RISK FACTORS, MENTAL HEALTH AND PSYCHOSOCIAL NEEDS, AND COPING AMONG THE CHILDREN UNDER THE CARE OF FEMALE SEX WORKERS AND ADOLESCENT GIRLS SURVIVING IN SEX WORK SETTINGS: A RAPID ASSESSMENT.

CONDUCTED IN SEPT- NOV 2020 BY:

AWAC Alliance of Women Advocating for Change

ACIHEWE

FOME Men and boys for change
FOUNDATION FOR MALE ENGAGEMENT UGANDA

TEENZ LINK
Together we can save millions of Teens lives

UHRN

Acknowledgement

The Alliance of Women Advocating for Change (AWAC) is grateful to the following entities for the collaborative support during the rapid assessment; Uganda Harm Reduction Network (UHRN), Foundation for Male Engagement Uganda (FOME), Teens Link Uganda (TLU) and Improved Health, Wealth (ACIHEWE). We are also indebted to AWAC Secretariat and the research team for designing the study and coordinating the field Rapid Assessment, without you this assessment would not have been successful and its objectives wouldn't have been met. We appreciate the support from our donors who in the amidst of competing priorities funded this rapid assessment. The findings of this rapid assessment has beamed a bright light into the plight of children under female sex workers care and those living in sex work settings.

Our Special thanks go to all our respondents who include: government officials, implementing partners, fathers of children of female sex workers, female sex workers and their children, and adolescent girls surviving in sex work settings for providing profound input to this Rapid Assessment.

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Executive summary

Background: Children of female sex workers and adolescent girls surviving in sex work settings face unique risks including stigma and discrimination, exposure to sexual abuse and gender based violence. Numerous studies have documented the health problems of female sex workers; however, there has been no or limited research documenting the well-being of children of female sex workers and adolescent girls surviving in sex work settings. Most programs focus on supporting the female sex workers without special attention to their children who could be secondary targets. Another major gap identified is that these children and adolescents' category are not documented among the classification of special needs of children.

Aim: To identify the risk factors, mental health, psychosocial needs and mechanisms of coping by children under the care of FSWs and adolescent girls surviving in sex work settings of Kampala, Gulu, Mbarara, Wakiso and Busia in Uganda.

Methods: The rapid assessment team applied a mixed methods approach of qualitative and quantitative data collection. Qualitative data-collection was conducted through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) while quantitative data was collected through the Patient Health Questionnaire (PHQ-9) was administered to children under care of female sex workers and adolescent girls living in sex work settings as a diagnostic and severity measure tool for depression The assessment was conducted in the months of September, October and November 2020.

Results: Eight principal themes, each with their own subthemes, emerged from the analysis of the experiences, risk factors, mental health and psychosocial needs and coping mechanisms among children under the care of FSWs and adolescent girls surviving in sex work settings: (1) demographics of respondents, (2) experiences of children under the care of FSWs and adolescent girls surviving in sex work settings, (3) risk factors of children under the care of FSWs and adolescent girls, (4) mental health status of children under the care of FSWs and adolescent girls, (5) coping strategies of children under the care of FSWs and adolescent girls, (6) programmes/interventions targeting children under the care of FSWs and adolescent girl, (7) role of the fathers in the upbringing of children under the care of female sex workers, (8) priority needs of under the care of FSWs and adolescent girls children.

The experiences included: stigma and discrimination, failure to pay rent for their housing, sexual harassment for example defilement and rape, harassment by security operatives who often mistake older adolescents for sex workers, lack of food and poor health care among others.

The risk factors included: stigma and discrimination from neighbourhood community members, poor accommodation facilities, sexual abuse by clients of sex workers and substance abuse among children, adolescent girls and mothers, gender-based violence and low levels of literacy because of their limited access or no interest in education. A high prevalence and common mental health disorders was established and included; Depression, Suicide, Post Traumatic Stress Symptoms and Generalised Anxiety Disorder. Among the children under the care of FSWs, the rates among the girls were higher than the boys (Depression - 71.2% among girls and 28.8% among boys; Suicide – 75% among girls and 25% among boys; Post Traumatic Stress Symptoms – 72.9% among the girls and 27.1% among boys; and Generalised Anxiety Disorder – 71.4% among girls and 28.6% among boys).

Adolescent girls surviving in sex work settings, presented higher rates of common mental health disorders among younger adolescents (ages 11-14) than older adolescents (ages 15-19) with Depression at 62.3% among younger adolescents and 37.7% among older adolescents; Suicide at 72.1% among younger adolescents and 27.9% among older adolescents; Post Traumatic Stress Symptoms at 72.9% among younger adolescents and 27.1% among older adolescents; and Generalised Anxiety Disorder at 60.3% among younger adolescents and 39.7% among older adolescents). Watching movies, listening to music, playing with friends were the most preferred positive coping mechanisms. Alcohol and drugs, self-Isolation, gambling and fighting were among the negative coping strategies identified during the assessment.

Conclusion:

Several risk factors associated with children under the care of FSWs and adolescent girls surviving in sex work settings in the assessment districts were identified. Respondents revealed that these risk factors are never addressed because the population of children under the care of FSWs and adolescent girls is usually smaller in numbers and often times neglected with no or little consequences yet if these are targeted, there is a potential opportunity of improving the health and livelihood of mothers, children under their care and adolescent girls which breaks the circle of poverty.

It was concluded that common mental health disorders are highly prevalent among the children of female sex workers, it was further noted that prevalence of mental health disorders was higher among females than males. The risk factors surrounding the female children of FSWs is likely to result a vicious cycle of sex work. Among the adolescent girls surviving in sex work settings, prevalence was higher among the younger adolescents between the ages of 11-14. There is need for consultations between government, other civil society actors and organisations of FSWs while designing programmes targeting children under the care of FSWs and adolescent girls surviving in sex work settings.

Recommendations:

To Government of Uganda: Target children under the care of FSWs and adolescent girls surviving in sex work settings as a special category of persons to benefit from the ongoing programmes; MoGLSD and Local Governments should interest themselves in mapping children under the care of FSWs and adolescent girls in sex work settings; Develop Standard Operating Procedures (SOPs) to guide organisations and entities that work with children under the care of FSWs and adolescent girls surviving in sex work settings; Establish Schemes that promote skills development and livelihood empowerment for FSWs to enable them raise their children in environments that do not put them at risk for example being assisted in finding alternative sources of income; and Government should liaise with civil society organisations working with FSWs while designing programmes targeting children under their care and adolescent girls surviving in sex work settings.

To Development Partners: Fund in-depth studies, surveys, documentaries and scorecard on the experiences of the children under the care of FSWs and adolescent girls surviving in sex work settings to further better responsive programming; Support mapping and documentation of service providers to service as reference for effective referral, so as to provide holistic assistance to children under the care of FSWs and adolescent girls surviving in sex work settings; Finance evidence based Mental Health service provision assessment, treatment and effective referral of children under the care of FSWs, adolescent girls and their parents; and Support child friendly programmes targeting children and adolescent girls.

To AWAC and Partners: Parenting programs should be designed to guide FSWs on appropriate parenting styles including sensitizing them on the dangers of poor parenting; Capacity building on low intensity therapeutic approaches among FSWs who will offer continuous mental health and psychosocial support to their peers; Need for deliberate efforts to engage men (fathers of the children) to fully understand their responsibilities such as fatherhood and child protection; Organise community stakeholders' engagements to spotlight challenges, brainstorm on opportunities for improving demand and access to integrated services; Conduct advocacy dialogues geared towards enhancing investment and support for children under the care of FSWs and adolescent girls; Advocate for inclusion, disaggregation of children under the care of FSWs' data in the national capturing systems; Advocate for improved multi-sectoral coordination and programming; policy reviews; development and operationalisation of guidelines and standard operating procedures; Support children under the care of FSWs and adolescent girls with Sexual and Reproductive Health Services (SRH) including menstrual hygiene support and management; Economic empowerment and resilience programmes to FSWs and adolescent children

under their care; Provide psychosocial support and follow up to mothers and male clients who have fathered children with FSWs.

ACIHEWE	Improved Health and Wealth
AWAC	Alliance of Women Advocating for Change
DLG	District Local Government
FGD	Focus Group Discussion
FSW	Female Sex Worker
FOME	Foundation for Male Engagement
GBV	Gender Based Violence
GoU	Government of Uganda
IP	Implementing Partners
KII	Key Informant Interview
MGLSD	
LC	Local Council
PSS	Psychosocial Support
PWD	Persons with Disabilities
SGBV	Sexual and Gender Based Violence
SRH	Sexual Reproductive Health
SPSS	Statistical Package for the Social Sciences
TLU	Teens Link Uganda
UHRN	Uganda Harm Reduction Network

Definitions of Terminologies

Adolescent: A person aged 10-19 years.

Child: A person below the age of 18 years.

Gender Based Violence: An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females.

Perpetrator: A person, group or institution that inflicts, supports or condones violence or other abuse against a person or groups of persons. The person can either be male or female.

Physical Violence: Physical violence is defined as the intentional use of physical force with the potential to cause death, disability, injury, or harm.

Pupils: These are school going children in primary schools.

Students: These are school going children in secondary schools.

Sexual Violence: Any sexual act, attempt to obtain a sexual favour, or unwanted sexual comments or advances, directed, against a person's will using coercion, by a person regardless of their relationship to the victim, in any setting including but not limited to home and work.

Female Sex Workers: These are females who sell sex.

Transactional Sex: Sex for exchange between an adult and a young person who is not yet an adult (below 17 years).

1.0 Introduction and Background

1.1 Introduction

AWAC and her partners conducted this rapid assessment due to limited information on the situation of the children under the care of FSWs and adolescent girls surviving in sex work settings in Uganda. Very little is known on their lived experiences, risk factors, needs and coping.

This comes against a background of a rapid review of existing programmes that specifically provide services to the female sex workers, do not often target their children (Beard et. al, 2010), yet they are victims of their circumstances from birth, deprived of the chance to be free of their background, and an enabling environment to healthy, physical, psychological and social development (Das, 1991). Older children of female sex workers experience significant risks to their health and safety. Stigmatization of and discrimination against these children and their mothers are underlying conditions that compromise their access to safe housing, childcare, health care, education, and the protection of law enforcement. Several children of sex workers have reportedly been traumatized after witnessing police cruelty against their mothers (Willis, 2014). They have a constant fear of facing the stigma from their communities if found to be children of sex workers (Nadarajah & Fadzil, 2015).

