children identified by the community as most vulnerable. These groups included: girls 10-13 years, and 14-17 years benefitting from WV activities, and a group of girls not benefitting from WV activities: boys 10-13 years, and 14-17 years benefitting, and a group of boys not benefitting from the project. In addition, in Sierra Leone, 14 children (7 girls and 7 boys) conducted their own research into a specific topic of child vulnerability; teenage pregnancy. The child researchers interviewed 18 pregnant teenagers, and one girl who had recently given birth.

In total 327 child respondents and 134 adult respondents were included in the research (see Table 1 for breakdown by country and gender).

Table 1: MVC research participants by country, age and gender

Country	Children		Adults		Total
	Girls	Boys	Men	Women	
Bangladesh	39	43	29	10	
DRC	40	28	21	14	
Myanmar	47	47	19	13	
Sierra Leone	51	32	16	12	
	177	150	85	49	
TOTAL	327		134		461

Initial analysis and data validation were completed in country with local data collectors and community stakeholders. The formats and methods for group discussion are contained in individual country reports. The method used included voting by groups on most vulnerable categories of children and consolidating across groups, individual rivers or roads of life, vulnerability mapping and youth-led transect walks through their communities.

BELOW: Child researchers in Jaima Bongor analyse the findings of their research into teenage pregnancy. © 2018 Patricio Cuevas-Parra/ World Vision



Bangladesh

Camp 13, Rohingya refugee crisis in Cox's Bazar

The research in Bangladesh was conducted with Rohingya refugees in Camp 13, part of the world's largest refugee encampment, in the Cox's Bazar area of south east Bangladesh. Although refugees have crossed from Myanmar into Bangladesh for more than 20 years, 2017 saw an influx of around 700,000 following an increase in violent military action and fighting in Rakhine State, Myanmar. World Vision manages the very densely populated Camp 13 but is only one of many NGOs working there to address problems such as inadequate water and clean sanitation, inadequate health facilities and poor and unsafe environmental conditions for children and their families. While the research focused on one of World Vision's programmes in the camp which included livelihood support for families and provision of child friendly spaces (CFS), from the perspective of children and their families, it proved impossible to separate the impact of this project from the myriad of other services being delivered by other organisations in the camp.

“After I came to Bangladesh from Burma, I am alive because the help I got from World Vision. CFS of World Vision helps me to continue my study here” Girl, age 15

What do children think are the root causes of vulnerability?

The experience of moving from Myanmar and the losses incurred have evoked a range of feelings in the children of Camp 13. That, together with their current camp living



ABOVE: A child friendly space in Camp 13 run by World Vision. Children and adults identified the CFS as an important place of safety for children. © 2018 World Vision



ABOVE: A girl in Bangladesh collects water for her family. Adolescent girls reported that they felt unsafe collecting water, particularly at night time. ©2018/ World Vision

conditions underpin their vulnerability. For many this had led to **feelings of depression**. Half of the 10-13-year-old boys said they felt depressed and older boys said that after coming to Bangladesh they became depressed. Girls were particularly anxious about their safety.

A particular focus for girls and boys is **insufficient food, particularly pronounced for adolescent girls**, who do housework but take less food in comparison to males in the family and health issues. Boys also spoke about the challenges of having no home, not getting to study and a lack of play areas, saying very few children have access to Child Friendly Spaces, but that children who do are safer. Boys and girls felt children living in the **remote hilly areas of the camp** had the most problems. **Safety** was the key concern due to broken roads and bridges and a lack of lighting. Adolescent girls also had more challenges fetching water from the bottom of the hill, making it difficult to keep clean.

“Due to scarcity of light in top of the hill children and adolescents are facing challenges in movement. For that reason adolescents do not feel comfort to move outside of their house”. Boy, age 10-13

Bangladesh

“Being a step child they are discriminated and humiliated by the other members of family. I think they are the most vulnerable children in community.” Man

Who do children think are the most vulnerable?

Boys and girls of all ages identified the most vulnerable children as those **without proper family care**, particularly **orphans, step children, children in big families**. **Disabled children** were also felt to be particularly vulnerable. **Mental health problems** and the **early marriage of girls** were seen by children as being both a manifestation of and category of vulnerability. **In summary**, children identify the most vulnerable as those being **without proper family care**.

Who do adults think the most vulnerable children are?

