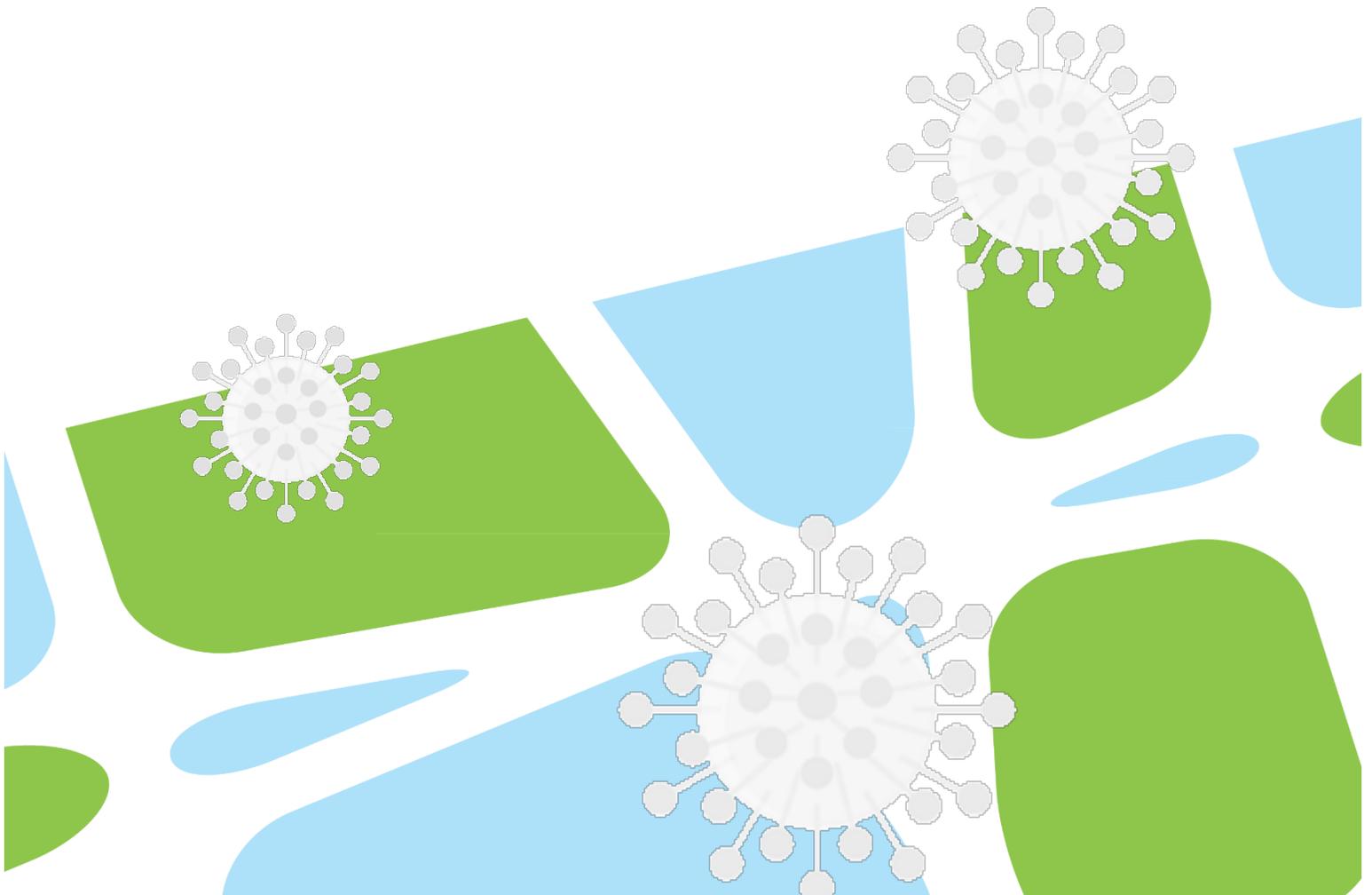


PARTNERS SURVEY REPORT ON COVID-19

MAY 2020



ABOUT CHILDREN RIGHTS AND VIOLENCE PREVENTION FUND (CRVPF)

Children’s Rights and Violence Prevention Fund (CRVPF) vision for change is to ensure children and adolescents are safe and empowered where they live, play, learn, and work. We believe we can build safe and secure families, communities, and schools when community organizations and local NGOs interact, are accountable, and engage in inclusive participation for change. These actors are our partners. These partners reflect our values through local ownership of change, using funds responsibly, and working with long-term sustainability in mind. Furthermore, CRVPF increasingly collaborates with a diverse range of community organizations, local NGOs, media organizations, training, and research institutions working at community levels to prevent violence and advance children’s and youth rights. CRVPF currently has 75 partners in Uganda, Tanzania, Ethiopia and Kenya.

