



SAVE THE CHILDREN PROTECTION ASSESSMENT ON THE IMPACT OF COVID-19 IN UGANDA

June 2020

Save the Children interviewed almost 300 adults and children across Uganda, about the impact of COVID-19 and lockdown measures on children's lives and wellbeing. Schools are closed indefinitely, child protection systems are overwhelmed and there are restrictions on transport, movement and public gatherings. The crisis is having a huge impact on children across the country.

The survey finds that children are increasingly vulnerable and at risk – from an increase in violence and abuse, stress, poverty and hazardous coping strategies such as child labour and child marriage. At the same time, vulnerable children have less support than usual.

The findings show that child protection must be at the heart of the national COVID-19 response, and why Government and donors should invest more in keeping children safe.

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INTRODUCTION AND BACKGROUND

This report presents the main findings of a Save the Children child protection rapid survey conducted between 17th April and 10th May, 2020, in Save the Children's operational areas in Uganda. Data was collected qualitatively through telephone calls and few face to face in-depth interviews conducted with respondents from the District Local Governments, child protection actors, Community Based Child Protection Networks (CBCPN) and children.

The Ministry of Gender has highlighted key emerging issues¹ as a result of the COVID-19 Pandemic and it is upon these that a Ministry intervention plan has been developed. Some of the child protection issues raised include: limited age appropriate information on COVID-19, increased Gender Based Violence, increased loss of livelihood, and a decline in direct service delivery.

Purpose and scope of the survey

The survey was undertaken to understand the key gaps and situation of children, and to collect views from communities, partners and districts to inform programming. It sought to obtain data on four major components:

- Child Protection risks and issues
- Government and community structures available to respond to the issues
- Civil Society Organization responses to issues affecting children
- Communication with the community and children.

The survey was carried out in the following 24 districts of Uganda (14 in “development” context and 10 in the “humanitarian” refugee response):

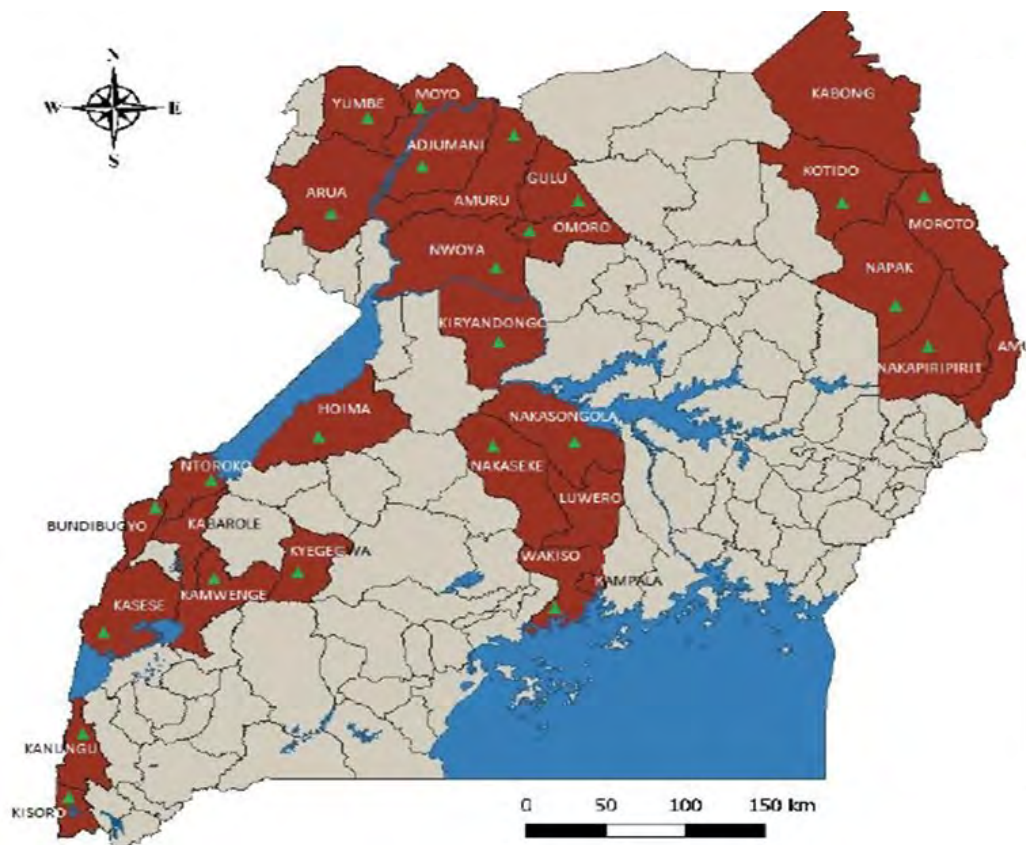
¹. Ministry of Gender Labour and Social Development, COVID-19 Intervention Plan, March-2020.

Humanitarian Response

Arua – Rhino & Imvepi Settlements
Kanugu - Matanda transit Camp
Kisoro - Nyakabande Transit Camp
Obongi - Palorinya Settlement
Kiryandongo Refugee Settlement
Adjumani Refugee Settlements
Kikube - Kyangwali Settlement
Kyegegwa - Kyaka II Settlement
Kamwenge - Rwamwanja Settlement
Yumbe - Bidi Bidi Settlement.

Development Context

Wakiso Ntoroko
Nakapiripirit Bundibudjo
Napak Kasese
Nablatuk Kabarole
Kotido
Moroto
Gulu
Omoro
Nwoya
Amuru



METHODOLOGY

Following the COVID-19 guidelines such as social distancing, a rapid survey design was used to collect data from the target population. Data was collected qualitatively through telephone interviews and some face-to-face interviews to gain an in-depth understanding of the COVID-19 pandemic on children. A review of other agencies assessment reports on the pandemic was under taken. Respondents were selected based on their involvement in social protection and child protection, and their roles in COVID-19 preparedness and response.

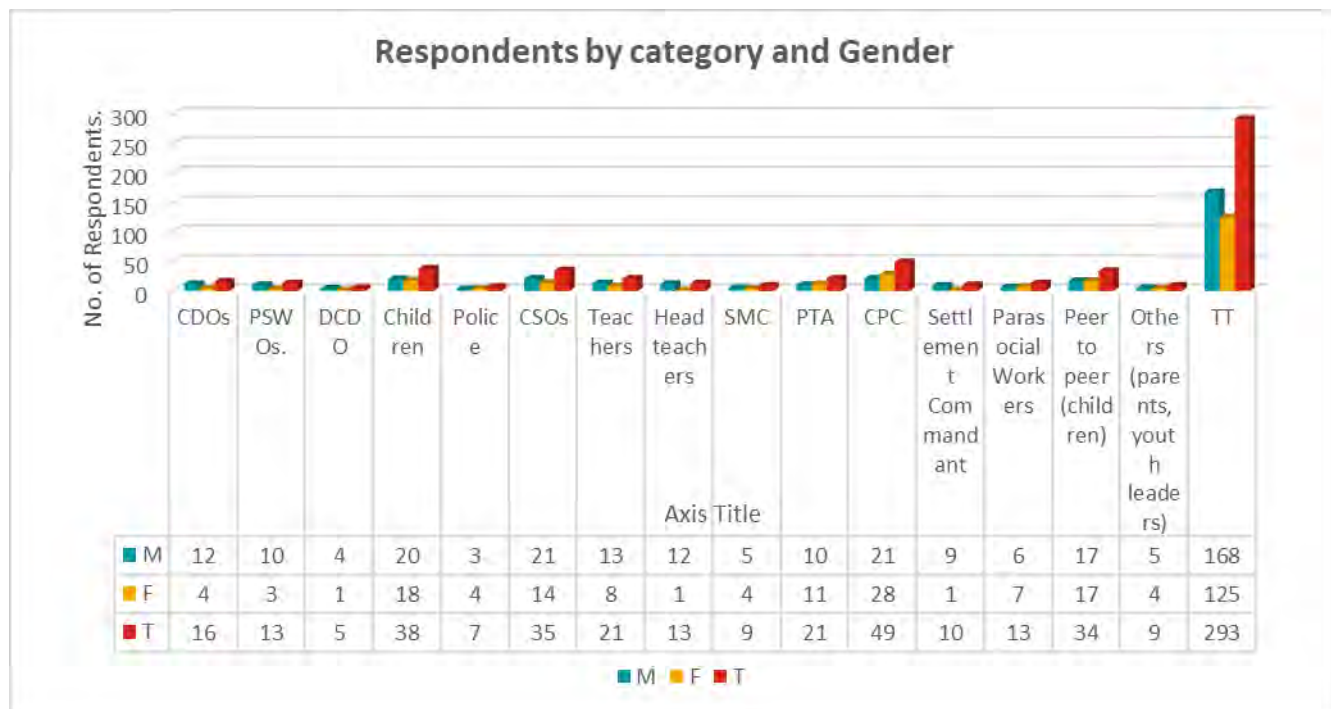
Responses were generally qualitative in nature highlighting pertinent issues from the respondent's point of view and experience. Being a highly qualitative survey, there were some limitations as data was not readily available, and access to records in most government and agency offices was hindered by the lockdown.

Data Analysis.

Data was analysed through thematic content analysis for the qualitative data based on the different thematic components of the survey and by use of Excel for quantitative data deriving the charts and graphs. Survey findings are presented in the two contexts of Development and Humanitarian Response, highlighting the unique situations and issues in each context, and for contextual programming and COVID-19 adaptation.

Respondents reached during the survey.