Men and women agreed with the children’s views. Men specifically included step-children which suggests discrimination within reconstituted families.They also felt that adolescence was a particular time of vulnerability for girls. Women reported that many children in large families do not have enough to eat, suffer from malnutrition and must work to supplement income but are often neglected. They felt **gender discrimination** exacerbated vulnerability. Additionally,World Vision staff noted that adolescents often do not want to talk about trauma and experiences and have limited access to services (girls being of most concern) as well as cases of sexual abuse, child trafficking, and the use of children in the distribution of *yaba*, a methamphetamine brought across the Myanmar border:

Do World Vision programmes reach the most vulnerable children?

Children, even those not supported directly by World Vision have an idea of what the organisation provides and how children and families are selected by the programme. The girls and boys who are direct beneficiaries said World Vision has provided **Child Friendly Spaces, food, clothes,**

“Children are now able to continue study through the support of CFS of World Vision. Children are getting food to supplement their nutritional need. They have also got shelter for living” Boy, aged 10-13



ABOVE: A child refugee surveys his new home in Cox’s Bazaar. © 2018 World Vision

shelter, toilets, tube-wells, solar light and play materials. Girls ages 10-13 said “*all these changed the situation of our camps*”. Boys aged 14-17 said “*children are now drinking safe water due to support of tube-well from World Vision.They are living in a house as World Vision supported shelter materials*”

Which children benefit, and which do not benefit?

Children understood that selection of beneficiaries was made through a household survey conducted by World Vision based on set criteria. However, the children who were not supported and boys who were highlighted the role of the *Majhi* (local leaders) in the selection process and their bias towards some households. Children identified those **not getting World Vision support** as **disabled children, adolescents, orphans, those living more remotely**

or at the top of the hill (identified by boys), **families living further away** and **newly arrived families** (identified by girls).World Vision staff in particular noted the absence of provision for the specific needs of children with disabilities and adolescents.

“I was afraid while I started journey from Myanmar. I slept in forest and fear of wild animal like tiger. I was hungry and depressed also.” Boy, age 10-13

The **underlying** issues for the most vulnerable children in Camp 13 consistently include **lack of proper family care, discrimination**, particularly the effect on **adolescent girls, disability** stigma and discrimination, and **poor mental health**. Also, children emphasised **material and environmental problems** including hillside safety, lack of school and insufficient child friendly spaces and places to play. The problems of malnutrition, food, health and access to healthcare are seen as common throughout. The stresses of **parenting and care-giving** in a refugee camp look to be a particular area of response for future programming to address a number of underlying vulnerabilities, as well as the particular circumstances of **adolescents**, and of **disabled children**.

Myanmar

Saizang Village, Tiddim, Chin State

The research in Myanmar was conducted in Saizang, a village of 405 households. It is one of 40 villages supported by the World Vision programme in Tiddim, which started in 2005. The area is hilly and mountainous. Families struggle to produce enough food for their needs due to increasing family size and soil degradation inhibiting agricultural productivity, which contributes to malnutrition levels. Climate change continues to affect the area, with heavy rains and flooding causing an increasing number of landslides. Other aspects of the local context are gender discrimination, including limited involvement of women in community decision making, and alcohol abuse. World Vision's programme focusses on improving the care, protection and education of children, improved nutritional and health status of mothers and children and livelihood support for households.

BELOW: Children from Tiddim ADP. © 2015/World Vision

What do children think are the root causes of vulnerability?

Children attached importance to **school and learning**, the need to **combine** this with **household and family work**, and the importance of **play**. Some boys migrate to India to work. Children's own observations of vulnerability in their lives included food shortages, dropping out of school and working, violence by teachers, bullying, stigma and discrimination and fear of disaster (e.g. landslide) and places that they see as unsafe.

Factors such as **family debt** and the **divorce of parents** leading to the reconstituted family contributed to the likelihood of children working. This together with issues such as lack of lighting and extreme poverty can make school attendance and study difficult. Children also reported **violence and abuse from teachers** "It was difficult that I can't study well because of lack electricity so I could not learn

"After the divorce of my parent, I faced series of difficulties. My older brother went to other place for work and I had to look after my mother and younger ones including a disabled one. When I attended 9 and 10 standard, we had not enough money and food so that it was difficult"
Boy, not benefitting from WV programmes

by heart my lessons and my teachers beat me often" (boy, age 10-13). Some children reported **bullying at school**, sometimes being stigmatised for being poor; which had a lasting impact on them: "When I was in school, one of my classmates older than me had bullied and torn my bag badly; that I cannot forget in my life because to have a bag for me was difficult at that time" (Boy, age 14-17).