The national violence against children surveys has not recognised the unique vulnerabilities of children under the care of female sex workers and those living within sex work settings. Yet the Uganda Violence Against Children Survey (VACS) provides nationally representative data to inform policies and programming aiming to end violence against children in Uganda. This makes their issues less recognised as targeted as well in interventions the way it has been achieved with refugee children, street children and those in rural communities.

1.2 Background

Globally, the majority of female sex workers are mothers, raising millions of children with many of these children facing high risk of HIV, congenital syphilis, fetal alcohol syndrome, physical and sexual violence, and tuberculosis (Majid N et al 2010[1], Chersich MF et al 2014[2]). Two very critical health and human rights issues related to sex work have been neglected globally: maternal morbidity and

[1] Majid N, Bollen L, Morineau G et al 2010. Syphilis among female sex workers in Indonesia: need and opportunity for intervention. *Sex Transm Infect.* 2010; 86: 377-383

[2] Chersich MF, Bosire W, King'ola N, Temmerman M, Luchters S 2014; Effects of hazardous and harmful alcohol use on HIV incidence and sexual behaviour: a cohort study of Kenyan female sex workers. *Global Health.* 2014; 10: 22

mortality among female sex workers and the health and wellbeing of their children. Children and adolescents in sex work settings face multiple and compounding risks to their wellbeing and safety. The most notable risks and vulnerabilities include; of a reliable supportive giver to nurture and protect them, being an orphan, early/ pre-existing continuous exposure to violence, rape, early sexual debut and entry in sex work. In addition, child abuse and neglect, economic deprivation, stigma, dropping out of school, lack of shelter, maladaptive coping strategies, substance use, non-condom use, poor health seeking behaviours, internal migration and highly mobile lifestyles, being victimized, emotional immaturity and lack of appropriate peer support and protection system (Swahn et. al., 2016; Ijadi-Maghsoodi et al 2016; Chimdessa & Cheire 2018). These risks can impact negatively on their mental health as mentioned in various studies that register higher prevalence of depression among older adolescents stating that the incidence of depression rises during later adolescent years due to the biological as well social changes which increase their risk of depression (Nyundo et.al, 2020[3]). Some studies have noted that very little is known about sex workers as parents or the challenges they face as pregnant/parenting women (Beard et al., 2010) with many studies focusing on HIV/STI prevention among this population. However, there are existing limited studies on children of female sex workers and none include data on their HIV rates or causes of death. Anecdotal studies among Female sex workers have reported stillbirths and serious health problems among their children, including: neonatal deaths, low birthweight, prematurity, neonatal abstinence syndrome, behavioural and emotional problems, and discrimination at school. Additionally, many daughters of these sex workers are trafficked while other children are stolen and sold. Failure to target services to female sex workers and their children results in preventable morbidity and mortality among their children. It also undermines the Sustainable Development Goals and other global efforts, including eliminating paediatric HIV and congenital syphilis. Not much has been documented on risk factors, mental health experiences and psychosocial needs of children under the care of female sex workers and those living in sex work settings during this COVID19 pandemic in Uganda.

1.1 Purpose and objectives of the rapid assessment

1.2 Purpose

To identify the risk factors, mental health and psychosocial needs and coping of children under the care of FSWs and adolescent girls surviving in sex work settings of Kampala, Gulu, Mbarara Wakiso, and Busia in Uganda.

[3] Nyundo A et al; 2020; Factors associated with depressive symptoms and suicidal ideation and behaviours amongst sub-Saharan African adolescents aged 10-19 years: cross-sectional study. Tropical Medicine and International Health, volume 25 no 1 pp 54–69 January 2020

1.3 Specific Objectives

1. To assess the risk factors of children under the care of FSWs and adolescent girls surviving in sex work settings
2. To establish the Physical and psychosocial needs of children under the care of FSWs and adolescent girls surviving in sex work settings
3. To assess the mental health needs of children under the care of FSWs and adolescent girls surviving in sex work settings
4. To identify the coping mechanisms of children under the care of FSWs and adolescent girls surviving in sex work settings.

1.4 Rationale for the Rapid Needs Assessment

The rationale for this rapid assessment was based on three core areas:

- An earlier rapid assessment during the COVID-19 lockdown identified this category as vulnerable and it was prudent to identify their risks and needs.
- Limited focus on children under the care of female sex workers and adolescent girls surviving in sex work settings.
- limited attention by many stakeholders as they are concentrating more on female sex workers leaving out their children.

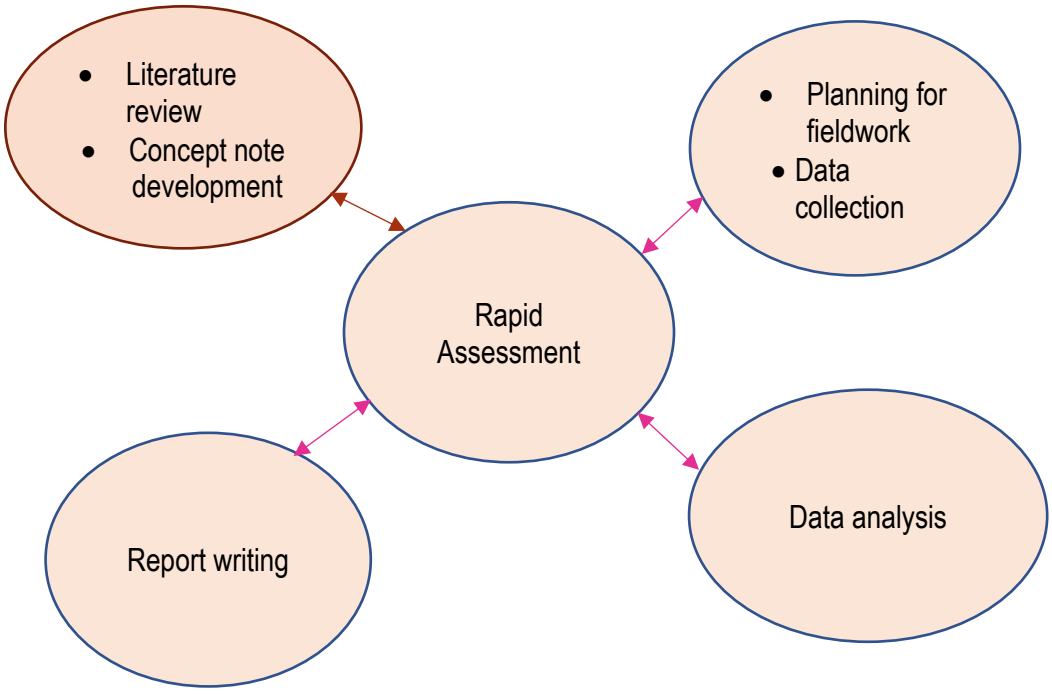
2.0 Methodology of the Rapid Assessment

The rapid assessment team applied a mixed method approach to data collection, focusing on: document review; interactive sessions like face to face and virtual/ key informant interviews and focus group discussions; a quantitative survey and observation.

The rapid assessment consisted of a review of and analysis of secondary data as well as the collection and analysis of primary data using the methods described in the above. Desk reviews of secondary data from government agencies and implementing partners. This happened during the concept note drafting and data collection of the rapid needs assessment.

Quantitative and qualitative approaches were used in collecting and analysing primary data. Quantitative data was collected through a survey targeting children under the care of FSWs and adolescent girls surviving in the sex work settings in the target districts. Data collected was then triangulated.

Figure 1: illustrates the Rapid Assessment Application strategy.



2.1 Data-collection tools

The data-collection tools were developed jointly with the resource persons and AWAC team. In preparing these tools for the rapid assessment, literature was reviewed to provide input into the tools and this helped to fine tune them. The mental health assessment tools were standardized tools that are valid and efficient for screening for depression, Suicide, post-traumatic stress symptoms

and generalized anxiety disorder among children and adolescents. These tools are proven to be effective in clinical practice and research.

The resource persons oriented the data collection team on questionnaire administration and the dynamics anticipated throughout the process. The tools were further pre-tested. Both qualitative and quantitative tools were developed:

2.1.1 Qualitative Tools

Qualitative data-collection was conducted through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). Key informant interviews with district officials, implementing partners, local council leaders, FSW peers, and staff of AWAC secretariat.

Table 1: Showing categories of the different stakeholders who participated in the qualitative data collection.

District	Respondents	Number
Kampala	AWAC Staff	5
	Peers of FSWs	4
	KCCA officials	4
	CSOs IP	7
	Fathers of children of FSWs	11
	FSWs	15
Wakiso	Peers of FSWs	2
	District officials	4
	CSOs IP	3
	Fathers of children of FSWs	8
	FSWs	12
Mbarara	Peers of FSWs	4
	District officials	5
	CSOs IP	2
	Fathers of children of FSWs	15
	FSWs	12
Gulu	Peers of FSWs	3
	District officials	2
	CSOs IP	1
	Fathers of children of FSWs	8
	FSWs	12
Busia	Peers of FSWs	5
	District officials	3
	CSOs IP	2
	Fathers of children of FSWs	6
	FSWs	14

Children under care of sex workers assessed

Age Group	Number
10 - 14	86
15 - 19	52
Total	138

Source: Field data

2.1.2 Quantitative Tool

The quantitative data collection targeted children under the care of FSWs and adolescent girls surviving in sex work setting. A structured questionnaire was administered and covered the demographic characteristics, risk factors, physical and psychosocial needs. The standardized questionnaires covered the mental health components of the assessment and these included:

The PHQ 9 considered as the most appropriate tool to translate and evaluate for use in assessing depression amongst Children of female sex workers and adolescent girls surviving in sex work settings. The nine-item depression module from the Patient Health Questionnaire (PHQ-9) is well validated and widely used as a brief diagnostic and severity measure for depression. In addition to making criteria-based diagnoses of depressive disorders, the PHQ-9 is also a reliable and valid measure of depression severity. These characteristics plus its brevity make the PHQ-9 a useful clinical and research tool (Kroenke, 2001).

The P4 screener which is a useful tool in assessing potential suicide risk among Children of female sex workers and adolescent girls surviving in sex work settings. It is useful in the clinical care of depressed patients as well as in clinical research. The P4 screener asks about the "4 P's": past suicide attempts, suicide plan, probability of completing suicide, and preventive factors (Dube, 2010).
The Generalized Anxiety Disorder 7-item (GAD-7) scale, a reliable and valid measure to assess generalized anxiety symptoms among Children of female sex workers and adolescent girls surviving in sex work settings. It also useful in several clinical settings and among the general population. The GAD-7 is a valid and efficient tool for screening for GAD and assessing its severity in clinical practice and research (Spitzer, 2006).