A total of 293 respondents (168 male, 125 female) were reached, including: 72 children, 16 Community Development Officers (CDOs), 13 Probation and Social Welfare Officers (PSWOs), 5 Deputy Community Development Officers (DCDOs), 7 police officers, 35 staff from civil society organisations (CSOs), 21 teachers, 13 head teachers, 9 School Management Committee (SMC) members, 21 Parent-Teacher Association (PTA) members, 49 Child Protection Committee (CPC) members, 10 Settlement Commanders, 13 Para-social workers, and 9 parents and youth leaders.



KEY FINDINGS

A. DEVELOPMENT CONTEXT

1. CHILD PROTECTION RISKS AND ISSUES

It is pertinent to note that cases of abuse were under-reported due to the lockdown with all reporting mechanisms inaccessible by children and communities. However, issues like child labour, neglect and Commercial Sexual Exploitation have been escalating due to lack of food, no source of livelihood and families trying to survive, and high mental distress due to the lockdown. Inaccurate information being spread through social media has heightened the myths about COVID-19 in the community.

Child Neglect: All 24 districts in the survey reported inability by most parents to provide for the basic needs of their children, such as food, shelter, medical care and other basic services. This is as a result of loss of income by parents due to the lack of gainful economic activity arising from the lockdown. The change in school calendar has also affected parents' provision of basic needs for children, as they were not expecting to have children at home during this time, especially having already paid the school fees and meals for the term.

The Uganda Child Helpline (UCHL) March 2020 report indicated that 52.6% of all Violence Against Children cases reported were regarding child neglect, with girls the most affected. 8% of these cases were reported by children. Fathers made up the bulk of perpetrators in these neglect cases. Interviews with children indicated that children in all districts are faced with food shortages, or having reduced portions or one meal a day. Karamoja

was the most affected region, with high instances of hunger affecting a number of families and lack of access to medical services. Consequently, children and family members are going to work in the mines, as a coping mechanism.

Child Sexual Abuse: Increased risk of sexual abuse resulting in teenage pregnancy, child marriage, sexually transmitted diseases, defilement and child-to-child sex was reported as prevailing mostly in Karamoja and Northern Uganda, with children being married off for family gains, elopement and children practicing risky sexual behaviours among each other. This presents a barrier to returning to school after the lockdown. Although the region has previously grappled with high child marriage rates (at 59% in northern Uganda, with the median age of a woman's first marriage at 16.9 compared to 18.1 in western and 19.9 in south western²) it is anticipated that such cases will rise due to the pandemic. It is reported that children are increasingly engaging in sex both in and out of home with no protection or access to reproductive health information.

According to the UCHL March 2020 report, sexual abuse was the third most reported category of cases, representing 20.1% of all cases, with boys being 2% of the reports and girls 98%. 17% of the perpetrators were family members and included fathers, cousins and uncles among others. Overall, only 5.2% of the perpetrators were unknown to the victims. To note is that of all the defilement cases recorded, only 10.8% of the cases to UCHL were reported within the 72 hours' window. Most abuse happened in single parent households (at 192 cases) followed by households with both parents (at 113 cases).

Domestic Violence and Violence Against Children: This has taken the form of physical and verbal fights among parents as well as verbal and economic violence brought by the pressure to provide for the family. The ripple effect is on children who are constantly watching their parents fight and also suffer their own emotional and physical violence when they fail to meet their roles as parents try to exert control to keep them in line.

Child Labour has become rampant across all regions, with children in some instances taking on the role of taking care of families. School has been replaced by labour. In Karamoja girls are engaging in gold mining and boys continue their pastoralism role, while in districts in Northern Uganda and in Wakiso, children are engaged in petty trade. In Rwenzori region boys are mainly engaged in grazing cattle, and girls working as house maids. In both Northern Uganda and Karamoja, girls are increasingly engaging in Commercial Sexual Exploitation with girls trading their bodies for soil with gold (in Karamoja), money and other essentials such as sanitary towels. Other activities interfering with children's learning and other holistic development includes selling charcoal, alcohol and gardening (working in fields) as well as excessive house chores.

Relatedly the survey revealed that children **lack basic information** that would enable them to protect themselves from abuse. The survey revealed that children have no access to Sexual Reproductive Health information and counselling services which they would normally obtain from school through their peers and the Senior Women and Men Teachers. They are engaged in risky sexual behaviour and have adopted negative coping mechanisms such as peer interactions leading to drug abuse and sex leading to far reaching consequences, e.g. contracting Sexually Transmitted Infections and diseases, teenage pregnancies, among others.

The survey revealed that children in Northern Uganda and Karamoja are facing **violence from security forces**. Respondents say that parents and children have been beaten up by security forces when found roaming during, and sometimes outside, curfew hours.

Physical abuse was reported in all the districts. Children, especially boys, were physically battered for any mistakes or misunderstandings by their parents and relatives. In Kabarole, Kasese and Bundibugyo, children are engaged in **drug abuse**, due to idleness and negative peer pressure.

Risks specific to Boys and Girls

Based on the survey, boys are experiencing more physical violence both at home and by security personnel. This is not a new phenomenon, although could be further heightened by the ongoing crisis. Boys are also engaged in child labour. In Karamoja and Ntoroko, the most prevalent activity is pastoralism. In Karamoja these boys are

² The Ministry of Gender Labour and Social Development & UNICEF, National Strategy to end Child Marriage and Teenage Pregnancy, 2015-2020

labelled as “Herd Boys”. Boys are also increasingly involved in substance abuse, especially in Northern and Western Uganda, taking leafy drugs and alcohol.

Girls were found to face the risk of commercial sexual exploitation, with those in Karamoja trading sex for ‘soil with gold’, menstrual hygiene materials and other basic needs. In Northern and Western Uganda, the risk of child marriage and teenage pregnancy was highlighted. There is a fear that these will lead to school drop outs. In Western Uganda, girls are engaging in domestic household chores, faced with a lot of emotional abuse and higher risks of sexual abuse within the households and from the community.

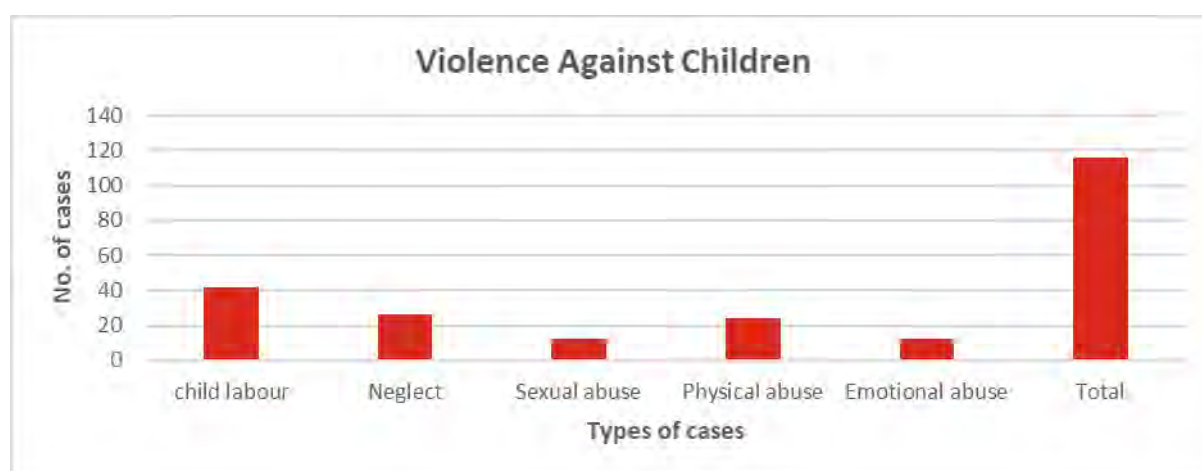
Both boys and girls are faced with the lack of counselling and guidance. They lack Reproductive Health information and services, which they ordinarily obtained through the school structures.

Exclusion

Some groups of children were identified as being at particular risk, including children with disabilities, orphans, Herd boys in Karamoja, young children aged 1-5 and 5-10 years, neglected children, children living with HIV, children in the Kraals in Kotido and children with nodding syndrome in Omoro district.

Child Protection Concern

A total of 116 Violence Against Children (VAC) cases were reported and received by child protection structures in the past 1 month. Child labour ranked highest at 42 cases, child neglect at 26 cases, physical abuse (such as beating) at 24 cases, sexual abuse (including defilement and child marriage) at 12 cases, and emotional abuse at 12 cases. Gulu recorded the highest number of cases (27), followed by Kotido (18), Napak (14), Kabarole (14), Bundibugyo (14), Nabilatuk (13), Kasese (07), Ntoroko (04), and Wakiso (05). Other categories of cases included the death of parents (6) in Napak and Kotido, juvenile offender/stealing (4) and lost children (3) in Napak. It was however stated that several cases are within the community and go unreported and undocumented.



2. GOVERNMENT AND COMMUNITY STRUCTURES

Overall, Government has so far made efforts to create general awareness in the population regarding COVID-19 through radio talk shows, including ones targeting children, as well as provision of hand washing facilities in the communities. Formal structures include the Probation and Social Welfare Officers, Community Development Officers, Local Council Structures including the designated Secretary for Children affairs, the Police, and teachers within the community. Informal Structures include Para social workers, Child Protection Committees, Fit persons, Elders, Peers, Parents, and Village Health teams among others. Specific services offered by the community services department in regards to COVID-19 were identified as:

1. Referring cases of abused children to access services
2. Awareness creation and prevention on COVID
3. Awareness and prevention of VAC during this period

4. Advocate for support for children as member of district task force (Gulu)
5. Work with CSO for support to reach out to communities.
6. Advocacy and lobbying for CSOs to support districts through the task force
7. Representing children in courts of law
8. Rescue and support them through rehabilitation,
9. Respond to any case reported through the action centre,
10. Facilitate arrest of the suspects,
11. Soliciting support from development partners to respond to any emergency

Several community structures being used to reach children with information on COVID 19 were identified as Parents, LC1, VHTs, Para-social workers, CPC, Sub county and Village task forces, CDO, PSWO and Parish chiefs using communication channels such as megaphones, cell phones, door-to-door visits, public address speakers, community radios and mass media where MTN phones calls were cited.

