Participation in Research: Accelerated Education Programmes and post-primary opportunities in protracted refugee/host community contexts in Uganda

Overview of session

1) AEP in Uganda
2) Child Participation in Emergency settings- rational and background
3) Tools and methods
4) Findings

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The importance of AEP in Uganda

By October 2018, close to 1.1 million refugees were verified as residing in Uganda. A total of 13 countries are represented, with more than 1 million refugees from South Sudan and significant numbers from DRC, Burundi, Rwanda and Somalia. More refugees continue to arrive daily.

Importantly, many of the displaced children have already spent prolonged periods outside school.
Of the 504 (17% of total learners) students enrolled in Level 3, female learners make up 37.7%. This is slightly higher than the national average, where national level survival rate to Primary 7 is 32% (32.3% girls and 31.7% boys). However, the table also demonstrates a substantial decrease in the number of girls enrolled at L3 compared to L1 and L2. Whilst this could be attributed to girls having less access to education prior to displacement, it also correlates with findings shared later in the report which suggests that girls are more likely to drop out than boys, due to a multitude of vulnerabilities.

A total of 118 teachers are employed in the AEP centres, with a teacher-to-student ratio of 1:25. The teaching force is 61% male and 39% female.
The overall objective of the study is to generate understanding of ways to better support refugee children and their host communities in AEP:

- To gain a deeper understanding of children’s (aged 10-18 years) experiences and perspectives of accelerated education programmes and post-primary opportunities in protracted refugee/host community contexts.

- To gain a deeper understanding of teachers’ experiences and perspectives of accelerated education programmes.

- To gain a deeper understanding of parents’ and communities’ attitudes towards AEP provision and transition.

Multi-agency AEP response: ECW INCLUDE consortium

<table>
<thead>
<tr>
<th>Grade</th>
<th>Level</th>
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<tbody>
<tr>
<td>(P1 to P3) Primary Grades one to three</td>
<td>Level 1</td>
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<tr>
<td>(P4 and P5) Primary Grades four to five</td>
<td>Level 2</td>
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<tr>
<td>(P6 and P7) Primary Grades six to seven</td>
<td>Level 3</td>
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No study had asked children their thoughts and perspectives of AEP and transition to formal/post-AEP opportunities.
Overview of child participation

KEY TERMS

Consultative participation: adults seek children’s views in order to build knowledge and understanding of their lives and experience. It recognises children’s beliefs as well as their expertise but is adult-led and managed.

Collaborative participation: there is a greater degree of partnership between adults and children, with the opportunity for active engagement at any stage of a decision, initiative, project or service. It can be characterised as adult-initiated, involving partnership with children, and empowering children to influence or challenge both process and outcomes.

Child-led participation: children are empowered to initiate activities and advocate for themselves. Its characteristics are that the issues of concern are identified by children themselves, adults serve as facilitators rather than leaders, and children control the process.

Tokenistic/manipulative participation: either adults manipulate the process to suit their own agendas (for example, they may coach children to voice what they want or cleverly interpret what children say/do to suit their own interests.); or adults treat children as ‘decoration’ to make it seem like a process is participatory when it isn’t.
Children affected by emergencies should be encouraged and enabled to participate in identifying and analysing their situation and prospects. However, we are yet to see a paradigm shift in humanitarian responses that put children at the centre of the humanitarian programmatic cycle (O’Kane, 2013). This matters because children’s participation can minimise risks and ethical challenges, strengthen ethical and methodological precision, and recognises children’s rights as active agents (Groundwater-Smith, Dockett & Bottrell, 2015). According to Boyden (2018), “very often children understand the problems they face, the dilemmas they are in, the dilemmas their families face, the difficult decisions that must be made, but they also have ideas about solutions.”
145 (n=71 male) (n=74 female) children who participated in the study came from Uganda, DRC, South Sudan, Rwanda, Ethiopia and Sudan, with most participants from South Sudan and DRC.

36% of the participants identified as unaccompanied asylum-seeking children (UASC). This is significantly high compared to the number of UASC in Uganda, however AEP specifically targets the most marginalised students in a settlement area.
ENGERIZER and
INFORMED CONSENT

Guidelines for Participatory Action Research with children

Explain informed consent:

"I am here today as part of a research project about AEP schools in Uganda. I would like to talk to you all about your experience of going to school here. I am going to use what you tell me to learn more about what it is like to go to school in Uganda. My friend—will be helping me by writing notes on what you say.

This is a picture of a flower. Each of the flower petals represents one of us here today. There are three words in the middle of the flower. These represent some important things about our talk today. [Point to each word and ask them what they think it means] (Informed means everyone understands what we’re talking about) (Confidential means I’m not going to tell your parents or teachers what you say unless it is something that could put you in danger) (Voluntary means you can leave whenever you like). If you agree to talk to me today, please print your finger and write your name and grade next to your petal. I’ll do me first.”