The Child and Adolescent Trauma Screen (CATS) selected to screen posttraumatic stress symptoms among Children of female sex workers and adolescent girls surviving in sex work settings. It is a research-based, psychometrically valid and reliable screening tool for posttraumatic stress symptoms. It has satisfactory psychometric properties and considered by Clinicians as a screening tool and for symptom monitoring (Sachser, 2017).

2.2 Sampling strategy

The sampling targeted children under the care of FSWs and adolescent girls surviving in sex work settings in the districts of Kampala, Wakiso, Busia, Gulu and Mbarara. Purposive sampling was applied in each of the target district to select the hotspots. In each district, an equal number of respondents was randomly selected from each sex work setting, though districts like Busia, Gulu and Wakiso. The teams spent approximately 6 days in each district. The data was collected by AWAC members and partner organisations who included Uganda Harm Reduction Network, Foundation for Male Engagement (FOME) and Teens Link.

2.3 Study Population

A total of three hundred eighty-eight (388) participants were targeted for the assessment; 250 children under the care of female sex workers and adolescent girls surviving in sex work settings, 72 Female sex workers and mothers/caretakers of these children in 6 focus groups of 8-12 members each, 6 staff from the 6 partner organizations that serve female sex workers (1 per organization) and 60 fathers with 10 being randomly selected by the 6 different partner organizations in the 6 sample locations.

A total of 326 respondents participated in the assessment, comprising of 84% response rate, 219 FGD participants and 16 interviews with key informants. 85% of the respondents were females and 15% were males who took part in the qualitative interviews. There were FGDs with FSWs peers and males (fathers of children under the care of the FSWs). In Busia district, the data collectors were not able to talk to fathers of children under the care of FSWs.

2.4 Data processing and analysis

Data was collected for every interview conducted. Every data collector took notes for every interview to help enrich the qualitative data. These were transcribed and analysed further to identify emerging themes. Data was entered in SPSS (Statistical Package for the Social Sciences, a software package for data analysis) and further analysed, interpreted and report written.

2.5 Data collection team

A trained data collection team was constituted who collected data in the 5 districts. Every district had a data collector from AWAC member or partner organisation except Kampala which had two member organisations because of its distinctiveness. Each data collector spent five (5) days collecting data in each of the districts. The team kept a close relationship with the resource persons who offered them daily support supervision through which they shared

challenges and successes. Solutions were adapted for each of the identified challenge. This further helped to identify emerging issues and key findings, and areas for further probing but also helped to ensure quality assurance and ethical considerations.

All data collectors were trained and equipped with all the necessary expertise needed for data collection to ensure accuracy and reliability of data collected. They all pre-tested the tools for suitability. FSWs were interviewed by a female while the male interviewed the fathers of children under the care of the FSWs.

2.6 Quality control

The resource persons ensured quality from the concept note development phase and continued through to data collection, analysis and report writing. All data collection tools were developed in partnership with AWAC and participating partner organisations. The data collectors were also briefed on the approach when dealing with FSWs, children, adolescent girls and fathers of children under the care of FSWs. Daily support supervision with data collectors was vital in identifying areas for probing in relation to emerging findings. A statistician was assigned the task of analysing quantitative data which helped avoid compromising the accuracy and reliability of the data analysed and removed any room for bias. The analysed data together with the qualitative data was submitted to the resource persons who wrote the report.

2.7 Ethical considerations

The resource persons ensured that the rapid assessment meet all the highest ethical standards. Informed consent and ascent were sought from the participants. The informed consent and ascent rules were followed by ensuring that an explanation was provided on the purpose of the assessment, its expected timeframe and how it will be conducted. The participants were free to stop and discontinue conversation during the assessment in case they had any reservations, even when it had started.

FSWs' children and adolescent girls surviving in sex work settings grapple with violent experiences which are often traumatic in nature. Much as they were willing to share their stories, this puts them at risk of re-traumatisation. They are likely to avoid talking about some things in fear of emotional breakdown. The participants were referred for counselling and support if they experienced any extreme distress as a result of the interview. The data collectors ensured to attend support supervision every end of the day to share experiences and challenges that arose as a result of listening to participants' accounts during interviews. The support supervision was helpful to prevent vicarious trauma and burn out.

Confidentiality and its limits were explained especially regarding data handling through the use of the data collected. Names and identifying information of the interviewees was withheld to protect their privacy. Pseudonyms were used in place of the names of all participants quoted or described in this assessment. Participation in the assessment was voluntary and the time to conduct interviews was agreed upon by both the data collector and participant.
The data collectors strived to undertake the assessment within the framework of the COVID-19 standard operating procedures.

2.8 Limitations encountered during the rapid assessment

Below are some of the limitations encountered during the implementation of this rapid assessment:

1. Language difficulties for example in Busia, the data collector was not conversant with the local language, she improvised by employing a translator.

2. Time allocated for data collection was not enough. This made it difficult for the data collectors to meet with all the target stakeholders for example government officials and fathers of the children under the care of FSWs in some districts.

3. Some respondents wanted to be paid to participate in the interviews for example fathers of the children under the care of FSWs in Nateete, Kampala. This was objected by the team and the interview was never conducted.

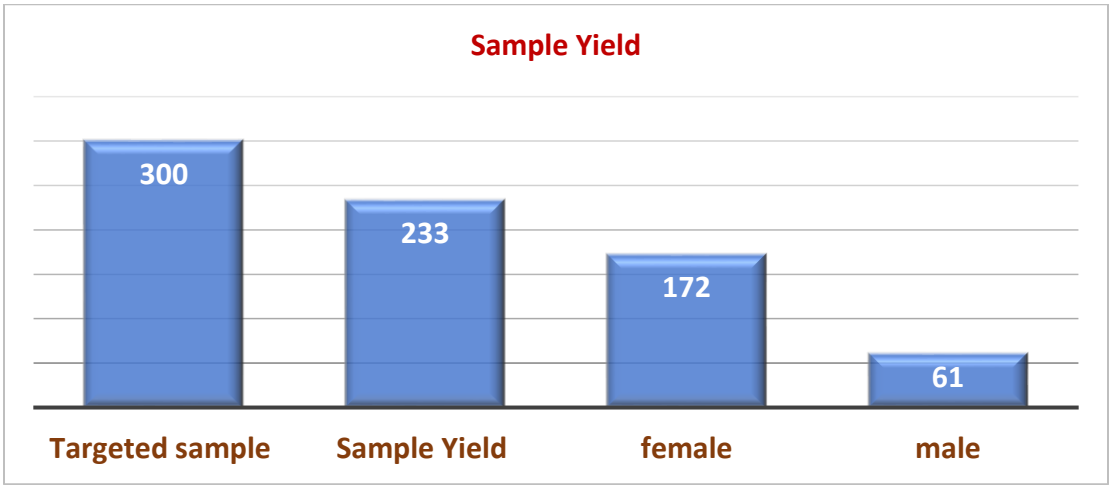
4. Lack of interest in responding to some parts of the quantitative assessment tool, this made it difficult for the data collectors to get this information from several adolescent girls and this affected the collection and analysis of data.

5. Some of the target stakeholders were not willing to participate in the rapid assessment given the criminalised nature of sex work, fear of being construe as promoters of traffickers and due to stigma attached to it.

3.0 Study Findings and Discussions of the rapid assessment

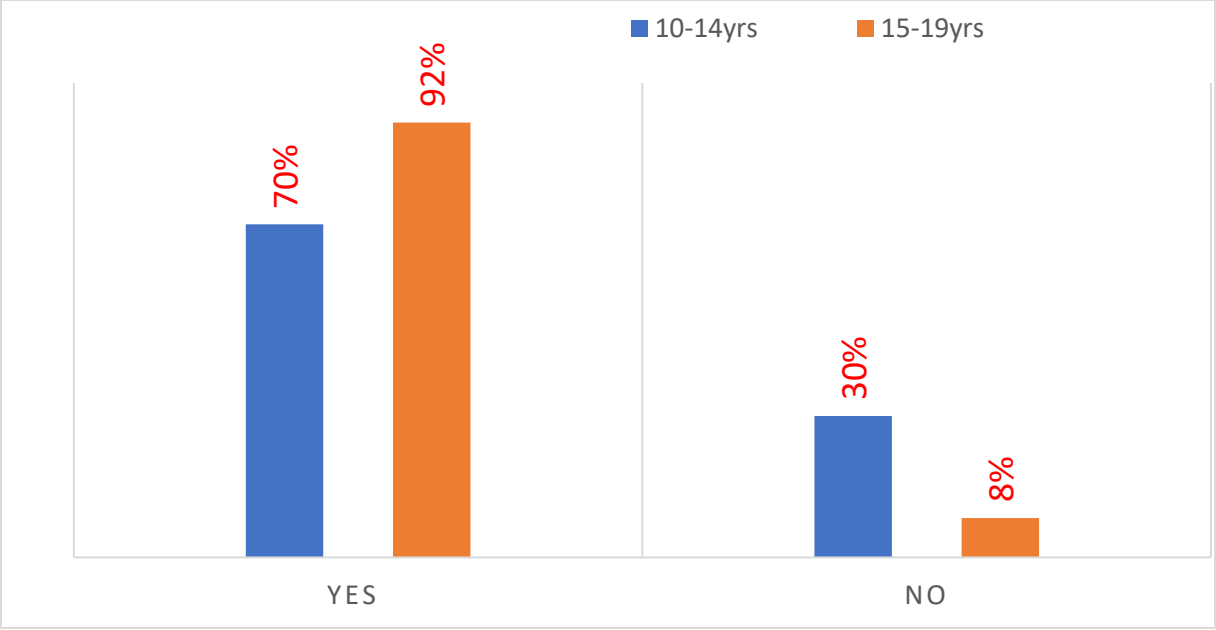
The findings in this rapid assessment report are based on analysis and feedback from stakeholders interviewed during data collection, including adolescent girls, children under the care of FSWs, FSWs peer leaders, district officials, AWAC staff and implementing partners
Demographics of the respondents