Our principles of partnership rotate around the cluster approach to ensure clear and transparent working relationships that are inclusive and mutually beneficial, based on equity, respect and passion. CRVPF supports 2-5 community organizations to work jointly on one project with one funding grant. One organization is selected by the members to sign the contract and manages the grant jointly with the other member organizations. Clustering is a philosophy based on the core principles of integration (of activities) and collaboration (of members) for mutual benefit. The theory behind the cluster partnership approach is summed up by the Kashmiri saying: “One plus one is equals to eleven.” In other words, the sum is greater than the individual parts. Such collaboration can capture the creative potential of diverse actors for deeper impact. We believe the cluster approach takes full advantage of the knowledge, skills, reach, and experience that partners offer each other and together they can have greater impact than when they work in isolation.

Learning from our grant making experiences and partners’ feedback, CRVPF developed a six-month planning and learning grant to provide time and space for cluster partners: 1) to have time to appreciate other cluster members’ strategies; 2) to identify joint project implementation areas; 3) to listen to children, youth and families in order to understand their needs; and 4) to develop a long term grant proposal for CRVPF funding. The six month period provides time for CRVPF to assess the capacity needs of the cluster members.

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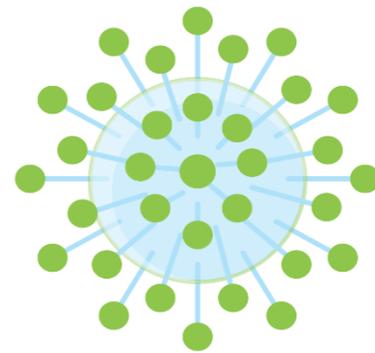
EXECUTIVE SUMMARY

The World Health Organization (WHO) declared Corona virus (COVID19) an infectious disease caused by a newly discovered corona virus. Since its outbreak, COVID19 has disrupted global, social, economic, and political life. The preventive measures taken by national governments have affected many organizations which were not prepared for restrictions on movement and meetings including school closures, lockdowns, and cancellation of physical group interactions. Which is the major approach used by our partners.

CRVPF developed a WhatsApp groups for the two programs and was able to maintain communication with partners. During this time, CRVPF conducted a rapid assessment to understand the impact of COVID-19 on our partners especially the work with cluster members, and their work with children/Adolescent girls, families and communities. The rapid assessment results revealed several partners' challenges. Which included limited access to information, increased violence and miss conception of COVID 19. This resulted into a survey with all the partners.

CRVPF conducted a survey from April 15-May 20, 2020 in the four countries (Uganda, Tanzania, Ethiopia and Kenya). The survey used a qualitative approach which required respondents to explain the situation of COVID19 in their communities and the effect on children and adolescent girls and their families. The target respondents included 74 CRVPF partner organisations who work directly with, parents, community leaders, children, and adolescent girls.

A semi-structured questionnaire with open-ended questions was designed and shared online using Google Docs. Partners made calls to the respondents and recorded the responses which they later transcribed and sent online for analysis. All partner organisations were considered as respondents whereby each organisation would be represented by one staff, preferably the Executive Director or the program officer. Each organisation identify at least three parents, three children and or adolescent girls and three community leaders.



CORONA VIRUS (COVID-19)
is an infectious disease caused by
the newly discovered corona virus.

WHO

Key findings:

The findings of the study indicated that partners are able to communicate with their staff and with cluster partners on designated dates to discuss their program situation. have limited contact with the children, adolescent girls, and their families as a result of the lockdown. Furthermore, many partners indicated their concern that children and adolescent girls may not return to schools as result of family poverty they may choose to engage in different informal income activities to support their families. The partners plan to work with schools and community leaders and the children's families to ensure children and adolescent girls return when schools re-open. Children and adolescents were also able to get information from radio, community formal and informal systems however, some of the communication and leaflets and posters are not designed for children/Adolescent girls in some cases there were language barriers.