Alternatively, seek verbal consent.

2) Remember to start the workshop by setting ground rules

3) Thank the participants for their generosity of time and contributions during the activity, explaining to them how the research will be used in the future.

4) Give the participants a signed Certificate of Participation as our appreciation for taking part in the workshop.

Verbal Consent person 1: ☐
Verbal Consent person 2: ☐
Verbal Consent person 3: ☐
Verbal Consent person 4: ☐
Verbal Consent person 5: ☐
Verbal Consent person 6: ☐
Verbal Consent person 7: ☐
Verbal Consent person 8: ☐
Verbal Consent person 9: ☐
Verbal Consent person 10: ☐
Verbal Consent person 11: ☐
Verbal Consent person 12: ☐

Staff witness informed verbal consent

Date

Child Participation with children aged 10 - 14 years
**Life Line**

Time required: 1 hour developing the lifelines and 20 minutes for discussing them.

**How does it work?** Divide your group in 2. The lifeline would begin with “birth,” at the top of the page; and end with “18,” at the bottom of the page. The participants draw or write happenings in the life of a girl/boy between those two major events.

**Second stage:** Focus on the child in school. Ask how their characters compare to the opposite sex. Are their characters likely to finish?

**Third stage:** Focus on the 18 year old. What is the character doing now? Have they completed ALP? Do girls and boys have different barriers that can stop them from transitioning?

**What does it achieve?** Provide a possible look into the future. Although this exercise can be used for many purposes, the one thing it is especially good for is identifying and dealing with gender issues.
Puppetry

How could we adapt it? Some visually impaired children may need to have materials that are of different textures and be encouraged to make puppets by touch or to make a model rather than decorate an envelope.

What do we need?

- Envelopes or flip chart
- Coloured pens and crayons
- Scrap materials – textiles, paper, card, plastic
- Glue, tape and scissors (kept with adults)

What happens if....? If children find it hard to decorate their puppets, make your own puppet and get the children to ask your puppet
Footsteps or helping hands
30 minutes (End of workshop)

How does it work? Children/adolescents are split into pairs and given a large piece of paper and a pen each. They draw around each other’s feet so that they have a right and left footprint on each of their pieces of paper. On one footprint, they write what they think children/adolescents can do to address the problems they have raised in their previous activity. On the other footprint, they put what the community and/or SC and partners can do. The footprints are laid out as a journey or pathway along the floor and the Facilitator talks the group through them as steps we can all take to improve AEP for displaced children/adolescents.

What does it achieve? The action of getting into pairs and drawing around feet gets people moving about and engaged. Children and adolescents are involved in thinking about solutions as well as about the problems that they face. This is important for their well-being and the mood of the workshop towards the end.
Capturing data from participatory research

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<thead>
<tr>
<th>Name of facilitator</th>
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<tbody>
<tr>
<td>Name of note taker</td>
<td></td>
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<tr>
<td>Settlement</td>
<td>Nationality</td>
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<tr>
<td>Date</td>
<td></td>
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<tr>
<td>Gender of participants</td>
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<tr>
<td># of UASC</td>
<td>Children with disabilities (please specify # and impairment of known)</td>
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<tr>
<td>Icebreaker</td>
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<td>Name of Activator one</td>
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<tr>
<th>Children’s experiences of AEP</th>
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<td>What transition obstacles they would offer and what their perceptions of viable economic options.</td>
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<tr>
<td>What do they perceive as barriers to transition?</td>
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<th>Feedback from facilitator on session</th>
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Thank the participants for their generosity of time and contributions during the activity, explaining to them how the research will be used in the future.

September 2018

Child Participation with children aged 10 - 14 years
The data collection tools drew heavily on UNHCR’s Listen and Learn: Participatory Assessment with Children and Adolescents (Skeels, 2017), which promotes consultations with children that “contribute to their feelings of self-worth and control over their own lives, both critical for their psychosocial well-being” (Skeels, 2012).
Findings

The findings from the children’s workshops enabled the SC research team to gain a rich understanding of the everyday lived experiences of children and young people in the settlements and, in part, this can be attributed to the participatory methods that were used.

Key points

• Stark difference between stakeholders perception of the role of AEP and transition vis-à-vis children and families.
• Girls were identified by all parties as the least likely to complete AEP
• Sexual Reproductive Health Education was requested by learners.
• Post AEP opportunities, including secondary school and accredited vocational pathways must be explored and prioritised.
• A deeper analysis of the lived experiences of children with disabilities is needed.
• Many of the children raised concerns about safety to and from school. Clear need to infuse risk reduction throughout the curriculum.