Who do children think are the most vulnerable?

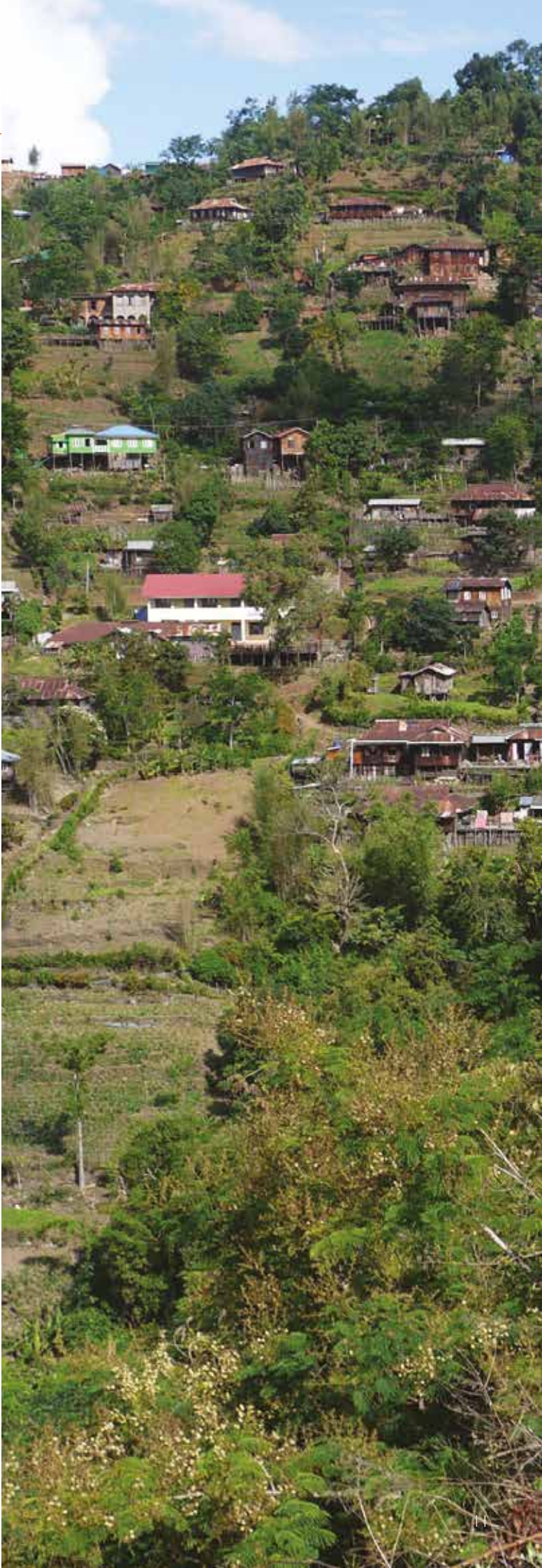
Children identified **orphans** (including those who have lost one or both parents and children who do not live with their parents), **children of large families**, **issues of domestic violence and abuse**, **problems of stigma and discrimination**, **poor children and working children**. Those unable to or **not attending school** were also identified, with girls saying the cause was being orphaned, while boys said it was also due to a large family size. **Disabled children** (including those who are deaf or dumb) were also seen as the most vulnerable. Additionally, girls identified 'drunkards' children, while boys include children without parental supervision, of divorced parents and suffering from disaster due to climate change.

"Children of drunkard are worse off - a drunk husband beat his wife and she was sent to hospital" girl, age 10-13

Who do adults think the most vulnerable children are?