Sample yield and Gender of the respondents



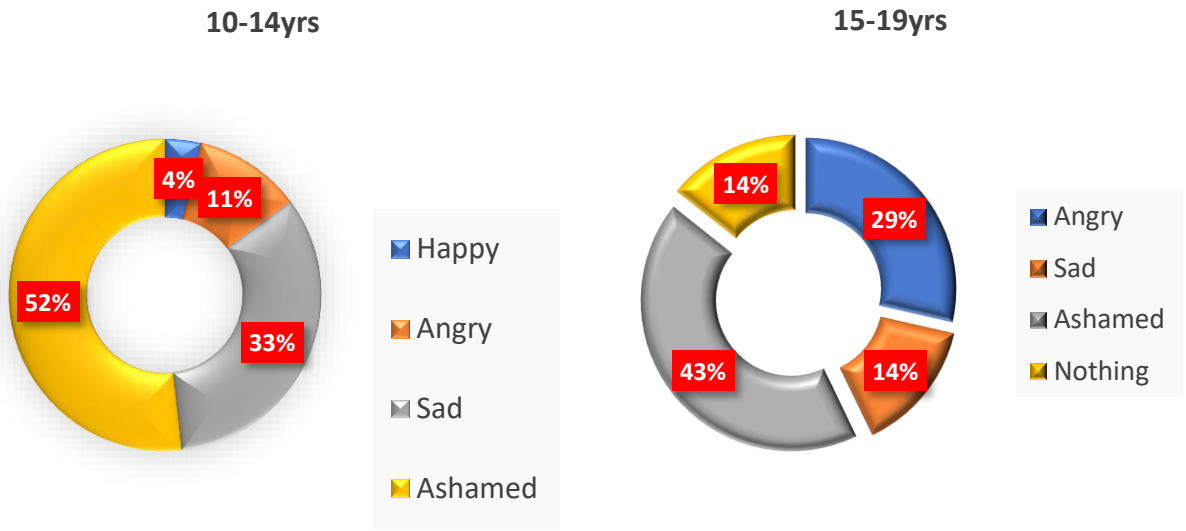
A targeted sample of 300 participants were anticipated to be reached but only returned a yield of **233 children under the care of sex workers.** There were more **female** respondents (**172**) and **male** (**61**), partly reflecting the demographics population of these who start stay in these hotspots and surrounding areas. 163 respondents were **adolescents** between **10-19 years (163)**

Do you know the work your mother is doing for a living?



When asked about the livelihood means of the their mothers, majority of children under the care of sex workers knew what their mothers did for a living (70% of those aged between 10-14 years while 92% among those aged between 15 – 19 years). While minority 30% of those aged 10 – 14 years and 8% of those aged 15 – 19 years did not know what their mothers did for a living.

How do you feel knowing that your mother is a sex worker?



A supplementary question was asked to those who knew their mother's livelihood source on how they felt about it, majority of the children interviewed for this study felt ashamed of their mothers doing sex work (52% of those aged between 10 – 14 years and 43% between ages of 15 – 19 years, others felt sad, angry. This

also affected their self-esteem in communities and school

3.3 Risk factors of children under the care of FSWs and adolescent girls surviving in sex work settings.

The rapid assessment identified several risk factors associated with children under the care of FSWs and adolescent girls surviving in sex work settings in the districts of Kampala, Wakiso, Mbarara, Gulu and Busia.

The risk factors that were reported during the rapid assessment are discussed as below:

3.3.1 Stigma and discrimination from community members

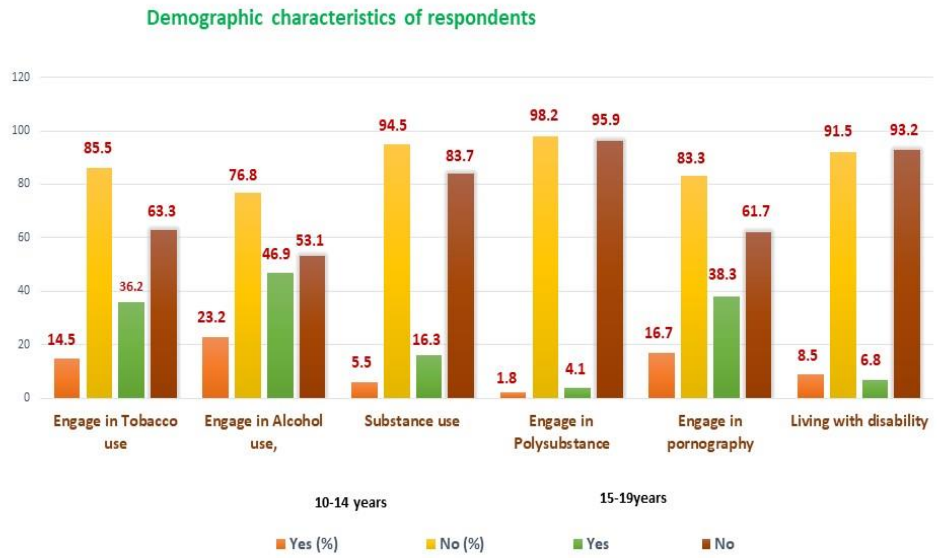
Children under the care of female sex workers and adolescent girls surviving in sex work settings have faced a lot of stigma and discrimination from fellow children, adolescent girls and adults. Adolescent girls in Kampala revealed that because of the discrimination, they have not benefitted from any government projects targeting young people like youth livelihood program, Emyoga that targets small urban based business. Discussions with respondents revealed that there were too many requirements some legal and others formal for one to benefit from these programs.

3.3.2 Poor accommodation facilities

Respondents (children under the care of FSWs and adolescent girls surviving in sex work settings) admitted to living in poor accommodation facilities, sleep in the same rooms with their mothers or parents, same places where their mothers have sex with their clients and often times, children and adolescents end up practicing what their mothers' do, by getting their own clients in their mothers or parents absence or even when they are present. This has a created a vicious cycle of child abuse, and continuity of sex work as a livelihood source among children under care of sex work or living in sex work settings i.e. following in the footsteps of their parents

3.3.3 Substance use among children, adolescent girls and mothers

Three out of five children under the care of FSWs, their mothers and adolescent girls surviving in sex work settings use substances, which are illegal. This makes it very difficult to find out because they fear to reveal that. It also makes it hard to come up with timely rehabilitation measures.



3.3.4 Gender Based Violence

Findings further revealed that children under the care of FSWs and adolescent girls surviving in sex work settings are prone to violence like Gender Based Violence (GBV) which they either experience or witness, causing trauma. Many of the children interviewed report to have witnessed violence either from their parents or a mother fighting with a client for failure to pay for sex. GBV was identified to be part and partial of the sex work settings. 80% of children under the care female sex workers (08 out of the 10 adolescent girls) reported to have experienced sexual harassment. The findings further found out that these children and adolescent girls are sexually assaulted by community members, clients of their mothers, neighbours, relatives among others. This has exposed them to early sex and many of them have ended up being exposed to sexually transmitted diseases like HIV, unwanted pregnancies among others. Many of them were found to be living with HIV/AIDS leading to compounding and intersecting vulnerabilities.

3.3.6 Low levels of literacy because of their limited access or no interest in education

Much as there is Universal Primary Education (UPE) and Universal Secondary Education (USE), there are low levels of literacy among children under the care of FSWs and adolescent girls surviving in sex work settings. From the rapid assessment findings, about 43.7% of respondents of children under the care of

FSWs were not in school with majority having made attempt and promptly dropped out while in lower primary, of the 56.3% who are in school 83.8% reported being in primary, 14.5% in Secondary, 1.7% in Tertiary and 0% in University. Of those who dropped out of school, 50% dropped out of school due to lack of school fees and other scholastic materials. This perpetuates a viscous cycle of vulnerability and poverty among households of female sex workers and predisposes them to joining sex work early to meet daily needs to supplement support from their mothers.

3.3.7 Exposure to vices and risky behavior like drug use, stealing, robbery, sexual harassment

Both boys and girls under the care of FSWs spend a considerable amount of their time engaging in vices and risky behaviors which puts their health and lives at stake. Majority respondents revealed that these risk factors are never addressed because the population of children under the care of FSWs and adolescent girls surviving in sex work settings is usually smaller in numbers and often times, find it negligible with no or little consequences. Many of the risk factors are believed to be drivers of the HIV infections, early sexual encounters, teenage pregnancies among others, yet this category of the population is not considered as part of the key populations, and miss out on several interventions as they tend to focus more on known key population categories with an aim of preventing HIV, improving access to SRH services and behaviour change communication among others. Little or no attention is paid on the risk factors of children under the care of FSWs and adolescent girls yet if these are targeted, there is a potential opportunity of improving the health and livelihood of mothers, children under their care and adolescent girls surviving in sex work settings, which breaks the cycle of poverty for generations to come.

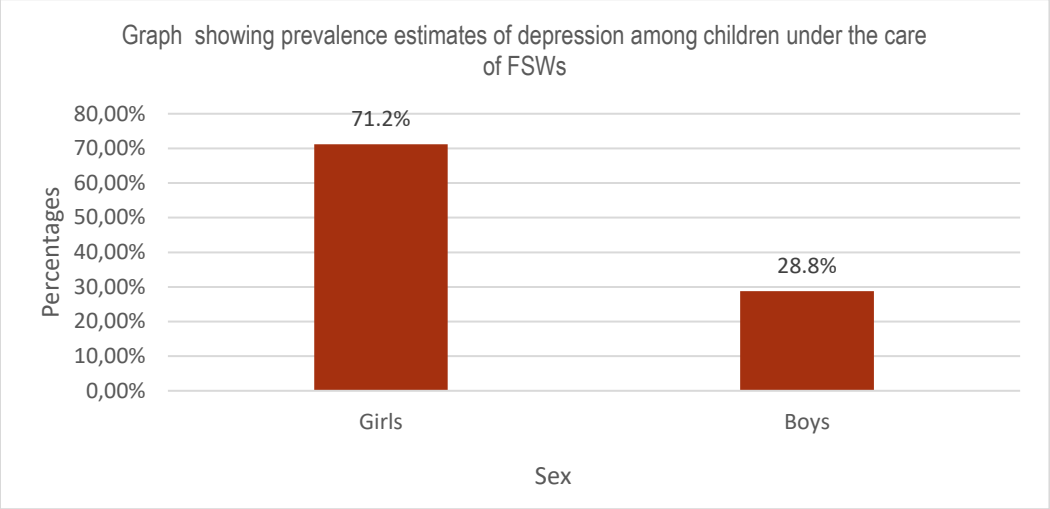
3.4 Mental health status of children under the care of FSWs and adolescent girls

The mental health issues that were reported by the children under the care of FSWs and adolescent girls surviving in sex work settings are discussed below:

3.4.1 Depression

The prevalence estimates of depression are reported to be high among the children under the care of FSWs indicating 71.2% among girls and 28.8% among the boys as seen in the figure below.