Children/Adolescents girls, Partners and community leaders indicated that there are signs of increases in child labour, sexual abuse and sexual exploitation, and child marriage as many of the government structures and community leaders focus on COVID19 prevention. The survey results also show some positive aspects –school closures have enabled parents and children to have time and space to work together, encouraged parents to make time to talk to and listen to their children. Parental support in children's studying has also increased as a result. However, several children and families indicated that lack of space and privacy and lack of money to purchase food and essential material have resulted in high stress levels in the house leading to violence against women/wife and children. Sexual abuse by relatives and neighbours has also been reported when parents leave children home alone.

The overall results of the survey indicate that there are critical child safeguarding gaps for children and adolescents during the lockdown in institutions such as schools, community structures, community organizations as reporting of violations is no longer functional. There is limited reporting of abuse to authorities and consequently, the perpetrators are not apprehended. The perpetrators in many cases are older boys, parents engaging children in domestic chores for several hours. Children involved in hazardous and risky work. Some of the older adolescent girls are also involved in sexual exploitation to generate income.

The recommendations from partners, children and adolescent girls, families and communities indicated the need



for integrated approaches such as: empowering children to say 'No' to negative advances and report abuse cases, parenting training to create foster good relationships between children and parents, income generating activities focusing on men, women and older children to increase household income, supporting children and adolescent girls to return to schools and supporting safeguarding institutions to become operational to ensure adolescent girls safety through reporting abuse to authorities and apprehending the perpetrators.

METHODS USED TO ASSESS THE IMPACT OF COVID-19 ON CHILDREN & ADOLESCENT GIRLS

RESEARCH DESIGN

This study applied a cross-sectional design which was conducted at one point in time due to the urgency of collecting data and taking action. It completely utilised qualitative approaches which required respondents to explain the situation of COVID19 in their communities and how it was affecting children and adolescent girls and their families in general through CRVPF partner organisations.

TARGET POPULATION

The target respondents included 74 CRVPF partner organisations who work directly with the beneficiaries, parents, community leaders, children and adolescent girls.

SAMPLE SIZE

All partner organisations were considered as respondents whereby each organisation would be represented by one staff preferably the Executive Director. Each organisation would then identify at least 3 parents, 3 children and or adolescents and 3 community leaders.

	Partner Organisations	Parents	Children/Adolescents	Community Leaders
Sample Size	74	222	222	222
Response Rate	85%	85%	88%	85%

SAMPLING PROCEDURE

The convenience sampling method was used to select parents and adolescents given the nature of the crisis. It was deemed more appropriate to use phone calls to contact the respondents rather than face to face interaction. Therefore, there was need to use a technique that would make it easy to access the respondents. The purposive sampling technique was used to identify community leaders based on the fact that they have a general picture of what is taking place within their communities.



DATA COLLECTION METHODS & TOOLS

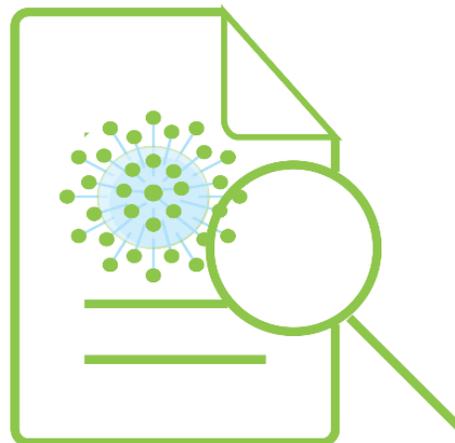
Phone call interviews were used to collect data from parents, adolescent girls, and community leaders. A semi-structured questionnaire with open-ended questions was designed and shared on line using Google Docs. Partners made calls to the respondents and recorded the responses which they later transcribed and sent online for analysis.

DATA ANALYSIS

Data from parents, children and adolescent girls and community leaders was analysed qualitatively by organizing it into common themes and sub themes whereas some of the data from partners was analysed quantitatively by presentation in tables and graphs.

FINDINGS ON THE IMPACT OF COVID-19 ON PARTNER'S WORK & BENEFICIARIES

According to the World Health Organization (WHO) Corona virus disease (COVID19) is an infectious disease caused by a newly discovered corona virus. Since its outbreak, COVID-19 has disrupted the social, economic and political life of people worldwide. Thus CRVPF undertook a survey to assess the impact of COVID-19 on its mandate (work) on prevention of violence against children in Uganda, Kenya, Tanzania and Ethiopia. The study was completely qualitative in nature and used online technology –Google Docs, to receive responses from partners who called children and adolescents, parents and community leaders using mobile phones to avoid the risk of direct contact.