Community leaders identified a number of categories: **extremely poor** children (their highest priority); **'down-hearted' children** and **children not well cared for**; children **not in school** and those affected by **natural disaster**. Additionally, men also identified **mental health, disability and physical health issues as key vulnerabilities**. Children's sickness was linked to poverty. On the other hand, women

RIGHT: Saizang village, the selected community for the research is part of Tiddim ADP. ©2018 Stephanie Fisher/ World Vision



Myanmar

emphasised **discrimination linked to gender, disability and poverty**. Women identified **mental health** issues as a cause and consequence of vulnerability. **Parenting issues** were also a cause and consequence of vulnerability, these included: death of a parent, divorced parents, children with disabled parents, alcoholic parents, violence in the home, parents who did not value education for their children and parents not knowing when to seek medical help. World Vision staff noted similar factors and also emphasised the problems of **depression and loneliness**, due to family divorce and separation commonly caused by alcohol abuse.

Do World Vision programmes reach the most vulnerable children? Children’s views

The most vulnerable children described receiving a **wide variety of materials provided to them and their households** from World Vision, as well as additional support during emergencies. This included school materials, housing materials, livelihood equipment, tools and livestock.

“When our house was destroyed by landslide, World Vision supported us rice, chick pea, bed rolls and roofing sheets”
Girl, age 14-17

Children reported how the support enabled them to study, recover from and prevent illness, and described the **happiness and motivation** derived from it. Boys noted their motivation to study improved when provided with school materials and one girl noted “The support from World Vision gave confidence among my friends. I had clothes. We have shelter. We could attend school” (Girl, age 14-17). Children reported **gratitude to sponsors for both material goods and encouragement**; letters from sponsors were reported as having considerable impact.

“When World Vision supported me piglet then I couldn’t explain how my happiness was. We sold the pig and used for my school expenses” Boy, age 14-17

Children’s perspectives of vulnerability point not only to **material problems** but also issues of **relationships between adults and children**. Children see World Vision’s programme as **successfully reaching some of the most vulnerable**, such as poor children and orphans, and see World Vision’s support in material terms, including provisions for school and the importance of electricity and lighting, **addressing the material dimensions of vulnerability**. While it is possible that children are not aware of broader preventative child protection system strengthening work, the challenges that children describe imply other dimensions of vulnerability such as parental care, discrimination and violence experienced at home and the resulting mental health problems should be more robustly addressed in future projects.



ABOVE: Children receive lunch at Early Childhood Care and Development Centre in Tiddim ADP. © 2015/World Vision

Which children benefit and which do not benefit?

Overall most vulnerable children believed that World Vision supported children and families with the most difficult lives. However, children did express the feeling that World Vision is not reaching all of them, saying “We think that there are more difficult families, orphans and those who cannot [attend] school, than us”(girls, not benefitting) and girls aged 14-17 believing **World Vision only supports most vulnerable families with children going to school**.

Children’s recommendations

To reach more of the most vulnerable children, younger girls and boys recommended World Vision increase awareness on how to access available support: “Others should help them in preparing proposal to submit World Vision. If the children themselves report to WV through village leaders then World Vision will reach them” (boy, age 10-13). A key recommendation from both boys and girls, benefitting and not benefitting was support for electricity to reduce child labour and support educational study: “If World Vision support hydro power plant, everyone will benefit and we will not need to collect and carry firewood. With electricity, we can use for computer and others, then all the children will benefit” (girl, age 10-13).

Sierra Leone

Upper Nyawa, Jaama Bongor chiefdom, Bo District

The research in Sierra Leone was conducted in the Upper Nyawa section of Jaama Bongor chiefdom in Bo District in the southern province of the country. Farming is the predominant livelihood activity with 80% of the population practicing subsistence farming and agro-food processing activities. Diseases like malaria, cholera, diarrhoea and HIV commonly affect lives. Human development and social indicators including illiteracy, primary school enrolment, life expectancy, maternal death, and malnutrition and child mortality rate are relatively low, although evaluation of World Vision’s programme have evidenced progress in increased child enrolment and reduced maternal mortality in recent years. The national context includes a new law on free education for all children. Jaama Bongor is a long-term WVUK supported Area Programme (AP) that has been implementing four key integrated projects: Health, Economic Development, Education and Sponsorship Management since 2010.

What do children think are the root causes of vulnerability?