Figure 2 Graph showing prevalence estimates of depression among children under the care of FSWs

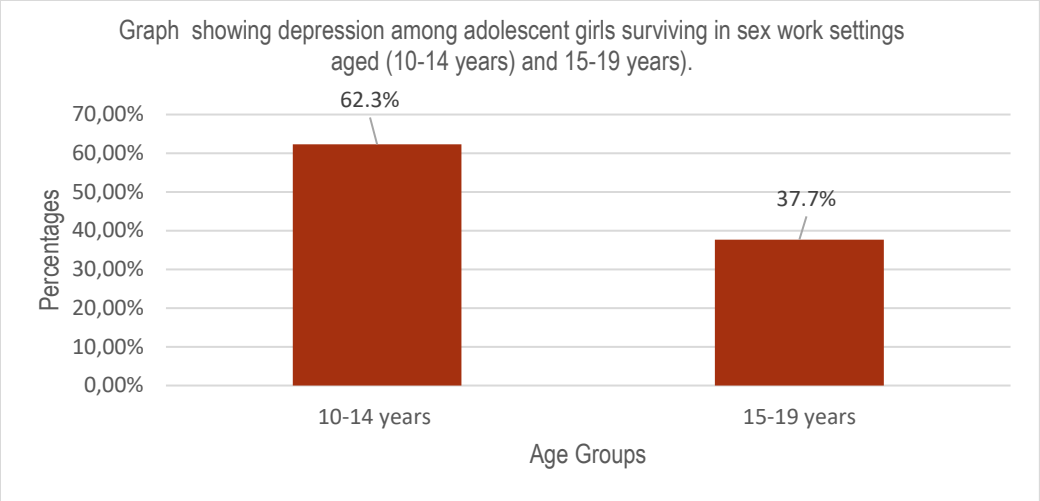


The children majorly reported sadness and worthlessness due to stigma from the neighborhood for being children of female sex workers. They also reported isolation due to rejection by their parents and neighbors. Some boys above the age of 7 reported being pressed by their mothers to leave and go to their fathers where they can attain a sense of belonging and ownership of property in the future, or are moved to live in the village. But this isn't easy for these children who end up moving to the streets.

The girls are denied the opportunity to fully interact and play with their friends in the neighborhood because they are children under the care of female sex workers and are alleged to have the conducts of their mothers. The parents of their play mates fear that their children will adapt to bad behaviors which these children have learned from their mothers who are female sex workers.

> *"My mother often yells at me and tells me to leave home and go find my father and live with him or else she moves me to the village where I find life quite hard without her"* **son of a female sex worker, Mbarara City.**
>
> *"My friend's mother warned me never to play with her daughter because I will teach her the bad manners that my mother does. This makes me feel very worthless and hopeless for I don't think I will have friends"* ***daughter of a Female Sex Worker, Wakiso.***

Figure 3 Graph showing prevalence estimates of depression among adolescent girls surviving in sex work settings aged (10-14 years) and 15-19 years)



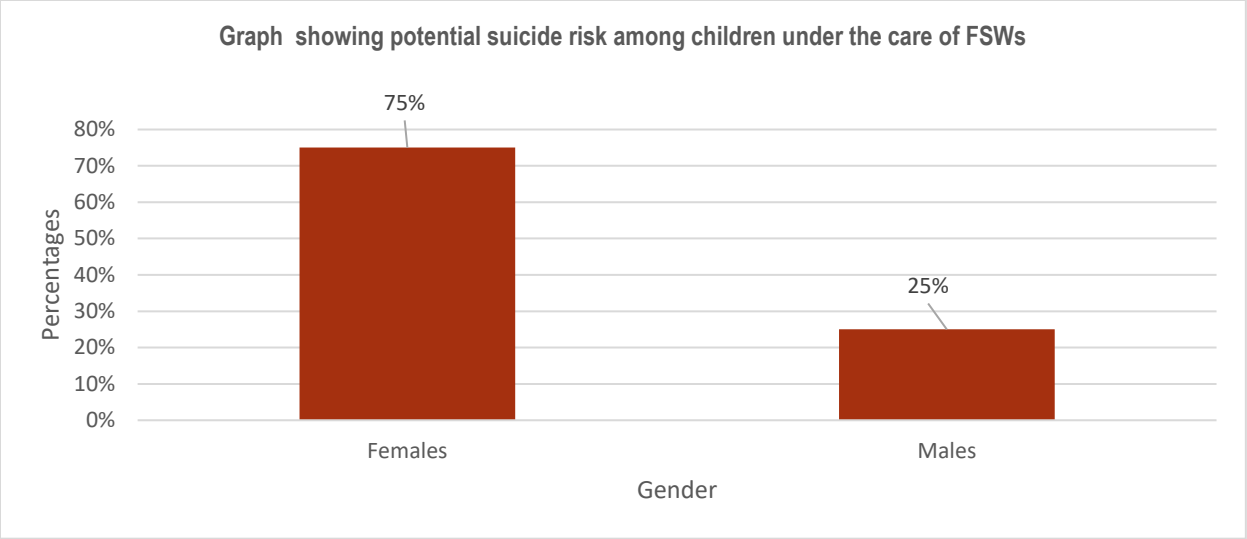
Among the adolescent girls surviving in sex work settings, within age groups, younger adolescents (10-14 years) reported high depressive symptoms at 62.3% while the older adolescents (15-19 years) reported minimum depressive symptoms at 37.7%. unfortunately, rarely are children between 10 – 14 years assessed for depressive symptoms and often targeted in general health care screening. They therefore do not benefit from existing psychosocial support systems and end up taking on early drug use and running away from home to find refuge in streets. Additionally, often drop out of school and poor cognitive development.

While younger adolescents struggled to cope with life changes that they experience during their growth and development, they reported loneliness, hopelessness, stigma and discrimination, lack of support, feelings of insecurity and violence from the community, as opposed to the majority of the older adolescents who reported to have coped with the hardships and adapted well to the practices and do not care about the situation but rather enjoy their life. Further, they perceived living alone as a way of achieving privacy, independence, saving money and the freedom to do whatever they wanted without being controlled.

"I feel sad most of the time because I do not even know how my life will be," ***a 13-year-old adolescent girl who cried throughout the interview, Makindye, Kampala.***

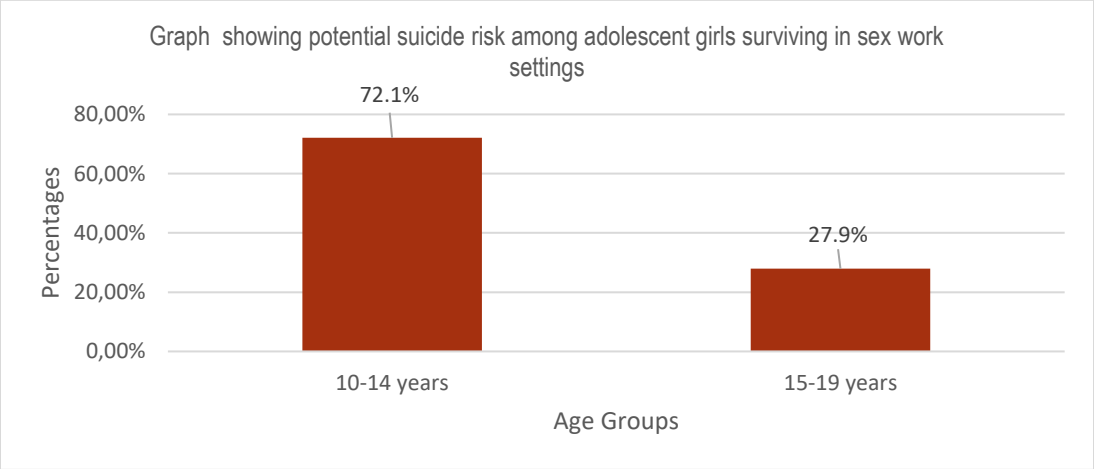
"My friends and I know where to find family planning services, HIV drugs, STI treatment and we also have a peer who brings us services, the reason we do not worry much about our situation but opt to enjoy our lives" ***a 17-year-old adolescent, Mbarara City****.*

care of FSWs



Considering that depression is associated with suicide, potential suicide risk was assessed and identified an estimate at 75% among the females and 25% were males who are children under the care of female sex workers. According to the respondents, bullying, stigma and discrimination, and exposure to violence were significantly associated with suicidal behaviour and other detrimental cognitive and health of children Additionally, this has a big mental and emotional impact which make children to feel unaccepted, isolated, angry, and withdrawn.

Figure 5. Graph showing potential suicide risk among adolescent girls surviving in sex work settings



Additionally, among adolescent girls surviving in sex work settings, potential suicide risk presented 72.1% among younger adolescents (11-14 years) and 27.9% among older adolescents (15-19 years). According to younger adolescents, failure to continue with their education, lack of care from their parents and HIV were significantly associated with suicidal behaviour. The older adolescents associated suicidal behaviour with unwanted pregnancies, and chronic HIV. They are often less targeted for HIV interventions and there is a risk of missing

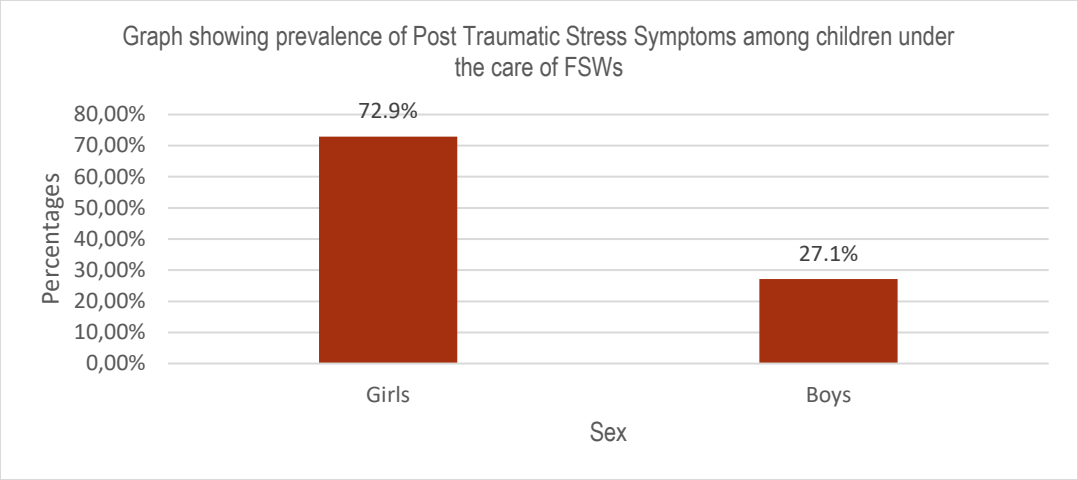
vital HIV services in preference for sex workers targeted HIV interventions within the settings within which adolescent girls under the care of female sex workers live. From the discussions with respondents, there was less lateral effort to focus psychosocial support to these children and HIV response in sex work settings that targets adolescents living under the care of female sex workers