The community members believe that children can be kept safe if they keep at home, wash their hands, avoid loitering outside home and if they are attached to Fit persons or CPCs. It is important though to note that currently there are mixed perceptions by communities as very few members are taking the pandemic seriously, and are disregarding the Ministry of Health guidelines, especially in rural areas and markets. In Gulu there was false information in the community that COVID-19 was an act of witchcraft and annoyance by the 'gods' and needed to be cleansed through traditional rituals.

3. THE MOST UNSAFE PLACES FOR CHILDREN

Areas identified as unsafe and risky spaces, where children face a higher likelihood of violence during the COVID -19 pandemic, include the following:

Households are rated as one of the highest risk places for children during the pandemic. Children are faced with hunger, domestic violence and sexual abuse while at home. In Kabarole, most sexual abuse was reported happening within the households.

Water points (boreholes, streams): Children – mostly girls – experience abuse during the long walks to water points, as well as while they spend long hours waiting to access water and are lured into other negative behaviour such child-to-child sex. This was mainly reported in Northern Uganda.

Community: Access roads to and from collecting firewood and water points, trading centres, play grounds, markets, and grazing fields were reported as unsafe and risky spaces for children.

Gold mines: Karamoja is attracting large groups of artisan miners and girls are digging gold, sieving and fetching water. They are often offered soils with gold in exchange for sex.

Markets and Trading centres: Most rural markets are not enforcing the presidential directives of social distancing. These are notorious for various activities, including market days which attract large numbers of people including children and youth. Children encounter vices such as defilement, child-to-child sex, substance abuse, watching inappropriate adult movies, among others.

4. STRATEGIES TO KEEP CHILDREN SAFE

Partners and government have come up with messages and innovative ways to help parents spend their time better with children and for children to remain engaged. However, safety concerns for children remain. The following methods were proposed to keep children safe:

Follow Ministry of Health Guidelines: Children are encouraged to follow MoH guidelines and messages, stay home and avoid loitering, wash hands, keep reasonable distance, avoid playing with neighbour's children, and avoid touching soft parts (eyes, nose and mouth). Parents were being guided on how to speak to

children about the COVID-19 pandemic and how to avoid infection, mainly through radio.

Keep children at home: Parents to ensure children stay at home and not loiter around. Children should be engaged in constructive activity while at home to avoid risky behaviour. Such activity includes, engaging in house chores, gardening, school work and also using this time to strengthen relationships with parents and siblings at home. Several CSOs have developed play and learning materials.

Attach children to community structures: Community Structures such as Local Councils, Para Social Workers, Fit persons and Child Protection Committees have been a critical force in delivery of messages and responding to issues of Child Protection within the community. Children were attached to their area-specific available structures for monitoring, prevention and response towards Child Protection issues.

5. STRESS FACTORS AND COPING MECHANISMS FOR CHILDREN AND PARENTS DURING COVID19

Stress factors	
Children	Parents
<ul style="list-style-type: none"> • Lack of access to basic needs owing to reduced household incomes • Exploitation – exploitative labour engagements including commercial sex • Defilement – likelihood of being betrothed or married off, teenage pregnancy • Domestic violence – among parents and against children. • Access to food to feed children is limited, resulting in hunger, reduced portions or having one meal a day • Fear of violence from curfew and lockdown enforcers. • Not being able to go to school • Missing out on available study options • Not being able to socialise and play freely • Too much garden work and house chores • Lack of play due to heavy house chores or economic activity • Reduced meals • Heavy deployment of security personnel • Beating adults and children by security personnel • Over staying at home • Fear of failing their end of year examination or not completing the syllabus • Fear of contracting COVID--19 	<ul style="list-style-type: none"> • Children not attending school – especially candidates – will they be able to complete and sit exams? • Restricted movement • Children loitering the villages in search of play options • Increased hunger and poverty, and inability to provide for children, as main livelihood sources have been closed • High prices on basic commodities and yet no income source to match the increase. • Child involvement in peer to peer vices that may have an effect on their behaviour • Uncertainty in their ability to afford school dues for the next term • Being beaten by law enforcement in the presence of their children • Ability to meet their individual needs as well as pay off debts • Women are worried about unwanted pregnancies owing to increase sexual activity • Pregnant women unable to access medical facilities • Substance abuse as a coping measure that breeds neglect and GBV • Catching COVID-19 • Uncertainty of provision of basics for children

Coping mechanisms	
Positive mechanisms for children	Positive mechanisms for parents
Playing with siblings Singing songs learnt at school Learning household chores Revision of books Playing in small groups Children are looking for wild fruits for food and vegetables, boys looking for birds Designing their local play materials Selling tomatoes for a living Story telling Drawing about COVID Watching TV	Following the guidelines for preventing COVID 19, Hand washing, social distances, avoiding visitors Being with children and guiding them Engaging children in garden work Helping children to study their books, Tending to their gardens Watching TV Spending time with children
Negative mechanisms for children	Negative mechanisms for parents
Sneaking to watch videos Mining gold Burning charcoal Stealing Increased begging Loitering Child marriage Sleeping where the lockdown time gets them, e.g. at boyfriend's place Raiding (in Kotido) Attending burials (in Wakiso)	Drinking alcohol Loitering to look for food Sending children for child labour Neglecting children and not providing them with food Limiting food consumption to children Increased GBV Shouting for children to comply Stealing Selling the little they have to buy other items Begging Attending burials and vigils in big numbers – unnecessary visits to their neighbours (in Wakiso)

Some of the structures supporting children to cope positively during this period include Para-social workers, LCs (Local Councillors), Village Health Teams (VHT), Police, Health Centres, Child Protection Committees (CPC), Local Defence Units (LDU), Cultural leaders, NGOs, Sub county Orphan and Vulnerable Children (OVC) committee in Wakiso, Fit persons and Lay Counsellors in Omoro, parish chiefs, Community Development Officers (CDOs), Probation and Social Welfare Officers.

6. CSO RESPONSE DURING THE COVID-19 PANDEMIC

Movement restrictions due to COVID-19 have had a glaring impact on child protection programme delivery since it became impossible for agencies to conduct community engagement activities. In some cases, it has been challenging for police to keep child abuse suspects in their custody for fear of spreading the virus. Therefore, most child protection activities were stopped. These include:

- Community sensitizations and dialogues meeting
- Engagement of child rights clubs / Councils in schools
- Prosecuting child abuse cases, as most judicial officers and RSAs are out of station
- Coordination meetings
- Physical referrals
- Home visits by CPCs and Fit persons
- Direct face to face case management.
- Sub county reflection meetings

Nevertheless, Civil Society Organisations (CSOs) have creatively devised measures to continue with limited activities, such as:

- Psychosocial Support
- Awareness creation
- Enforcement of MOH guideline on prevention and presidential directives
- Monitoring new entrants/people in communities
- Community sensitisation through megaphone and radios
- Surveillance, and enforcement of the presidential directive
- Provision of Personal Protective Equipment (PPE)
- Reinforcing the COVID-19 district task force in ensuring the procured materials reach the community as planned
- Supporting District with case management i.e. fuel, data and messages through radio focusing on children and telephones.

Case management and psychosocial support services by CSOs during COVID19

CSOs interviewed indicated that they had made adaptations to their operation modality, especially for child protection. Case management is currently being undertaken through:

- Community structures like para social workers. The CDOs and DPSWO are also supporting with referrals
- Walk-in clients for specialised cases, e.g. mental health, sexual abuse, domestic violence
- Review and adaptation of referral pathways at district level
- Telephone calls (Most adapted model by agencies)

Mobile and remote services are being employed to engage communities through coordination with community structures, including Local Councillors and cultural leaders, use of radio talk shows, community radios and pre-recorded messages, radio spots, boda-boda drives in the community, posters, mega phones and use of vehicle runs with loud speakers.

Psychosocial support services are delivered through basic counselling by the community structures and remotely through the telephone. Most agencies are working with the community-based protection systems in case management and awareness on prevention and response, including identification and referrals of cases. Common models of engaging the communities include:

- Coordination with community-based child protection structures
- Meeting LCs and councillors as they go and spread MoH messages,
- Working with cultural leaders
- Remote and online case management models
- Use of the radio talk show and playing recorded messages

Agencies providing Child Protection services³ include:

Some agencies and development partners were actively operating in this period of lockdown including:

Karamoja: Welt Hunger Hilfe, CARITAS, World Food Programme, Uganda Law Society, UNICEF, AFI, Red cross, Mercy Corps

Northern Uganda: Church of Uganda, World Vision Uganda, Every Child Ministries, Thrive, Gwed-G, VSO, Oyster Pearl, Action Aid, FORAMU, Christian Counselling Fellowship.

Western Uganda: Bawilla, YAPI, Ride Africa, Rwebisengo Cattle Keepers Association, Toro Twegeho Listeners' Club, Uganda Red Cross.