Overall children noted issues relating to **poverty and parental care** were critical factors related to child vulnerability. They explained that **most children** are involved in **domestic or agricultural work** to support their family. Both boys and girls highlighted **maltreatment**, which included ‘child battering’. For girls it also included **lack of food** (stopping children from eating as a punishment, as well as parents who were not able to afford meals twice a day). For boys it included **child labour** and exploitation and **poor housing** or shelter. Girls highlighted **gender issues**, particularly being out of school which was partly a consequence of **pregnancy** and/or **early marriage**. Other indicators of vulnerability included, **lack of proper clothing**, poor health and problems of **unhappiness and loneliness**. Boys also highlighted ‘laziness’ as an issue, explaining children who do well are **obedient and respectful** in adults’ eyes, so avoid vulnerability (which might involve maltreatment, violence and exploitation). Boys also noted **disability**, problems of **peer group** influence, drug use as well as **not going to school** as factors resulting in vulnerability.



ABOVE: Fatmata’s mother is part of a savings group in Jaama Bongor ADP, one of the key interventions identified by children as supporting the most vulnerable. © 2016 Stefanie Gliniski/ World Vision

Sierra Leone

Child-led research on teenage pregnancy

This separate research was undertaken by 14 local children aged 12-17 years who selected the research topic based on what they felt was the most important issue for children in their community; teenage pregnancy. Their research revealed how factors such as lack of **parental care, poverty, lack of knowledge and access to appropriate health care are strongly linked to teenage pregnancy.**

Poverty is an underlying factor with some girls, whose parents or caregivers are unable to afford basic necessities, entering sexual relationships with boyfriends to obtain food and access to education. Many of the pregnant girls interviewed had lost one or both parents and lived with step parents or other relatives. They explained how **caregivers** (aunts, uncles, other relatives) could not or did not provide basic needs such as sufficient food, school fees and materials, decent clothes and sleeping places. One girl said her aunt used starvation as a method of punishment, and **“With no other relative around to feed me, I was forced to find a boyfriend to provide food for me so that I do not starve to death”.**The girls said they fell in love with men who could afford to provide for them, but consequently got pregnant. The children’s research highlighted the **lack of knowledge about contraception and its limited availability at the community health centre.** Pregnancy often make a child even more vulnerable as most **boyfriends abandon girls** when they became pregnant. Most of the teenagers interviewed also said they were **socially isolated** by family and friends.

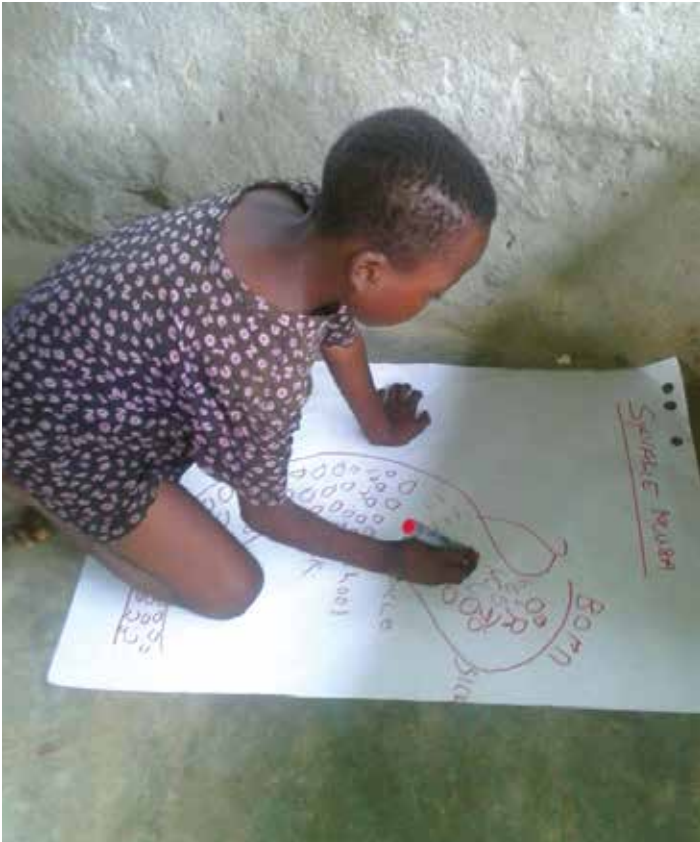
Who do children think are the most vulnerable: Children’s views

Girls viewed the circumstances of the most vulnerable children to be concerned with **school** (children not going to school, or not wearing uniform in school), children **working** (always on the farm), poverty (parents unable to provide basic needs for children), being **disabled**, being an **orphan**, and **violence** (at home, particularly when children are not with biological parents). They also noted how **issues were interlinked**, for example sometimes parents will not give their children food because they do not follow them to work on the farm. Similarly, boys suggested the most vulnerable were **orphans, disabled** children and those living with **older grandparents.**

Who do adults think the most vulnerable children are?