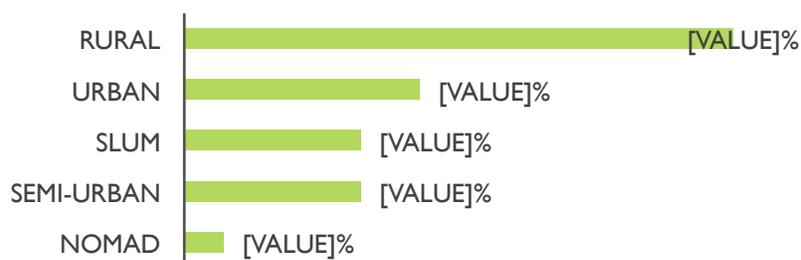
This chapter is presented under six themes that include:

- Impact of COVID-19 on partners' work and their beneficiaries
- Impact of COVID-19 and access to information by children and adolescent girls
- The effect of school closure on families and children and adolescent girls
- Violence against children and adolescent girls and its manifestation during the COVID-19 crisis
- Measures to prevent violence against children during and after the COVID-19 crisis
- Child safeguarding during the COVID-19 crisis

IMPACT OF COVID-19 ON PARTNER'S WORK & BENEFICIARIES

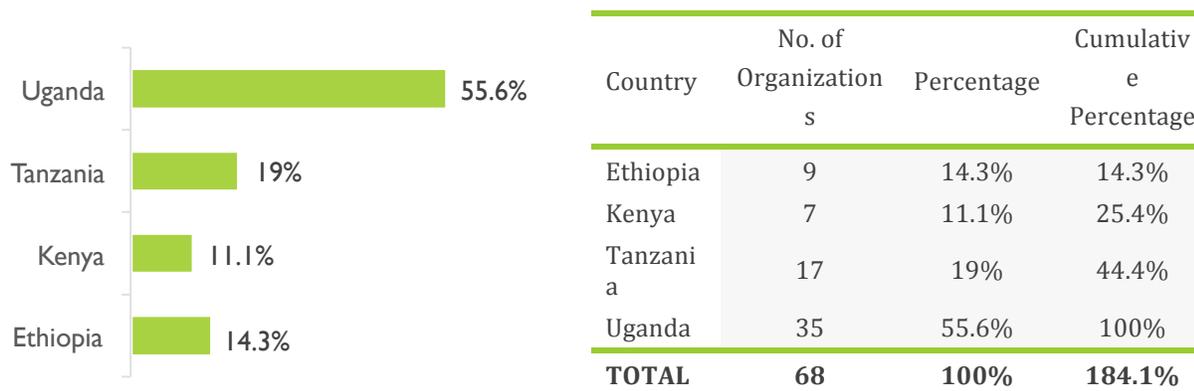
CRVPF is a grant making and intermediary organization, through partners organized in clusters of 2-5 organizations and others operating individually, delivers programs that end violence and build power for children and adolescent girls at family, school and

Distribution of the area of operation by partner organisations



community levels.

The Corona virus crisis which has seen countries lockdown, raised concern as to whether the efforts to prevent violence would continue which is even more crucial than before. Therefore, this study sought to determine the level of communication amongst partner staff and their beneficiaries.

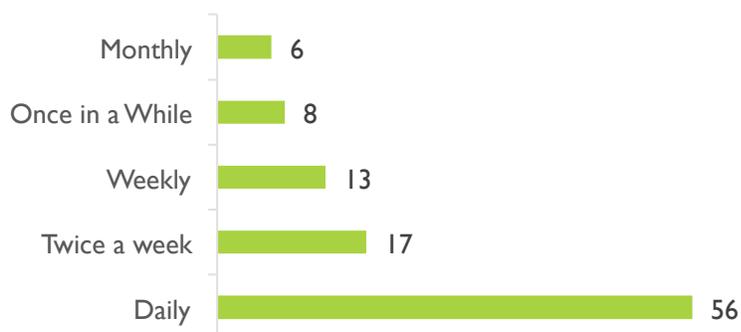


Out of 74 CRVPF partner organisations, 68 participated (35 - Uganda, 17 - Tanzania, 9 - Ethiopia & 7 - Kenya) in the survey to assess the impact of COVID19 on children and adolescent girls within their countries of operation. These were able to participate because of ability to access internet and mobile phones.

From the survey, all the partners indicated a good level of continuous communication. The communication involved communicating within their respective organizations to discuss their respective issues, communication with the cluster members to discuss cluster crosscutting concerns as well communication with beneficiaries (children, adolescents, parents and community leaders) to share information on COVID-19 and keep in touch with the beneficiaries.