Most agencies reported that they have not been provided with protective gear, except for staff involved in provision of health services. No training has been provided on child protection during COVID-19. Most partners have only received Ministry of Health Guidelines to avoid the spread of COVID-19.

3. Most agencies temporarily closed down offices and were unable to be reached. The agencies listed in the report does not provide the total of all agencies and development partners that could have been operating during the COVID-19 pandemic. Agencies were listed by the community and respondents interface with them during the lock down.

Coordination among Child Protection actors has been limited and is done through emails, social media platforms and telephone contact while the COVID19 response task forces at District, Sub-county and village/ Parish level continue to operate.

Gaps in the child protection response

The COVID-19 crisis has presented several challenges to service provision. Partners who have been able to ensure operations face several constraints in delivering already limited services including:

- Delays in accessing and getting justice by abused children as the judicial officers and the Directorate of Public Prosecutions are not functional due to COVID-19
- Poor documentation of cases, especially for identification and registration, reporting, referred cases
- Children are not targeted directly for the COVID-19 response.
- Resources to provide much required services are limited or lacking in most cases
- Transport challenges to access children affected by violence
- Limited personnel, with limited mobility to support response to children
- Lack of coordination among child protection actors
- The street children are not adequately supported by authorities
- Supply of protective and hygiene items for children is lacking
- Supply of personal protective gear to community based structures and agency staff
- Lack of training on use of PPE for most agency staff
- Limited knowledge and skills on remote and telephone case management and counselling
- Gaps around misperceived information about COVID-19 and the reporting structure is not so clear for the community.
- Referring cases for abused children to access services with no one to attend to them.

Impact of COVID 19 Guidelines on the operations of CSOs

Respondents from the 11 partner organisations interviewed indicated that the lockdown and restrictions have drastically affected their operation:

- Staffing, with only a skeleton staff structure remaining to work from office and others with limited support through remote means and working from home
- Limited financing amidst overwhelming needs from the communities
- Restricted movements for agency staff including Probation officers and CDOs both at national and district level
- Limitation to recruit and on-board staff to support the current operations

Partners adapted to working from home and through community mechanisms and structures (CPCs, para-social workers, Fit persons) ensuring adherence to the MoH guidelines. At the time of data collection, no protective gears and relevant trainings had been provided to most agency staff.

7. COMMUNICATION WITH COMMUNITIES AND CHILDREN

The main messaging communicated with children and communities has focused on preventive measures of washing hands, not touching soft parts (eyes, nose and mouth), not allowing visitors, social distancing and identifying symptoms of COVID-19. All partners reported that Risk Communication and Community Engagement (RCCE) is led by Government and they are working with the national and district task forces following MoH guidelines.

The main mediums of communication have been through radio, megaphones, parents, public address systems and posters, with this coordinated by the district, sub county and village Taskforces, LCs, VHTS and peers. Much as the messages are relevant, partners faced a challenge of language with a need to tweak and make them more child friendly and translate into widely spoken local languages such as N'karamojong and Kiswahili (in Nakapiripirt, Napak, Nabilatuk, Kotido and Moroto), Luganda (in Wakiso); Acholi and English (in Gulu, Nwoya, Omoro and Amuru); Lubwiisi, Lhukonzo, Rutooro and English (in Bundibugyo, Kasese, Kabarole and Ntoroko).

The rapid assessment also found that children are able to express themselves through their parents, LCs, community radio, SAUTI 116 and U-report platform. Radios are not uniformly used across the country since most parents do not own radios. In such circumstances alternatives like megaphones, public address systems, door to door visits and community radios are preferred by both children and parents. In a nutshell, radio coverage is poor in Karamoja, moderate in the North and Western, and good in the Central regions.

B. HUMANITARIAN / REFUGEE RESPONSE

1. CHILD PROTECTION RISKS AND ISSUES

Physical Violence: Children continue to experience violence in the home, perpetrated by their own caregivers and peers, and in the community environment. In all 10 locations that participated in this study, most respondents indicated that violence has been used to restrain children from straying to towns during the lockdown. In Rwamwanja, and Moyo physical punishments have been used including spanking and slapping as means of correcting behaviour. Cases of children inflicting violence on others have been reported in Kyaka, Rwamwanja, Kikube and Arua as a pastime or sport by children during this period. Respondents also reported children witnessing violence in their homes between their caregivers, which has been exacerbated by increasing poverty levels and substance abuse as a coping mechanism. These violent acts unfortunately go unreported because it is socially accepted and there is limited presence of partners on the ground to take action when children report, as indicated by the Peer-to-Peer support group members in Moyo and Rwamwanja.

Sexual and Gender based violence (SGBV) is on the rise, especially intimate partner violence and denial of resources – mostly because of prolonged stay together in small households and limited movement, limited or no income sources and substance abuse. In Matanda Transit site, three cases of husbands threatening to sell household property has led to domestic violence.

Respondents reported an increase in acts of sexual violence being perpetrated against children by peers, caregivers and community members. Three defilement cases have been reported in Adjumani, and in Kyaka, there are reports of survival sex to meet sanitary and food needs. Three early marriage cases have been reported in Kyaka with the formalisation of ceremonies expected to ensue after lockdown in DRC.

Poverty and food security: Reduction in incomes owing to closure/loss of livelihood options due to the pandemic has negatively affected people's ability to meet basic needs, including of food supplements which increases the malnutrition risk in the foreseeable future. This is exacerbated by the 30% reduction in World Food Programme (WFP) food rations due to funding shortages (food rations have reduced from 12kg to 8kg per head and cash has reduced from 31,000 to 22,000 shillings per head). 80% of respondents indicated that children and their families have taken to negative coping mechanisms to survive through this lockdown period. In Rwamwanja, Kyaka, Kikube, children stealing to meet their food needs is a common sight. A case in point was a 16-year-old child who was beaten for stealing *matooke* (banana) in Kyaka only to be rescued by the police. Some children are taking on odd jobs in townships including digging for long hours as it is planting season, and collecting water in heavy containers at a fee. In Rwamwanja, some caregivers have reportedly been exchanging refugee status documentation to money lenders to secure credit facilities to meet the needs of children under their care. Owing to the terms attached to these facilities, many are failing to pay and as such are unable to access key services including collection of food or cash for their family members including children during food distribution

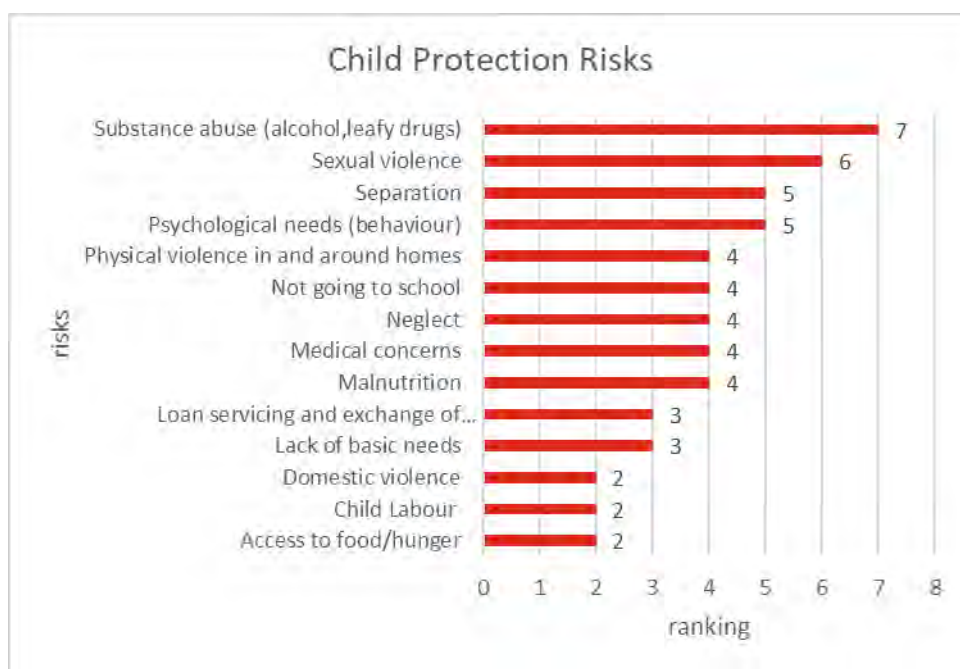
Separation of children and families: Secondary separations have also been registered in Arua, Kyaka and Rwamwanja where caregivers were found in other settlements, urban centers or back in DRC or South Sudan during the lockdown. This has been picked up at litigation desks during food distribution, with these children requiring interim care in the meantime. In Kiryandongo, there are some urban refugees who used to get food and cash before the lockdown from the settlement but now they are not allowed to move. Children and

their families under this category are not able to access their food.

Child labour: Respondents reported an increased in children working outside their household since the lockdown. This follows closure of schools, child friendly spaces and the reduction in WFP food rations. Children (both boys and girls, and especially in impoverished households) in Rwamwanja, Arua, Kisoro and Kyaka II are engaged in digging for very long hours as it is planting season, and fetching water in heavy containers at a fee. In Kyaka, community leaders reported some girls moving to the host community to take on work as house maids to support access to sanitary materials and to supplement food needs of households from which they hail. The main driver of child labour is the deteriorated access to basic needs including food and sanitary materials, as well as coercion and lack of routine.

Access to Justice for children whose rights have been violated is hindered by closure of court facilities – defilement and neglect perpetrators cannot be arraigned before the magistrate as courts of law are closed. The means that many perpetrators have to be released after the 48-hour cap. In Adjumani, perpetrators for 3 defilement cases reportedly were given bail and are loitering in the community, presenting further risk to survivors should they chose to do these acts again or reprisal.