Adults reflected that the vulnerabilities children face related to a range of circumstances. These include poverty, large family size, orphan-hood, sickness, lack of medical facilities, disability, children being out of school, illiteracy, teenage pregnancy, early marriage, stigma and discrimination and children being visibly unhappy and lonely. Also, the **actions of adults** including drunkenness, child molestation and exploitation and abuse. WorldVision staff added that discrimination of children with disabilities or certain diseases are often exacerbated by accusations of witchcraft. Many of these issues are viewed as inter-related and are both the causes and consequences of vulnerability.

“When my father died, I had to leave school and sit at home because nobody to help me. Whilst at home my mother forcefully gave me to a man, who I am presently staying with. I have two kids with him and things are really hard with me” girl, age 14-17



ABOVE: Children identified lack of access to education as key vulnerability factor in Upper Nyawa. © 2016/ WorldVision

Do World Vision’s programmes reach the most vulnerable: Children’s views

Children explained that WorldVision provides support to their community through **savings groups, provision of solar light, radio and motor bikes to transfer pregnant women and the sick to health facilities.** Both older and younger boys said that **life is more bearable** because they can now use the solar light to study this has meant parents no longer have to buy kerosene and those who are part of the village savings and loan scheme, can pay for school fees and other needs on time. Girls said their **lives had changed**, citing the “life-saving box” [savings group] so that our parent are able to take children to the hospital in case of medical emergencies and pay school fees. Some boys noted WorldVision resources given to them are all exhausted and more resources are required.

Which children benefit and which do not benefit?

Boys aged 14-17 noted that WorldVision supports those who are in **difficult situations** and the **most vulnerable children**, the latter defined by younger boys (10-13) as disabled children and orphans. Both groups said that WorldVision’s programmes do **not cover** healthy children and those who are living with both parents and are doing well. While girls benefitting from WV programmes think **WorldVision targets the most vulnerable**, girls who are not supported, have different views. They do not think that WorldVision assists sick and disabled children, however their experience may be limited as WorldVision has not scaled up activities in their village to date.

Children’s views of vulnerability include a range of **material and environmental problems concerning poverty, as well as access to school and healthcare.** Both children and adults also mention **mental health** related problems of **stigma** and **discrimination.** This and issues of **maltreatment** and **violence** invoke issues around the **actions of adults and roles of caregivers.**

The most vulnerable children who benefit from World Vision’s work report the positive impact of World Vision’s initiatives on their lives, including **improved access to education and health facilities.** Scale and sustainability of the programme are identified by children and World Vision staff as challenges to address. Children **did not report any programme provision** for teenage pregnancy, maltreatment and violence by adults, mental health issues (including loneliness), and discrimination. However, adults were aware of some child protection, health and education preventative and system strengthening work. This indicates the need to increase awareness of these amongst children and strengthen the extent to which children themselves are involved developing interventions and the strengthening of local child protection mechanisms.

RIGHT: One of the most vulnerable girls in Upper Nyawa explains her life so far through drawing © 2018/ WorldVision

Democratic Republic of Congo

Lwambo, Haut-Katanga

The research in DRC was conducted in Lwambo community, a village about 2.5 hours north of Lubumbashi, just over the border from Zambia, in the south-east of the country. Lwambo lies in the heart of the mining area of the province Haut-Katanga. Households are involved in petty trade and agriculture mostly on degraded soils, which has led to some working more suitable farming land about 50 km away. This has a significant impact on family dynamics, as children either travel with their parents to the field and drop out of school or children are left in the care of other family members. There is one school in Lwambo, which provides education in the morning to primary school children and to secondary students in the afternoon. Lwambo lies on the

route between the mining areas and the export routes to Zambia and South Africa. The recently upgraded road brings more truck drivers to Lwambo and bars and prostitution have grown in the Quartier Commercial area.

Our project in Lwambo is focused on girls' education and has been implemented since July 2017. The project aims to improve quality and access to education for girls. The project is now in its second phase, with the first phase being implemented by a different organisation. As World Vision inherited the project and the cohort of targeted girls, the project team had limited influence over identification and targeting of project beneficiaries. World Vision previously implemented an Area Development Programme in Lwambo, which closed in 2008.