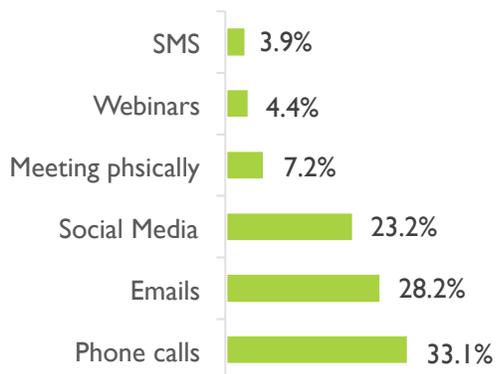
Communication is important because it keeps the organization informed and focused to be able to respond with appropriate interventions. Communication within the organization was very regular and stronger than communication between the cluster members. Communication in the cluster only happened when there was a strong cluster issue to be discussed while others had pre-determined schedules for meetings. The frequency of communication varied from organization to organization. Most partners communicated daily within the organization while cluster members communicated once a month, particularly those that had pre-scheduled meetings.

Frequency of Communication among Partner Organisation’s Staff and/or Cluster Members



Most partners (56%) communicated on a daily basis – this was common between organisation’s staff, followed by those who communicated twice a week (17%), weekly (13%), once in a while (8%) and 6% of the organisation communicated on a monthly basis (mainly predetermined meeting schedules by cluster members).

Mode of Communication between Partner Organisation’s Staff and/or Cluster Members



Mode of Communication	Responses(n)	Percentage	Percentage of Cases
Social Media	42	23.2%	67.7%
Phone calls	60	33.1%	96.8%
Emails	51	28.2%	82.3%
SMS	7	3.9%	11.3%
Webinars	8	4.4%	12.9%
Meeting physically	13	7.2%	21%
TOTAL	181	100%	291.9%

All partner organisations reported using at least more than one mode of communication during this period of the pandemic. Phone calls was the most used mode of communication by partners (33%) followed by emails (28%), social media (23%), physical meetings (7%), and webinars (4%) as well as SMS (4%).

The survey indicated that partners discuss a wide range of issues. These include, among others: discussions on how to address COVID19 and its related impact including how to stay safe and practice preventive methods; how to respond to the negative effects of COVID19 on the organization/cluster work; and how to cope with the challenges. Partners also discussed organization administrative issues both in terms of programming and finance, for example, compiling and submitting accountability reports. The issues discussed clearly indicate continued commitment towards prevention of violence against children and adolescents by addressing emerging COVID-19 issues.

Currently, partners continue to share information about COVID19 and information on prevention of VAC; some partners have responded by supporting families with basic needs like food, and developing new solutions to respond to COVID19 among others. Most partners have continued to respond as individual organizations with their available resources as they wait for the final guidance from CRVPPF on how adjust their programs and respond to emerging issues as a result of COVID19.

However, some of the challenges experienced by partners included delays in decision-making by CRVPPF on the concepts and requests for re-allocation and adjustments in budget lines and activities. This affected partners' response to beneficiaries who felt the partners were irrelevant during the crisis. Other challenges included lack of adequate airtime, lack of access to stable internet and smartphones which hindered constant communication. Partners also highlighted the lack of skills to utilize technology effectively to continue working virtually.

To address these challenges, partners proposed increased budget allocations for communication, increasing learning forums e.g. creation of WhatsApp groups where partners can continue to learn and share experiences on prevention of violence against children and build the girls' power. This would also support the building of staff capacity to use online platforms like webinars and work virtually from homes without physical contact.



IMPACT OF COVID-19 AND ACCESS TO INFORMATION BY CHILDREN & ADOLESCENT GIRLS

Children and adolescent girls are the most affected group during any crisis and most of the time it is challenging to access information that will help them protect themselves or their loved ones. Though according to the information collected from different children/adolescent girls, parents and community leaders there was a slight indication that children and adolescents had information in relation to prevention of COVID-19 during the pandemic.