Psychosocial Wellbeing: Deterioration of psychosocial wellbeing was reported by the majority of the respondents. Changes in children’s behaviour manifested in displays of aggressive behaviour amongst children and caregivers, loitering, child to parent violence, withdrawal and negative coping. Caregivers have resorted to limiting children’s movement by physical punishment if they stray but are not able to provide attention for children’s needs at home.



Social distancing: Children are still freely mixing to access play activities. Caregivers too are free mixing with others, posing a danger to themselves and children. Loitering aimlessly is a common sight in many settlements, with some children claiming to be going to read books with their colleagues as an excuse to leave home. Restraint has been through denial of food and or physical and emotional abuse. Some caregivers in Kyaka II are sending children that come to their homes back to their own homes peacefully. In Rwamwanja, some caregivers resorted to emotional violence to prevent their children from joining peer groups.

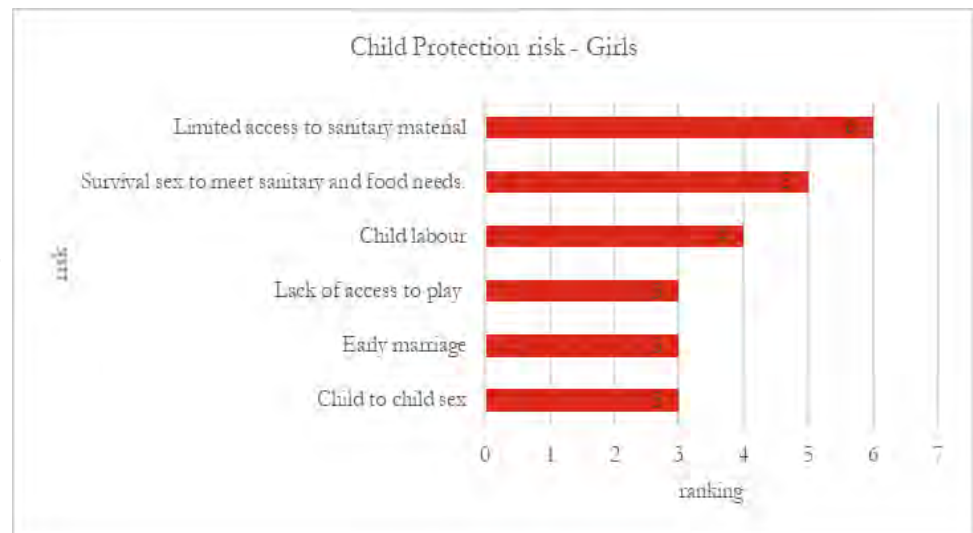
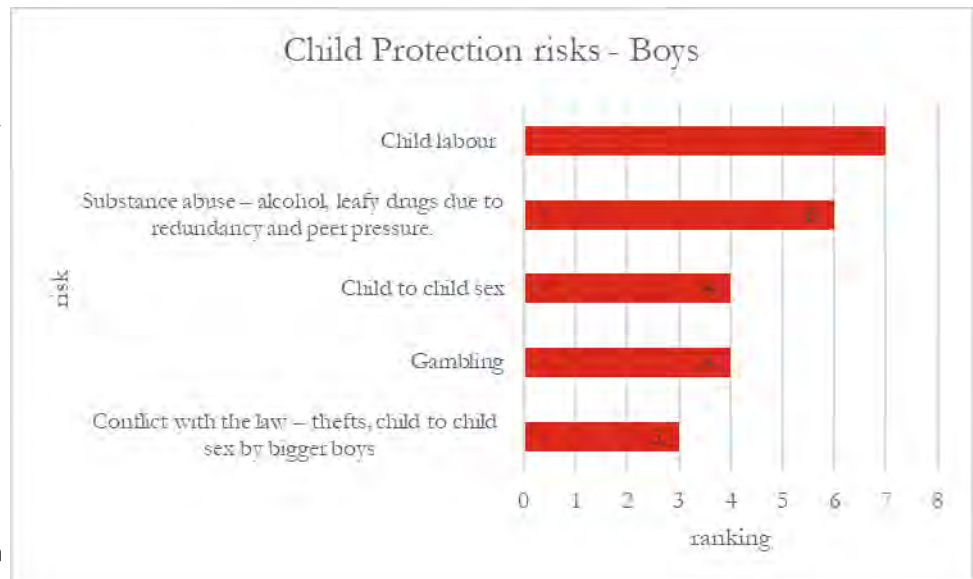
Children in Isolation Centers: Matanda and Nyakabande transit camps have been turned into isolation centers. In Matanda, some children and families are already isolated in the transit and are in need of social support.

Access to information: Print and audio media options are the main sources of information. Civil Society Organisations indicated using door to door visits, print media, drama, mobile megaphones and mobile information vans. District officials reported taking part in radio talk shows sponsored by partners to share 2-way information.

Risks specific to Boys and Girls

Boys

Boys were reported to be at risk or already performing work that is likely to be hazardous or deemed harmful to their health or physical, mental, spiritual, moral and social development. Boys are taking part in tending animals, digging for long hours, and ferrying water in large containers not commensurate with their age, with the aim of collecting enough money to support the household to get food and other basic needs of their siblings, or even support the drinking habits of their carers. Use of substances was reported in four of the 10 locations, associated with child to child sex, and gambling. Boys have gotten into conflict with the law by engaging themselves in acts of sexual violence, theft, assault of community members and children. This risk is eminent and needs to be addressed from a community mobilisation perspective and programme interventions addressing these risks.



Girls

Girls have taken on work within the refugee settlements and host community in order to buy or get access to sanitary materials, as well as supplement household incomes. Some girls have moved to host communities to become house-helps, engaged in digging or even work in drinking joints and restaurants for a fee.

Specific risks for adolescent boys and girls

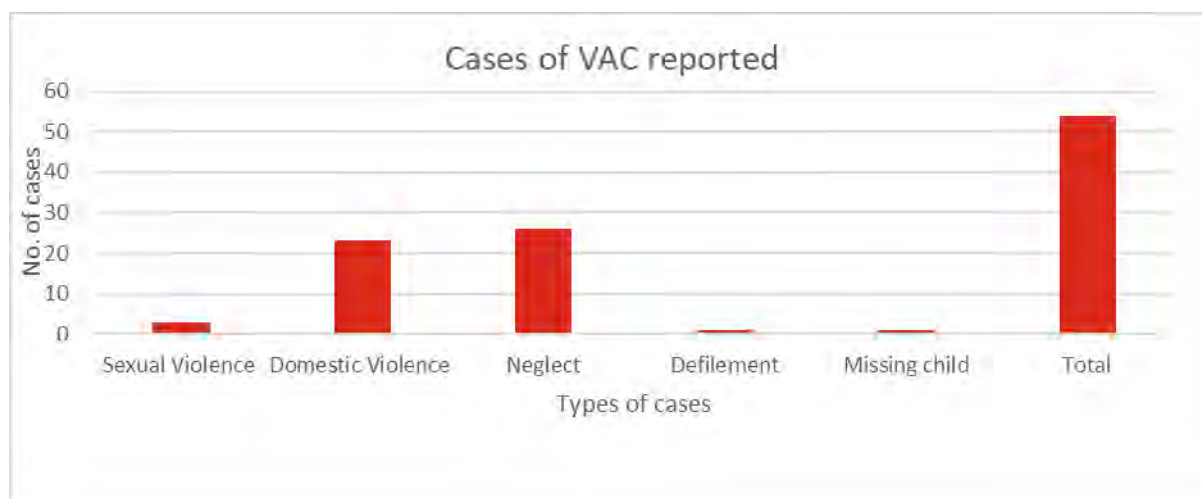
- Peer involvement – exposure to sexual contact which may result in early pregnancies and/or abortions in the next few weeks and months
- Substance abuse – alcohol, leafy drugs due to redundancy and peer pressure.
- Survival sex
- Coupling of children in the evenings leading to sexual contact
- Attempted suicide – in Kiryandongo at least five cases were reported (3 girls, 2 boys)
- Limited access to sanitary materials (girls)
- Conflict with the law – particularly theft. “Adolescent boys have resorted to breaking into people’s houses to steal food for survival, and girls are at risk of being defiled since they only live with fellow children,” says John, a community member of Ayilo settlement
- Justice system constraints – defilement perpetrators in the host community cannot be arraigned before court as courts are closed.

2. GOVERNMENT AND COMMUNITY STRUCTURES

Child Protection Concern in the community.

Many child rights violations continue to exist but there is limited reporting from the community during this period. Most of the data collected was anecdotal with no major data indicating prevalence, occurrence and actions taken to resolve key concerns. Domestic violence has also been prevalent owing to the lockdown.

A total of 54 cases of violence against children were reported. This clearly indicates very low numbers reported. Neglect was the highest, with 26 cases, followed by domestic violence (24 cases) and sexual violence (4 cases). Other cases including missing children, theft of food and property by children, substance abuse and physical abuse.



3. MOST UNSAFE PLACES FOR CHILDREN

Areas identified as most unsafe by community structures during the pandemic include:

Trading centers, with coupling and substance abuse rife as children loiter around in the community trading centres.

Water points (boreholes, streams) as children, particularly girls, spend long hours waiting to access water and end up collecting water for a fee, or getting involved in substance abuse and child to child sex.

Households with higher risks of domestic violence, defilement, child marriage, separation of caregivers owing to domestic and gender based violence, and unrestricted access to homes by visitors which could expose them to COVID-19.