> *"I am sickly and my condition intensifies at night. During the night, my mother is rarely at home and whenever my condition intensifies, I have no one to help me in the house. I fear to die alone and so often prefer to die and rest from the fear and suffering, after all my mother will not stop going out in the night",* ***12-year-old boy and son of a female sex worker, Bwaise, Kampala****.*
>
> *"My mother often attends to her clients from home and when she is drunk and not able to serve them, they rape me. Due to that, I feel like I am better off dead. I can't stop the thought of wanting to die because I am tired and fed up of being raped. I have now resorted to using drugs in order to stop those thoughts",* ***12-year-old girl and daughter to a female sex worker, Nakawa, Kampala****.*
>
> *"I often feel better off dead than struggling in this lonely life where I lack education and care from my parents",* ***13-year-old adolescent, Nateete, Kampala.***
>
> *"Recently when discovered that I had an unwanted pregnancy, I took 20 Piriton tablets so that I can die. Fortunately, I did not because I vomited them out",* ***18-year-old adolescent, Busia.***
>
> *My HIV positive status is a problem to me and makes me think of suicide often. Much as I can get help for the condition, I am very scared of the chronic stage which may make me look very strange. I can never stop thinking of suicide for I know It will help me avoid experiencing such a stage",* ***19-year-old HIV positive adolescent, Wakiso.***

3.4.3 Post-Traumatic Stress Symptoms

A high percentage in the prevalence of Post Traumatic Symptoms among children under the care of FSWs and adolescent girls surviving in sex work settings was registered.

Figure 6:Graph showing prevalence of Post-Traumatic Stress Symptoms among children under the care of FSWs



The children under the care of FSWs who are experiencing Post Traumatic Symptoms presented at 72.9% among the girls and the boys were at 27.1%. They reported fear of being attacked by thieves when their mothers are out on duty at night and witnessing their mothers being beaten by their clients left them traumatised as children of sex workers. Often they are unable to reach out to authorities given the nature of the work that their mothers are engaged in that is deemed illegal by law.

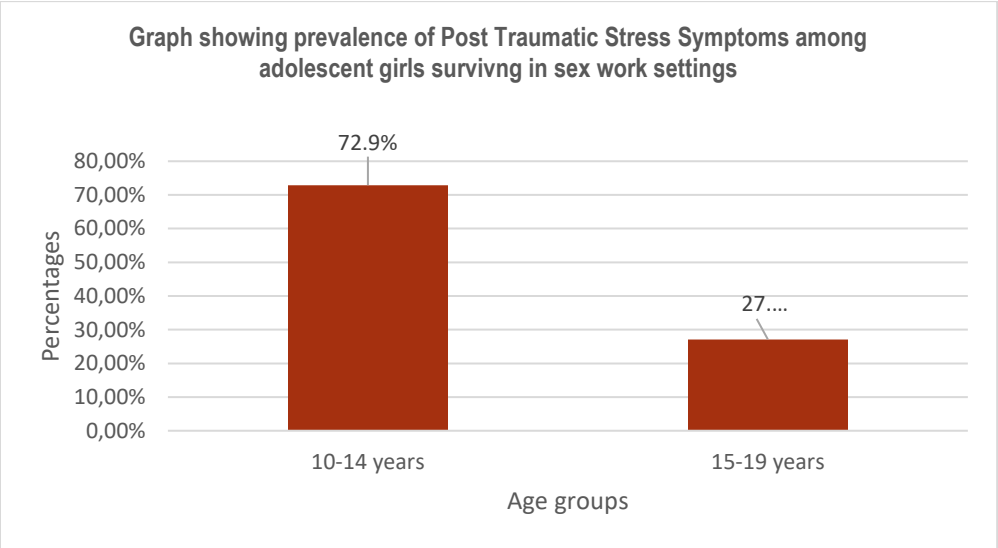
When a traumatic event occurs, the child's life compass is altered. Instead of pointing "due north," the normal territory of everyday life is radically changed. Navigating through this new territory can be a source of anxiety and fear for children of female sex workers. Five children expressed unwillingness to talk about the violence that they witnessed being inflicted on their mothers by their clients. They mentioned that this kind of discussion would take them back into the real pain. Several other respondents were however able to talk about their ordeals, but not entirely as they seemed to have forgotten part of the story perhaps due to the trauma. Those who have witnessed their mothers being attacked and beaten by their clients are often disturbed by those memories and also live in constant fear of the same incident to happen. This generally has affected their psychological and emotional well-being and see themselves facing the same in future.

"I do not feel comfortable talking about some things because they cause me much pain and fear. I don't want. Please don't ask me more about that", ***12-year-old boy and child to a female sex worker, Kisenyi, Kampala.***

"Thieves who are aware of our mothers' absence in the night break into our houses, beat us and steal property from the house. This scares us a lot and keeps us alert all night in immense fear", ***13-year-old girl and child of a female sex worker, Mbarara City****.*

"The memory of the violence that I witnessed being inflicted on my mother has never gone. It comes up vividly whenever I see a stranger coming to talk to her", ***9-year-old girl and a daughter to a female sex worker, Katwe, Kampala****.*

Figure 7: Graph showing prevalence of Post-Traumatic Stress Symptoms among adolescent girls surviving in sex work settings.



Adolescent girls surviving in Sex work settings, by age group registered prevalence estimates Post Traumatic Stress Symptoms at 72.9% among ages 10-14 and 27.1% among ages 15-19. Children and adolescents who have been traumatized see the world as a frightening and dangerous place. Some respondents reported that seeing anybody dressed in police uniforms or clothes similar to those of the abuser always startled them after their experience of violence. Five female respondents, 15 – 18 years, said that they hated the days and places that remind them of the violence they experienced and witnessed. They added that when these days' approach or reach the places, they get certain fears with heart palpitations, insomnia, poor concentration, restlessness, worry and headache that they do not explain and could lead to detrimental mental illness in the long run. Yet all did not even seek for care from professional health workers for such symptoms. This means that most children though suffering from mental and physical health complications often do not seek for early care.

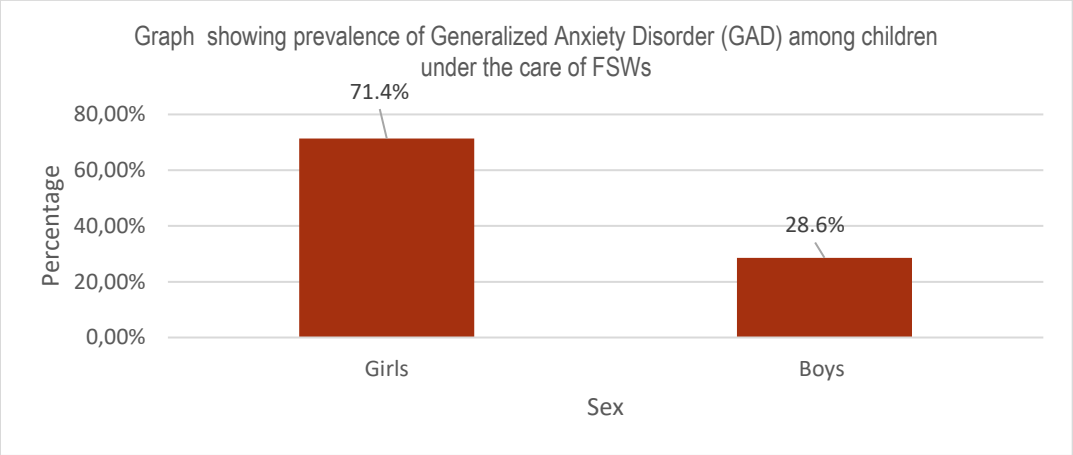
> *"Since I was arrested and beaten by the police, the sight of a man in police uniform makes my heart pump hard in fear, I develop goose bumps and sweat profusely. I try my best to avoid places that remind me of the beatings that the police inflicted on me",* ***16-year-old adolescent girl, Gulu City.***

3.4.4 Generalized Anxiety Disorder (GAD)

Anxiety presents as fear or worry, but also makes children and adolescents irritable and angry. Anxiety symptoms also include trouble sleeping, as well as

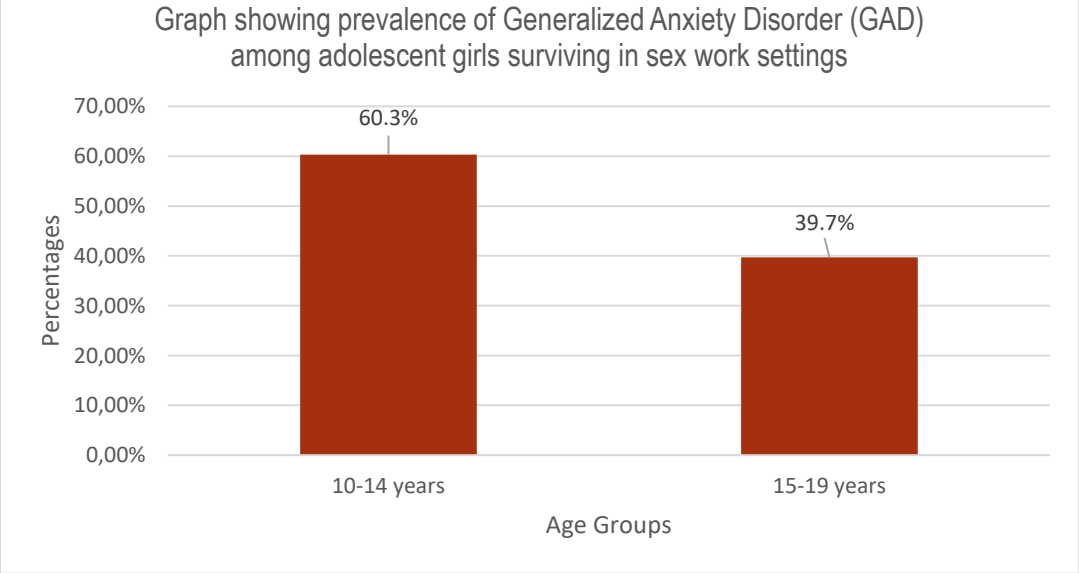
physical symptoms like fatigue, headaches, or stomach-aches.