ABOVE: Some of the most vulnerable children in Lwambo share their opinions of World Vision's Girl's Education Project. © 2018 Mbuso Jama/ World Vision
World Vision 2018

What do children think are the root causes of vulnerability?

Orphanhood was a key vulnerability factor identified by girls and boys. Girls explained that children living with other family members were more likely to experience abuse or neglect. Boys also said children of **divorced parents** or those **abandoned** by their parents were vulnerability factors. Girls also identified **not going to school** and **extreme deprivation as key vulnerability factors**, boys adding those affected by **disability** and **displaced by war**. **Caregiver neglect, poverty, extreme deprivation and lack of education** may all be interlinked. Boys said that lack of education was both a cause and consequence of vulnerability. Girls explained that children can lack education because the caregiver will not pay for it, which may be related to poverty or **gender discrimination**.

Who do children think are the most vulnerable?

Girls and boys identified **street children** as the most vulnerable. Girls said they are found in specific neighbourhoods of Lwambo, on the street because their parents are unable to care for them. They are seen with torn clothes and collect the waste at the market. Older boys also identified **orphans, abandoned children** and **disabled children** as the most vulnerable.

Girls identified problems associated with **unsafe locations** such as the Quartier Commerical known for bars and prostitution. Problems here include **molestation**, including from police officers, people bothering passers-by, armed theft and sex workers. Children report this as an unsafe area for them to go and World Vision staff interviews revealed that girls are recruited into **prostitution** and work in this area.

Who do adults think are the most vulnerable?

The key factors and **causes of vulnerability** discussed by men and women are **interlinked** and more complex in detail than simple categories suggest: they are **orphaned children, poverty and unemployment, divorce, abandoned children, internally displaced children**.

In highlighting which groups of children they saw as most vulnerable, **men and women identified some similar groups but differed in their priorities**. Both men and women gave high priority to **orphans**, but women gave a slightly higher priority to **low income families** lacking means, which men did not see as so significant. Men gave a high priority to **divorce**, which women did not include although their highlighting of **abandoned children** might be seen as linked

“Some parents have taken the habit of going to the field for several months, leaving the children alone at home finding themselves short of food, they find other ways of survival among other means begging, prostitution, exploitation by strangers, in order to eat” (man)



ABOVE: Girls in Lwambo draw a vulnerability map of their community, identifying a new road as a key location for sexual exploitation of girls. © 2018 Mbuso Jama/ World Vision

in terms of family breakup. The **temporary absence of parents**, perhaps lasting several months, and leaving children behind, was seen as a significant vulnerability factor by both men and women. Women also highlighted **large families**. Both men and women considered **conflict displaced families**, men more so than women, and women considered but did not highlight **witchcraft**. **Disabled** children were identified as vulnerable largely on grounds of stigma, discrimination, exclusion and rejection by community and within their own families

World Vision staff identified similar vulnerability factors and categories of vulnerable children. Staff explained that children are vulnerable to accusations of **witchcraft** when things go wrong and subsequently rejected and **abandoned** by family. Staff also emphasised **teenage pregnancy and early marriage** as widely accepted practices, with dowries used as income including for payment of school fees for boys. Some orphans marry early to escape situations of lack of care in host families.

Democratic Republic of Congo (DRC)

Does World Vision’s programme reach the most vulnerable: Children’s views

It should be noted that **this project was in its very early stages** at the time of data collection and very few activities had been completed. All non-education related activities mentioned below are remnants of World Vision’s previous programmes in the area, rather than the current project.

Older girls explained that World Vision helps the most disadvantaged to study, supports orphans, and has given equipment to hospitals, provided wells and built schools. Men also mentioned that WV along with other NGOs provides assistance to orphans. Older girls (aged, 14-17), who benefit from the current education project, said that World Vision “*are changing the lives of these girls*” and that there will be a further change as “*they end studies and become a good person later in society*”.

Which children benefit and which do not?