Community: Access roads from collecting firewood or water, FDPs trading centers (such as Magamaga, Matanda TC, Molokonyi), playgrounds, markets and grazing fields are particularly risky. It is paramount to note that many of the high risk areas have no gazetted handwashing facilities and sanitizers.

Specific to physical violence, children continue experiencing physical violence **in and around home**, perpetrated by their own caregivers and/or extended family during this lockdown. Respondents reported children being subjected to all forms of physical abuse including slapping, spanking, denial of food and others as measures to correct behaviour, suppress opinion or even restrain children from leaving home by family members, peers or community members. Adults were reported to be the main perpetrators, though children too featured as perpetrators inflicting violence on their peers as a sport, bullying or reprisal.

Exclusion

Children reported as excluded from most interventions and services include: children from host communities (as

agency programming is not reaching these communities), children living with disabilities (visual, physical, mental etc.), child mothers, and children who were stuck in other settlements during lockdown – these are excluded from rations and partner handouts.

4. STRATEGIES TO KEEP CHILDREN SAFE

Government and community structures are using the following strategies to keep children safe from harm and violence during the lockdown:

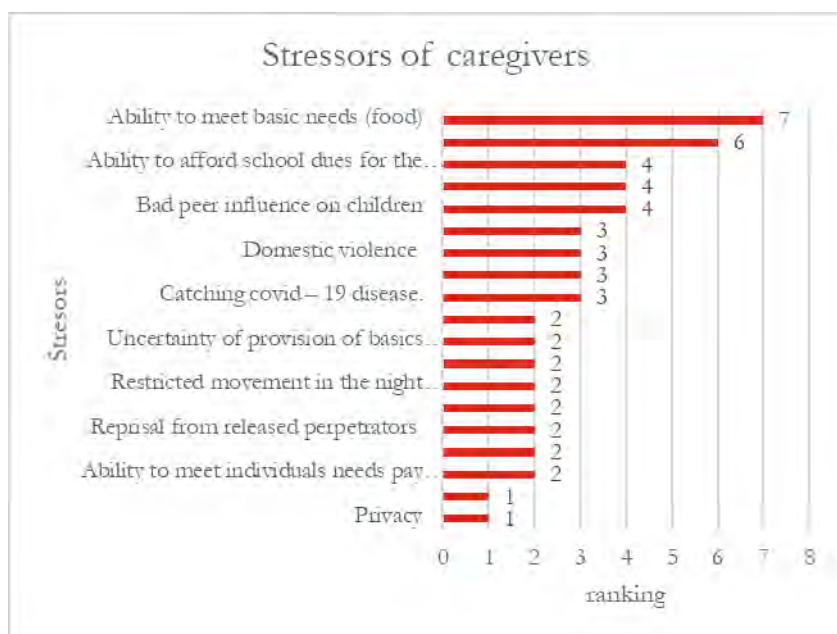
- Sensitization on COVID-19
- Linking with agencies to provide PPE to Community-Based Child Protection Mechanisms (CBCPM) and their staff
- Sensitizing caregivers on their roles and responsibilities of supporting children
- Remote case management with adapted individual support to children with special conditions, e.g. for medical services and food
- Finding alternative care options for children whose caregivers were stuck elsewhere by the lockdown
- Encourage children to stay at home
- Engage children in community representatives in talk shows
- Engage CBCPMs in dissemination, care, and case management

5. STRESS FACTORS AND COPING FOR CHILDREN AND PARENTS DURING COVID19

Psychological wellbeing

Stressors of Caregivers

Respondents report changes in caregiver behaviour that included use of violence to restrain children from mixing freely or loitering around the community, in respect to presidential guidelines. Respondents also report changes in attitude especially towards provision of basic needs (mostly food) and adapting to children staying at home.



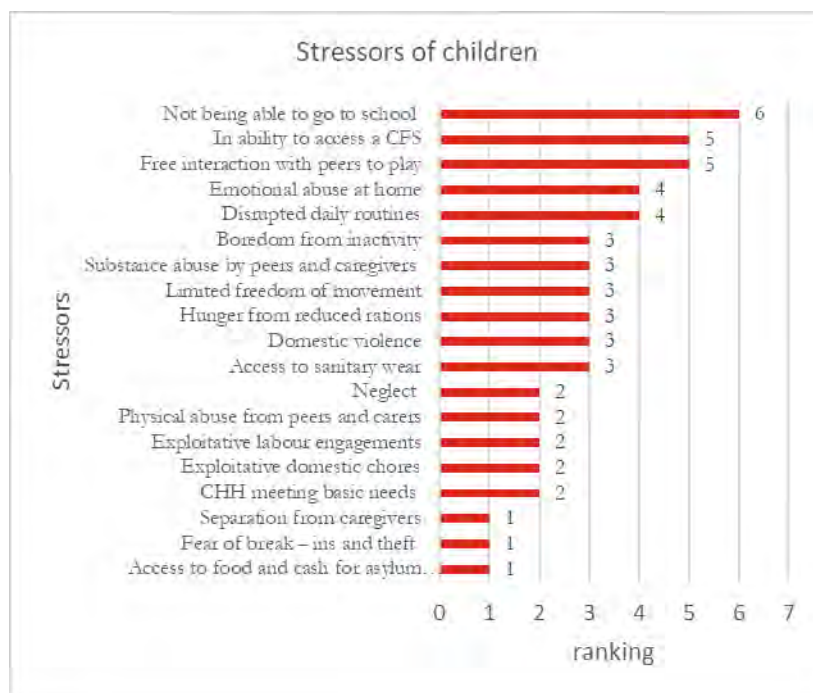
Stressors of children

The top three stressors of children were found to be:

- Being unable to go to school
- Being unable to access a Child Friendly Space (CFS)
- No free interaction with peers

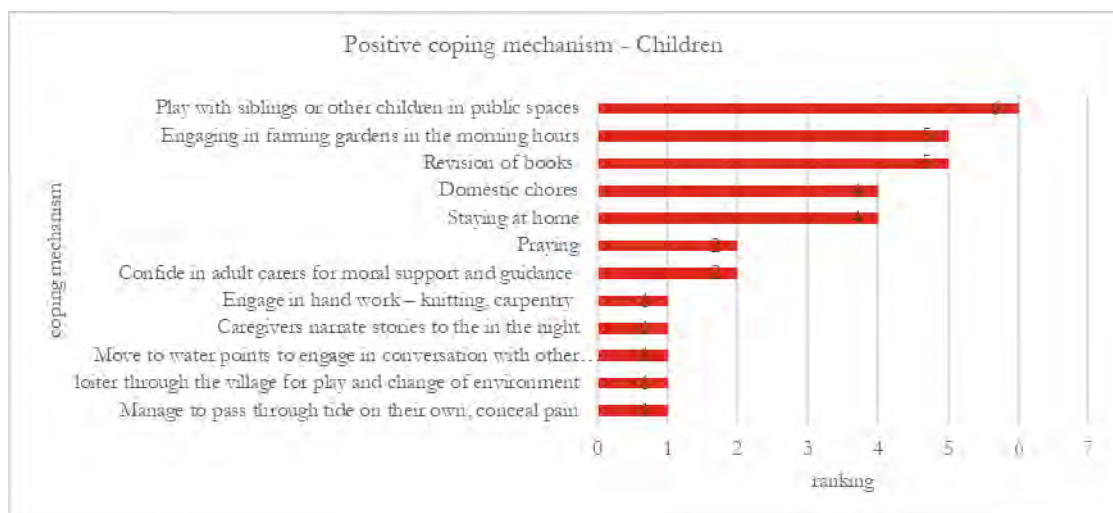
Other stressors mentioned included:

- lack of access to basic needs owing to reduced household incomes to meet these needs
- children questioning the ability of their carers to provide for them (asylum seekers for example did not receive their food rations in the last distribution before lockdown)
- exploitative labour engagements and survival sex to meet basic minimum needs
- defilement, the likelihood of being betrothed or married off, and teenage pregnancy, especially in Arua
- domestic violence and intimate partner violence
- substance abuse
- caregiver to child violence
- lack of access to food to feed children – for example one female caregiver is in Kyaka looking after 26 children
- fear of break-ins and theft
- child headed households arising from caregivers locked out in Country of Origin
- physical abuse – as a restraint for children to stay at home by caregivers
- disrupted routines breeding redundancy
- emotional abuse in care arrangements



Coping mechanisms

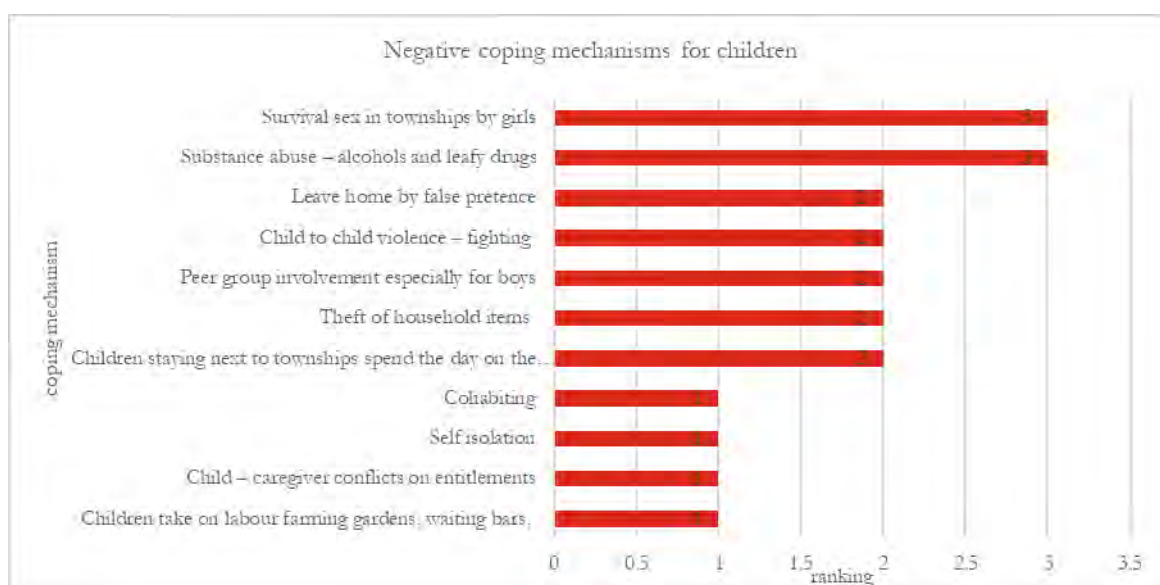
Positive coping mechanisms by children



Children are still playing with siblings, peers and other children in spaces near their homes, given that the CFS and youth centres are closed. Children are engaging in other domestic chores and in farming with the family. They are talking to adults when they feel distressed. Save the Children has adapted and provided psychosocial support mini-game books and radio messages – e.g. a “Stress Buster” radio series, “My Wellbeing” Diary and “My Daily Diary” – to households to aid positive coping by families.