Figure 8 Graph showing prevalence of GAD among children under the care of FSWs



Among the children under the care of FSWs, the females scored high at 71.4%, and the male at 28.6%. These children reported almost constant thoughts and fears about their safety and the safety of their parents. They were very afraid of s

> *"I have a lot of fear of going to school because our teachers shame me in the presence of my school mates about my mother being a Female Sex Worker. This fear and anxiety is present both at home and at school",* ***10-year-old girl and daughter of a female sex worker, Gulu City****.*
>
> *"All I do to defend myself from any kind of harassment from my schoolmates for being a child to a female sex worker is to fight whoever tampers with me but that does not take away the immense fear of the consequences of the fights within me".* ***12-year-old boy and son of a female sex worker. Mbarara City****.*



Many adolescents have fears and worries, and feel sad and hopeless from time to time. Adolescent girls surviving in sex work settings presented at 60.3% among the younger adolescents ages 10-14, while the older adolescents ages 15-19 reported 39.7%. They also reported constant thoughts and fears about their safety; they were worried about the future and about bad things happening.

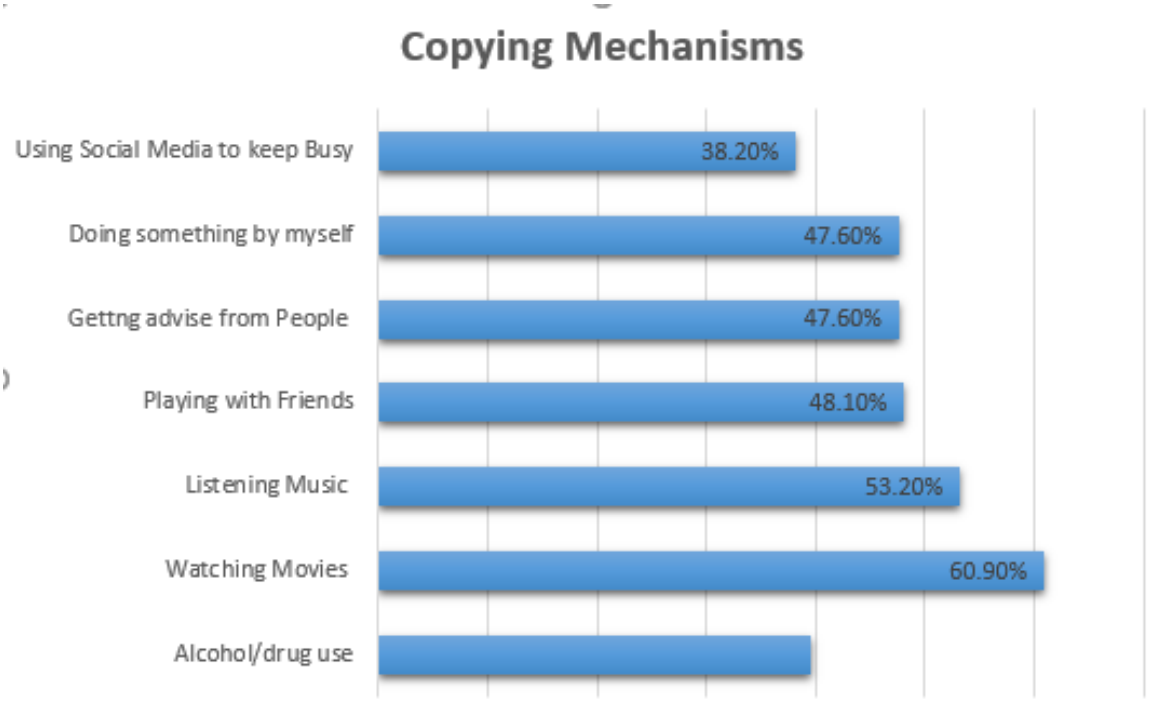
> *"I am faced with a challenge of too much fear of whatever will happen to me in this situation that I am in. I worry a lot about my future. I wonder whether I will successfully make it in the future without death",* ***13-year-old adolescent girl, Mengo, Kampala****.*
>
> *"My biggest challenge right now is worries about my future. I have not found anything better in this life. I have not managed to make a better life for myself as I thought would be. I am not well protected from the violence we often face in this environment. When I think about my future I freak out for I do not think that I will ever get someone to marry me",* ***17-year-old adolescent girl, Kisenyi, Kampala.***

This rapid assessment affirms that the children of female sex workers and adolescent girls surviving in sex work settings are faced with a great burden of common mental health disorders. Among adolescents, the results show that common mental health disorders are higher among younger adolescents (11-14 years) than older adolescents (15-19 years).

This challenges the impression that mental health disorders are considered to be higher among older adolescents than the younger adolescents. This perhaps could be due to the fact that early adolescence (10–14 years) is among the most neglected stages of development, yet during the life course this stage is critical as the children transition from childhood to puberty and adolescent which require a lot of parental care, guidance and support for the children to ably handle the changes in their bodies which is equally intense. They are vulnerable because of their little understanding of the distinctive circumstances occurring at this time of their development and the highly challenging and dynamic environment that they survive in.

3.5 Coping strategies of children under the care of female sex workers and adolescent girls

Findings highlighted the different coping mechanisms that the children of female sex workers and adolescent girls surviving in sex work settings employed, to help them deal with their daily life challenges. Both children under the care of the FSWs and adolescent girls surviving in sex work settings reported using more than one coping mechanism



Watching movie – 60.9%, Listening to music – 53.2%, Playing with friends – 48.1%, getting advice /help from others-47.6 and concentrating their efforts on doing something about the situation they are in – 47.6 %; using alcohol and other drugs – 39.5%; using social media to keep them busy – 38.2%; getting emotional support from others including peers and mentors – 37.8%; self-Isolation – 32.2%; Gambling – 30.0%; blaming self for things that happened – 29.2; trying to find comfort in religion or spiritual beliefs – 25.8%; giving up on everything, not caring about anything – 22.7%; fighting – 21%; praying or meditating – 16.3%; doing physical exercise – 14.2%.

A significant percentage of positive coping mechanisms were registered which suggestively increase resilience and are linked to better mental health. In this instance, clues to optimal functioning in the face of trauma, extreme stress, and adversity in life are held.

On the contrary, negative coping mechanisms reported are likely to expose the children of female sex workers and adolescent girls surviving in sex work settings to high risk of addiction, depression and aggression and therefore lifelong illnesses and general poor wellbeing.

Internet, and social media is support the mental and social wellbeing of children and adolescents by curtailing the symptoms of stress, anxiety and feelings suggestive of depression. However, this is only helpful if it is well utilized. Those who reported using social media to keep busy at 38.2% and watching movie –

60.9% did not have limits on what they surfed and watched. If these are not cautiously censored, children and adolescents can be exposed to risks of sexual exploitation; negative health effects on sleep, attention, and learning; a higher incidence of depression; exposure to inaccurate, inappropriate, or unsafe content and contacts; and compromised privacy and confidentiality. Taking alcohol and drugs was commonly reported among older adolescent girls living in sex work settings who considered using this as a means of having enough sleep during the day in order to be awake in the night.

> *"I take alcohol and drugs during the day to help me fall asleep and have enough rest so I am strong to pull it throughout the night awake and active with my clients"* **16-year-old adolescent girl, Mengo, Kampala.**

3.6 Programmes/interventions targeting children of female sex workers and adolescent girl

All respondents interviewed in the five districts sampled noted that there are no specific programmes or interventions targeting children under the care of FSWs and adolescent girls surviving in the sex work setting.

The importance of investing in children under the care of FSWs and adolescent girls surviving in sex work settings, however, has not always been reflected in policy and programming. While all children and adolescents are entitled to development programmes, female children under the care of FSWs and adolescent girls face disproportionate risks and distinctive consequences from the vulnerabilities experienced. They are more likely to drop out of school, to engage in sexual intercourse at an early age, and to bear the burden of poor sexual and reproductive health effects compared to the boys yet no targeted interventions for them.

99% of the respondents indicated that children under the care of female sex workers and adolescent girls surviving in sex work settings do not feature as a distinct category of the population in any government or civil society programming. Findings revealed a challenge of weak implementation and enforcement of government programmes which limit the degree to which they target children under the care of female sex workers and adolescent girls surviving in sex work settings. Whereas there is a growing number of female sex work led organisations in the districts sampled, many of them do not reach out to children under the care of FSWs and adolescent girls surviving in the sex work settings. There is also a growing fear that whoever engages adolescent girls is aiming at trafficking them to Arab countries to do odd jobs for example maids in homes and restaurants, and security personnel. This therefore limits their potential opportunities for growth and [personal development, leaves them with low level jobs perpetuating the cycle of poverty and vulnerability.

> *"I have not heard of any programmes targeting children under the care of FSWs and adolescent girls surviving in sex work settings in Kampala",* ***Government Official in Nakawa Division, Kampala***

86% of the respondents reported that adolescent girls in sex work settings are not stationed in one place especially those engaged in sex work as they fear to be identified as adolescents engaged in transactional sex and so, it becomes extremely difficult to corporate unless one uses channels well-known to them. This explains why majority of the FSW led organisations prefer to focus on the FSWs but not the children under their care or adolescent girls and as such leads to poor access to vital SRH and HIV related services that target children under the care of FSWs.

There is clearly lack of individual and community interventions targeting children under the care of FSWs and adolescent girls surviving in sex work settings in the study districts. There is an urgent need for individual and community interventions, if we are to reduce on their vulnerabilities. This can be done through improving HIV service access, addressing social values and cultural norms that impede access to sexual and reproductive health services, ensuring that girls are kept in schools to attain a higher level of education and improving their livelihood and welfare, including housing for children under the care of FSWs and adolescent girls surviving in such settings.