World Vision’s project was established as a girls’ only project and those participating were selected three years before World Vision was involved. It is not clear as to whether the children targeted are derived from the most vulnerable groups. **Children felt that World Vision was not reaching the groups they identified as most vulnerable, but also clearly associate World Vision with education provision and support.**

Children’s recommendations

Girls and boys suggested that World Vision could pay for their education materials and fees, build schools and support them to stop working for their parents. Girls not benefitting from World Vision’s programmes, suggested World Vision support host families of orphans and abandoned children. Girls benefitting from the project suggested that World Vision could better explain to the community what the project is about, including use of radio messages to reach more people with information.

ABOVE: A girl from Lwambo stands in the doorway of her classroom. World Vision’s education project supports girls to stay in education. ©2008/World Vision



Children and adults identified **disabled children, orphans, displaced children, children in divorced families** as the most vulnerable children. Children also highlighted other vulnerability factors of children lacking family care such as **abandoned children, street connected children, caregiver neglect and deprivation**; also **abuse** and the **specific vulnerability of girls**. In addition issues of **teenage pregnancy, children living alone**, physical, sexual and emotional **abuse, child labour exploitation** were raised by World Vision staff. The existing programme was inherited by World Vision and focuses on education of girls, however **children proposed that World Vision reach out to most vulnerable children** through direct support to them and their caregivers, in addition to **continuing education support for girls**.

Findings across contexts

What do children think are the root causes of vulnerability and who do children think are the most vulnerable?

Despite the different contexts, similar categories of vulnerability appeared across all four countries and communities. Children with **disabilities** were found as a category across communities and countries, associating it with stigma and discrimination. However local understanding of why and how disability makes children vulnerable varies across communities, and include lack of resources, cultural attitudes, appropriate care and facilities and different geographies, for example, remote areas. Other commonly identified vulnerability categories and factors include **orphans, children in large families, children not in school, gender discrimination, poverty and health problems, mental health issues, violence, abuse, neglect and exploitation, divorce and family breakdown**. The risk posed to adolescents in relation to all these vulnerabilities was a recurrent theme.

Across all contexts our research found that the **local perceptions and definitions of vulnerable children generally fall in with World Vision’s overall definition and approach to vulnerability**. One consideration, however is whether the **mental health** of children is adequately highlighted in World Vision’s definition, given that this was a recurrent vulnerability across all four contexts.

Many of the factors children associate with vulnerability were seen as both the **cause and consequence of vulnerability**, they interlink and interact; the complexity of which can be lost by simplified categories of the most vulnerable children. For example, being orphaned can be a cause of vulnerability but being an orphan can also be a consequence of vulnerability. There are **varying causes of children’s vulnerability**. One particular finding was the importance of **parental care** and how the root cause of children’s vulnerability is often created by the **action of adults** around them. Other causes include the action of institutions, as well as the differing cultural, social, economic and political factors of different contexts. **Individual vulnerabilities can also have various causes**. For example, mental health issues are a significant vulnerability factor across countries and with varying causes including trauma of conflict and **violence and breakdown of relationships within the family**. Additionally, individual vulnerability

categories cannot be seen as one homogeneous group, for example not all orphans are vulnerable, neither all adolescent girls, nor all children living in large families.

Do children think World Vision programmes reach the most vulnerable? Which children benefit and which do not?

The research indicates many of the most vulnerable children are reached by World Vision projects, but that more consideration about how they are reached and with what is needed. For example, whether the chosen interventions are effective at addressing the **root causes** of vulnerability.

Many of the programme actions described by children concern material benefit, such as school fees and materials, electricity and shelter; which help address some of the categories and factors of vulnerability identified. Other vulnerabilities such as **lack of care from caregivers in the household, abuse, or poor mental health will not necessarily be addressed by material provision** but require the action of adults and institutions to be addressed. While some adults were aware of World Vision’s broader child protection, health and education preventative and system strengthening work, children were far less aware. This suggests the **need to increase awareness of these amongst children and strengthen the extent to which children themselves are involved developing interventions that deal with structural and systemic issues, such as the strengthening of local child protection mechanisms**. Particularly so that some of the most vulnerable adolescents are likely to soon become parents themselves.

Children’s recommendations

Children’s suggestions for how to support and reach more of the most vulnerable children were wide ranging. These included providing **further material support** such as specific provisions for children with disabilities, medical facilities, school materials, electricity and key infrastructure. **Supporting host families of orphans** and abandoned children, **support for their parent’s agricultural work, and supporting access to savings and loans**. Children also suggested that World Vision could reach more of the most vulnerable children by **making more children aware of how to access support**.

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