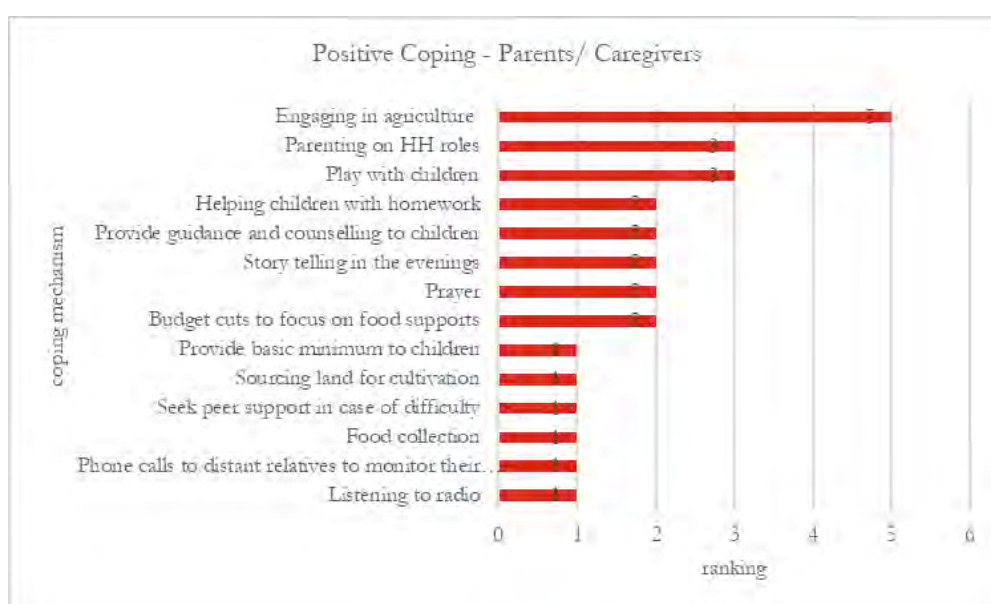
Negative coping mechanisms by children

Due to the closure of schools and Child Friendly Spaces (CFS) and lack of activity to do, most adolescents and older children are engaging in risky coping mechanisms both at home and in the community. The top two are engaging in sexual activity by both boys and girls, and substance abuse, mainly by boys, as well as other coping mechanisms indicated below. There is anticipation of high rates of teenage pregnancy and child marriage due to the risky sexual behaviours happening now, with limited information on Adolescent Sexual and Reproductive Health (ASRH) and access to health services.



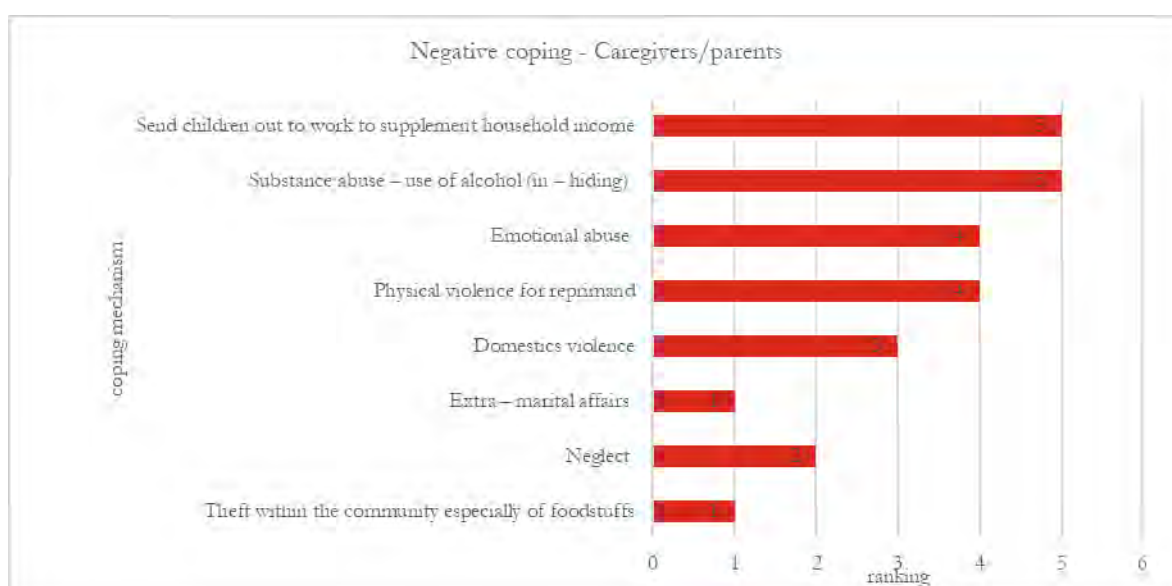
Positive coping mechanisms by caregivers

Parents reported that they are engaging in agriculture, playing with children and helping children with their homework, as well as other activities listed below:



Negative coping mechanisms by caregivers

The survey found that parents and caregivers are sending children out to work, resorting to alcohol or substance abuse, and taking frustrations out on their children, partner and others:



The role of formal and informal structures

Respondents reported the following formal structures are responding to and supporting child protection concerns in the settlements: District Community Services Office (PSWO, CDOs) though this is done remotely without physical presence; Police for law and order; Office of the Prime Minister; humanitarian actors/agencies with minimal staff presence; and Local Councils (LC) and the national child helpline 116. Informal mechanisms and structures include: Child Protection Committees (CPC); Refugee Welfare Council (RWC); Para-social workers; local leadership including Block Leaders and Religious Leaders; family members including extended families, parents and siblings; and Village Health Teams (VHTs). These same structures have been instrumental in aiding positive coping mechanisms for both children and parents.

Referrals from community leaders and structures were received by government and agencies through phone calls for reporting and seeking information and services for children in need. A total of 17 children were separated from caregivers who were locked out of their settlements when the lockdown and Presidential directives were announced.

In response to the COVID-19 pandemic, interviews with PSWO and CDOs stated that the Community Services Department provided the following critical services:

- CDO office addressing and handling domestic violence cases, e.g. in Matanda
- Dissemination of MoH information/messages through mobile vans
- VHT orientation in Kikube and Arua.
- Support to address social service needs, i.e. complaints, case follow up, counselling.
- Participation in radio talk shows on COVID-19
- Part of COVID-19 response task force
- Sensitization of community using MoH messages and IECs.

Of the Risk Communication and Community Engagement (RCCE) mechanisms being used by Government and CSOs to reach the community and children, the most effective were found to be: Megaphones, mobile vans, community radio and radio talk shows, public address systems, door-to-door sensitization and print media. These have had the flexibility of reaching the community at their doorsteps.

6. CSO RESPONSE DURING THE COVID-19 PANDEMIC

CSOs with operations in the humanitarian / refugee response have been gravely affected by the outbreak of the pandemic. Movement has been impaired, hence most programmes temporarily closed as agencies' staff were not able to reach their target communities. Agencies have had to redesign activities to adapt to COVID-19 with restricted community engagement.

In South Western Uganda, children from Democratic Republic of Congo (DRC) who were accessing the transit centre for safety have to stay in DRC due to temporary closure of the border points of Ishasha and Kabingo. OPM and UNHCR have relocated all the refugees at Matanda transit center to settlements for their safety. Most child protection cases have been compromised due to restricted movement and low staffing.

Programme adaptations include activities with minimal contact with children and communities adhering to the government directives of less than 10 people. These include:

1. Individual case management services for high risk and critical cases, including follow up and home visits
2. Alternative care for children separated from their families and parents
3. Awareness raising through radio talk shows and radio drives, distributing IEC material, *Boda Boda* talk shows, door to door sensitization
4. WASH: Putting in place more water, hygiene and sanitation facilities in communities, and providing families with soap to support hygiene practices
5. PPE/Gear supplied includes faces masks, gloves, sanitizers, gaggles, and overalls. Hand rubs and hand washing facilities have been provided at some service points but the coverage is still wanting
6. House-to-house sensitization
7. Capacity building of staff and partner staff through Continuous Medical Education on COVID-19 prevention
8. Facilitation of VHTs to do active disease surveillance at community level
9. Psychosocial support
10. Support to litigation desks at food distribution.
11. Managing MHPSS hotline – TPO (U)

CSOs halted implementation of several activities including: community dialogues; training local leaders and others groups on child protection; meetings with Unaccompanied and Separated Children (UASC); meetings with foster parents/alternative caregivers; family tracing and reunification activities; school meetings; child reintegration by the PSWO; representation of children in conflict with the law in court; education services; Child Friendly Spaces; individual case management; Focus Group Discussions; monthly meetings with CPCs, community leaders and peer to peer support groups; community policing.