3.7 Role of the fathers in the upbringing of children under the care of female sex workers

A "father[4]" is defined broadly as the male or males identified as most involved in caregiving and committed to the well-being of the child, regardless of living situation, marital status, or biological relation. The role of fathers in the upbringing of children under the care of female sex workers in the five sampled districts of Kampala, Wakiso, Gulu, Mbarara and Busia was explored and the findings are discussed below:

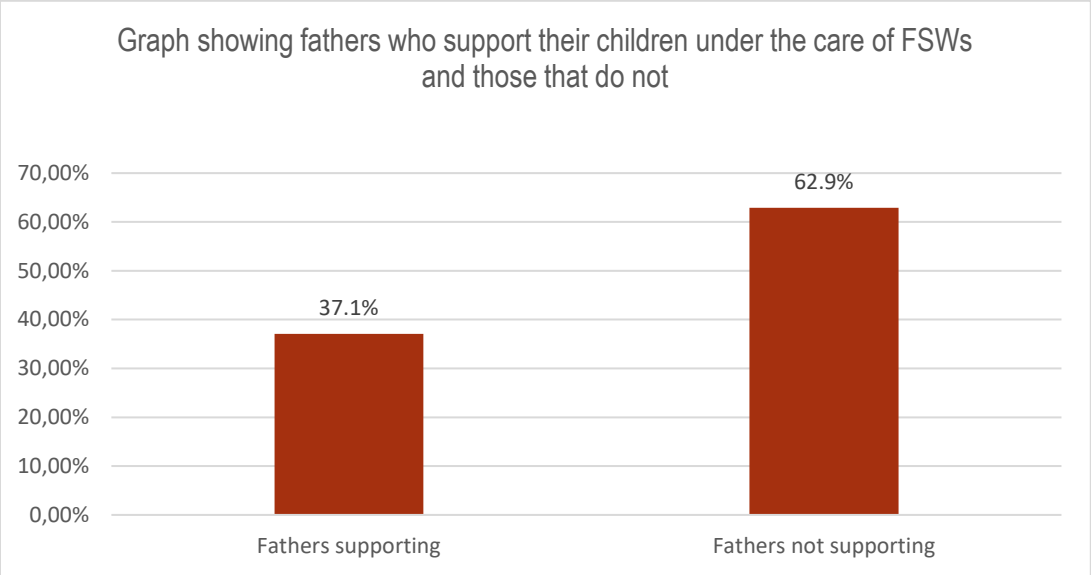
37.1% of the fathers reported supporting their children who are under the care of FSWs. Findings revealed that a substantive number of the 37.1% of the fathers are more involved in day-to-day care activities of their children including playing with them.

Almost all the above fathers who participated in the interviews reported supporting their children especially when the mothers (FSWs) go to work including cooking for them, bathing them among other things.

Findings further revealed other roles for example; buying scholastic materials for school going children, providing food, medical care and paying rent for their shelter.

[4] A father may be a biological, foster, or adoptive father; a stepfather; or a grandfather. He may or may not have legal custody and may be resident or non-resident.

Figure 9: Graph showing fathers supporting their children under the care of the FSWs.



As shown in the figure above, 62.9% reported not providing any support to their children under the care of the FSWs in the sampled districts. They highlighted the following as reasons for not supporting their children under the care of FSWs: rejection, fear to be known as a father of children of a FSWs, no bond between the father and children, some fathers noted that they are enjoying life and do not have time to attend to children of FSWs, some fathers doubt whether these children are actually theirs due to fact that FSWs have sex with multiple partners, fear to be despised by communities where they live while others do not have resources to support them, because they are not working. Many easily fall pray and join sex work as a means of earning a living and ensures continuity of sex work albeit by circumstances.

Findings revealed the need for some fathers to do things differently for example by showing parental love and care, provision of basic needs like food, shelter, education and medical care to their children under the care of FSWs. The findings further revealed the need for a clear focus for child development and health providers to encourage and support fathers' involvement in the lives of children under the care of FSWs.

> *"If I had the resources, I would take care of my children but am not working and at least the mother can sell sex and get some money to support them"*, ***FGD with fathers in Gulu City.***

3.8 Priority Needs of children under the care of FSWs and adolescent girls

Adolescent girls and children under the care of the FSWs surviving in sex work settings have unique needs compared to other children, this is because of their high levels of vulnerability. Reading through published literature and discussions with some key actors revealed less prioritisation of children under care of sex workers or those living in sex work settings. No specific organisation within the study districts whether government or private/non-governmental actor has undertaken a study on the priority needs of adolescent girls and children under the care of FSWs in Uganda. The rapid assessment findings have revealed the following as priority needs of children under the care of FSWs and adolescent girls in Uganda:

- Safe spaces/shelters that facilitate emotional, social economic, talent and personal development needs.
- Establishment of crisis emergency and resilience support for shelters with integrated transformation services -a safe space for children under the care of FSWs and adolescent girls, survivors of violence, exploitation & conflict. The services include: recreational and sports, parenting, financial literacy, movie watching, economic empowerment activities including farming and occupational therapy.
- Health Education for both children and adolescent girls including sensitization in the areas of HIV/AIDS and Sexual and Reproductive Health Rights and services.
- Improved access to Mental Health treatment and care for children under the care of FSWs and adolescent girls.
- Psychosocial support and basic occupational therapy
- Play therapy in safe spaces at the Drop in Centres (DIC)
- Skilling and education support of children under the care of FSWs and adolescent girls
- Menstrual hygiene information, management and support

4.0 Conclusions and Recommendations

4.1 Conclusion

The rapid assessment identified several risk factors associated with children under the care of FSWs and adolescent girls surviving in sex work settings in the districts of Kampala, Wakiso, Mbarara, Gulu and Busia. Majority respondents revealed that these risk factors are never addressed because the population of children under the care of FSWs and adolescent girls is usually smaller in numbers and often times, find it negligible with no or little consequences.

Many of the risk factors are believed to be drivers of the HIV infections, early

sexual encounters, teenage pregnancies among others; yet this category of the population is not considered as part of the key populations, and miss out on several interventions as they tend to focus more on known key population categories with an aim of preventing HIV, improving access to SRH services and behaviour change communication among others. Little or no attention is paid on the risk factors of children under the care of FSWs and adolescent girls yet if these are targeted, there is a potential opportunity of improving the health and livelihood of mothers, children under their care and adolescent girls which breaks the circle of poverty for generations to come.

It was concluded that common mental health disorders are highly prevalent among children under the care of FSWs and adolescent girls surviving in sex work settings in Uganda. Among the children of female sex workers, it was further noted that prevalence of mental health disorders was higher among the females than the Males. Among the adolescent girls surviving in sex work settings, prevalence was higher among the younger adolescents between the ages of 10-14. This presents the need to recognize and respond to the mental health and psychosocial needs of children of female sex workers and adolescent girls surviving in sex work settings who are considered among the vulnerable and marginalized groups. Emphasis on mainstreaming based on age groups and gender in the programing process will go a long way toward bettering child and adolescent mental health in Uganda.

As discussed in the above sections, emphasis should be to invest in children under the care of FSWs and adolescent girls surviving in sex work settings in order to break the intergenerational cycle of poverty and risk exposures, among such categories of the population. This can be possible if stakeholders both government and implementing partners play a critical role towards improving the lives of children under the care of FSWs and adolescent girls surviving in sex work settings. Government should work towards supporting and mainstreaming of children under the care of FSWs and adolescent girls surviving in sex work settings into available government programmes across the different sectors. Empowering girls with knowledge and skills they need to reach their full potential is not only good for girls but can drive economic growth, promote peace and reduce poverty and HIV in such communities.

4.2 Recommendations of the rapid assessment

The recommendations below are forward looking based on the findings from the rapid assessment. The recommendations are generally relevant for government, civil society and development partners. These include:

To Government of Uganda

1. Target children under the care of FSWs and adolescent girls surviving in

sex work settings as a special category of persons to benefit from the ongoing programmes like DREAMS, Youth Livelihood Programme, Emyoga, and Women Economic Empowerment Programme among others.

2. MGLSD and Local Governments should interest themselves in mapping children under the care of FSWs and adolescent girls in order to understand their actual numbers to guide decision making and responsive programming for both state and non-state actors.

3. Develop Standard Operating Procedures (SOPs) to guide organisations and entities that work with children under the care of FSWs and adolescent girls surviving in sex work settings.

4. Establish Schemes that promote skills development and livelihood empowerment for FSWs to enable them raise their children in environments that do not put them at risk for example being assisted in finding alternative sources of income. This will lessen exposure children under the care of FSWs and adolescent girls to vices and exploitation within sex work settings.

5. Government should consult civil society organisations working with FSWs while designing programmes targeting children under their care and adolescent girls surviving in sex work settings.

To Development Partners

1. Fund in-depth studies, surveys, documentaries and scorecard on the experiences of the children under the care of FSWs and adolescent girls surviving in sex work settings to further better responsive programming.
2. Support mapping and documentation of service providers to service as reference for effective referral, so as to provide holistic assistance to children under the care of FSWs and adolescent girls surviving in sex work settings.

3. Finance evidence based Mental Health service provision assessment, treatment and effective referral of children under the care of FSWs, adolescent girls and their parents.

4. Support child friendly programmes targeting children under the care of FSWs and adolescent girls.

To AWAC and Partners

1. Parenting programs should be designed to guide FSWs on appropriate parenting styles including sensitizing them on the dangers of poor parenting. The MGLSD parenting guide would be a helpful reference and can be contextualized accordingly to suite children under the care of FSWs and adolescent girls in sex work settings.
2. Capacity building on low intensity therapeutic approaches among FSWs who will offer continuous mental health and psychosocial support to their peers. Specifically, assign community volunteers who can visit them on a regular basis to identify mental health issues.
3. Need for deliberate efforts to engage men (fathers of the children) to fully understand their responsibilities as fatherhood, child protection (focusing on the best interest of the child) of children under the care of the FSWs and adolescent girls in sex work settings including brothel managers and lodge owners.

4. Organise community stakeholders' engagements to spotlight challenges, brainstorm on opportunities for improving demand and access to integrated services targeting children under the care of FSWs and adolescent girls surviving in sex work settings.

5. Conduct advocacy dialogues geared towards enhancing investment and support for children under the care of FSWs and adolescent girls surviving in sex work settings.

6. Advocate for inclusion, disaggregation of children under the care of FSWs' data in the national capturing systems. Advocacy should be geared towards a comprehensive range of responsive services (GBV, Mental health, HIV, TB, SRHR and nutrition among others).

7. Advocate for improved multi-sectoral coordination and programming; policy reviews; development and operationalisation of guidelines; and standard operating procedures for relevant and effective delivery of quality and responsive services for children under the care of FSWs and adolescent girls surviving in sex work settings.

8. Support children under the care of FSWs and adolescent girls with Sexual and Reproductive Health Services (SRH) including menstrual hygiene information, management and support.

9. Economic empowerment and resilience programmes to FSWs and adolescent children under their care in sex work settings.

10. Provide psychosocial support and follow up to mothers and male clients who have fathered children with FSWs.

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