Agencies and development partners providing child protection services⁴ and implementing COVID-19 prevention and preparedness measures include: ADRA, Alight, MTI, Oxfam, URCS, World Vision, Windle Trust International Uganda, TPO, LWF, CAFOMI, Danish Refugee Council, RMF, AAH, DCA, Red Cross, IRC, Plan, Compassion, Save the Children, OPM, UNHCR and Unicef.

Case management and psychosocial support services by CSOs during COVID-19

Most agencies are continuing to conduct case management, but remotely through community based structures (e.g. CPCs) and coordinating through telephone. Critical cases are being prioritised. Transit locations were closed so there is no major activity taking place as these have been turned into isolation centers. Agencies planned to provide their frontline workers with PPE, but this had not yet been provided by the time of the survey. Over 90% of the CSOs worked closely with CBCPMs to conduct case management and psychosocial support in the community, providing them with airtime to support referrals and coordination.

Psychosocial support services included Psychological First Aid (PFA), counselling, psychosocial assessments and clinical assessments through home visits, community structure mediations and counselling, care,

⁴ Most agencies temporarily closed down offices and could not all be reached. The agencies listed in the report do not provide the total of all agencies and development partners that could have been operating during the COVID-19 pandemic. Agencies were listed by the community and respondents interface with them during the lock down.

and play-based interventions for children. Specifically, adaptation and capacitation of CBCPM by agencies included:

- Procured cell phones for some members of CBCPNs
- Airtime facilitation to support referral and coordination
- Individual case management
- Disease surveillance
- Door to door sensitisation
- Community and mobile miming
- Interpreting COVID-19 messaging and translation services.
- Support at food distribution – litigation
- Child Protection Monitoring

It is worth noting that CSOs have mainly engaged with community through use of phone calls to monitor the protection situation, *Boda Boda* talk shows, mobile miming – with megaphones, community drives and Interactive radio talk shows, face to face interaction with clients for critical cases, and encouraging the use of referral pathways to aid reporting.

Gaps in the Child Protection (CP) response

- Staffing gaps, especially for specialised services like mental health
- Household income strengthening to address food nutrition
- Rehabilitation services for children in conflict or contact with the law
- Risk communication to address free mingling of masses
- Staff training for CSOs and government on COVID-19
- Few CP partners are on ground to support implement key CP actions.
- Linkage between state and community lacking in terms of leadership on COVID-19 matters
- Scale-up RCCE to reach the communities that are not easily accessible by vehicles and roads
- Engaging children in play based activities at home to reduce loitering
- Mental health education and information on COVID-19
- Facilitation of social service departments at the district
- Alternative care for children whose caregivers were affected by the lockdown
- Increase in domestic violence and inter-parental violence
- Child abuse increase – including defilement and early marriage
- Basic material support to vulnerable families, especially food

Community attitude/perceptions to COVID-19 affected children and their families

Though there were confirmed COVID-19 cases in the settlements by May 2020, the behaviour was characterised by loitering of children, free mingling in markets, townships and at other service points like water points.

Community members know that the disease is contagious and deadly and are taking necessary measures to safeguard themselves. However, myths and negative perceptions exist in the community and among refugees about COVID-19. Some community members have taken to alcohol consumption believing it can treat COVID-19. Community members in all settlements reached are not receptive to working with agency staff who they have not previously known, for fear of them contracting the virus.

Some transit sites are being used as isolation centres. This has caused major worry and fear amongst residents in the host community of catching COVID-19. In Adjumani, a family has been isolated, creating fear and panic from the residents. The District Task Force has stepped up Risk Communication and Community Engagement to counter the negative and inaccurate information.

Impact of COVID-19 on CSO staff

75% of CSO staff interviewed reported feeling highly distressed, coupled with staff numbers reduced per agency to reduce risk of infection with many sent home and skeleton structure maintained. Through all of that, children

are particularly vulnerable.

Stress factors included; worrying about losing their jobs especially for volunteers when normalcy returns; Change in routine has affected personal lives calling for adjustment in lifestyles and working from home. Those unable to go home have been affected mentally. Uncertainty on payment of staff including teacher since schools are closed and work halted. Planned activities have been put on hold which has affected expenditures for projects that are soon closing.

Coping mechanisms and adaptation by CSOs

Strategies include strict adherence to MOH guidelines and using protective gear. In Kanungu, MTI has equipped staff with PPE. Save the Children trained all its health and frontline child protection staff on COVID-19 prevention and response. In Kyaka II health partners who were on leave were recalled back to the field while other partners maintained a thin structure of essential staff. Staff from different agencies adapted to working from home with limited presence in office spaces. Some agency staff are working in alternates or shifts. In Arua, the district task force and CDOs were trained together with para-social workers.

In many of the districts, trainings have targeted only health workers and village health teams, leaving out most of the social sector workforce, a great oversight by Government. During the data collection, none of the district officials and community structures in Rwamwanja, Kyaka II, Kiryandongo, Kanungu, Kisoro and Moyo had received any form of training and PPEs.

Inter-agency coordination – at national, district and settlement level – was greatly scaled up on a weekly, and at times daily, basis as the disease transmission evolved daily. Good practices included:

- In Rwamwanja four WhatsApp groups were created
- District, town council and settlement task forces exist in Kikuube, Matanda, Kyaka and Arua
- In Kiryandongo, physical coordination meetings were put on hold and communication is sent mainly by email.
- In Arua, teleconferences were organised by UNHCR. CBCPNs have been provided with airtime facilitation to support with coordination and child protection monitoring. In Kampala, sector coordination meetings continued, but were conducted through Teams and/or Zoom.

7. COMMUNICATION WITH COMMUNITY AND CHILDREN

Children ably expressed their views about issues affecting them during the lockdown by talking to their caregivers, family members, community structures, and social workers. Children and young people in the settlements accessed information mainly through their family members and peers. The medium of accessing information includes: radios, caregivers, print media, caller-waiting tunes on mobile phones, megaphones, community radios, door-to-door sensitisation, peers, cluster leaders and or block leaders, social workers, Community-Based Child Protection Networks (CBCPNs), Refugee Welfare Council (RWCs), Village Health Teams (VHTs), and peer-to-peer support radios. Some radios are only used by elders/caregivers, and children only have access when caregivers are at home and only to stations that caregivers are listening to.

The category of households who reported limited or no access to radios include: Child-headed households; people with special needs; children living with single mothers; children staying with extremely vulnerable caregivers; and caregivers who are taking care of many children.

The main languages children preferred receiving information were:

- Rwamwanja – Kiswahili, Kinyabwisha, Runyankole, Rutooro, Rukiga, English
- Kikube – Kiswahili and Kigege
- Kihikihi – Rukiga
- Kiryandongo – Kiswahili, Kinyabwisha, Runyankole, Rutooro, Rukiga, English

⁵. <https://www.end-violence.org/articles/violence-covid-19-resources-and-information>

- Kyaka – Kiswahili, Kinyabwisha, Kigegere, Kinyarwanda
- Adjumani – Madi, Acholi, Dinka, Arabic, Kuku and Bari
- Kisoro – Rufumbira
- Arua - Lubarati for nationals and the South Sudanese refugees commonly speak Arabic but also have other languages like Nuer, Kakwa, Muru, Kuku

RECOMMENDATIONS

The Government, donors and CSOs should:

Strengthen, scale up and prioritize protection services for children who are at increased risk of violence and abuse, including at family level. Girls are at increased risk of sexual abuse and dropping out of school due to teenage pregnancy and child marriage. Boys face increased risk of drug abuse and child labour. The COVID-19 pandemic has caused disruptions in the social and economic realms of life and its effects are adversely affecting children. Government and agencies should plan to support survivors of sexual abuse, especially girls, to re-enter school when they reopen. The Government should formally circulate a Re-Entry policy to guarantee that child mothers and pregnant girls are allowed into class.

Prioritize Mental Health and Psychosocial Support Services (MHPSS). Modalities should be designed to ensure these services reach and are accessible to children and their caregivers / parents in their homes and community, both during and after the lockdown. Health workers, as frontline workers, should also benefit from MHPSS services. Children are distressed, confused and struggling to understand the crisis, their school has been disrupted, and other service delivery is in decline. Gender Based Violence is on a rise and their basic needs are not met.

Ensure that child-friendly messages and IEC materials are developed for children and can be easily understood. Specific messages should be designed for children with disabilities and those who are excluded and invisible during the pandemic. These should be delivered in a timely manner through recommended channels, and appropriately to different age groups.

District Taskforces should recognise Gender Based Violence as a dire issue during the pandemic and act to stop it. Planned mobility needs and routes should prioritize and cater for expectant mothers – including for future pandemic outbreaks. The lack of basic necessities and access to services by survivors of GBV and domestic violence, during the pandemic and beyond, should be well managed by the government leadership. This should include provision of food by Government and agencies to most vulnerable persons and households.

There should be capacity building of CSOs, government and community structures on effective COVID-19 adapted interventions, including remote and online/telephone case management for quality assurance, essential referrals and adapted psychosocial support models for both children and their caregivers/parents. Government should consider the social services workforce as an essential service during pandemics and provide timely equipment with PPE.