The following were some of the platforms used to access information in regards to COVID19

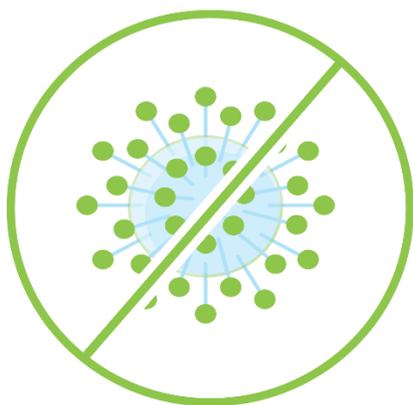
- Family members explained to children why they had to stay home and indoors.
- Social media especially WhatsApp, Facebook and SMS messages received on parent's phones shared by different mobile networks.
- Media broadcasting houses (radio and TV) endeavoured to provide information in regards to COVID-19. Different leaders have also used the same platform to keep their countries updated on issues related to the pandemic through Presidential addresses, and talk shows on TV and radio. For parents and leaders who have access to newspapers detailed information is published regularly.
- In some communities local radios have also been very useful –these are loudspeaker radios (*Mizindalo*) controlled by community leaders to inform their communities on issues affecting their community which include COVID19.
- Most organizations are community based and government also has social workers who have kept the community (which include children and adolescent girls) informed on the crisis.
- Visual posters with simplified information have also been distributed by different structures to raise awareness in regards to COVID19.



- Before most schools were closed, teachers used the opportunity to inform all their respective students on what was happening in their respective countries. At the same time children were told about the different measures they can use in order to protect themselves from the virus. For example some schools used a demonstration of washing hands while singing the birthday song.
- Government structures are also providing information to different people, for example the local community leaders, and structures like MPs, LCs Chiefs and *kabala* heads.
- Peer groups and friends are also sharing information with others in different ways especially with those who lack access.

The importance of the information obtained through all the mentioned platforms was mainly aimed towards prevention of the pandemic. Most children and adolescent girls wash their hands regularly, avoid gatherings, and stay at home in order to keep safe. Parents and community leaders also use the same information to keep families and community members safe from COVID19.

With all the information shared on COVID19 it remains challenging for most communities to access correct information, for example, most of the information is not child-friendly, and the language is not well-understood by children and adolescent girls. Some parents and local leaders cannot read so it makes it difficult for them to understand the available information.



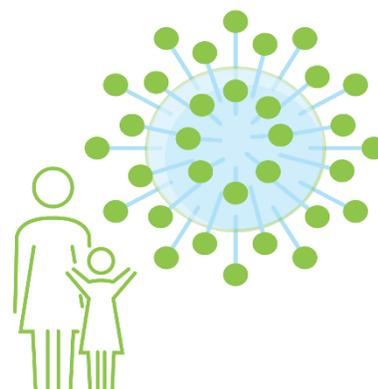
children.

For the nomadic areas, families are always on the move to look for pastures for their animals and such settlements are always very hard to reach, so their children and adolescent girls miss out on relevant information being shared on different platforms. For example: in Arusha (Tanzania), the current settlement does not have a telecommunications network and other basic necessities which can be used to receive relevant information. In addition, families are trying to cope with the situation but there is lack of proper guidelines on parenting embedded in the COVID-19 information which can be used by parents to protect their

THE EFFECT OF SCHOOL CLOSURE ON FAMILIES, CHILDREN & ADOLESCENT GIRLS

When responding to the COVID19 pandemic, the first consideration is ensuring the safety and health of everyone in the country especially for children and adolescent girls. The schools structure is dangerous because of its context where large numbers of pupils study in one area.

Schools in the four countries closed as a means of mitigating the spread of the disease. Currently, all school-going children are staying home with their families and this has had an impact on the school children, adolescent girls, parents and the community.



Positive Effects of School Closure

1. Preventing the spread of the disease

“Children are safer at home than at school.”

- COMMUNITY LEADER (UGANDA)

According to the four countries, all governments implemented school closures as the best way to stop the spread of the virus because of the large population of children in schools. Globally, all schools were closed and home schooling is being promoted. Currently, in Kenya, Tanzania, Uganda and Ethiopia, most of the children and adolescents are accessing learning materials on television, radios and some online. Most parents and community leaders believe that it is safer for children to be at home than at school.

2. Strengthening the relationship with parents (more time spent home)

“They used to discipline us regularly but they are now friendly and nice to us, they talk to us well.”

- GIRL (KENYA)

“Now I can monitor them closely, I know them well by their characters, so it has been easy for me to change their bad behaviours into good ones.”

- PARENT (TANZANIA)

Before the COVID-19 crisis children used to spend more time at school than home even during holidays and parents spent most of their time at work, implying that both children and parents had limited time to bond. A few children/adolescent girls shared, **“When we are with our parents at home, they give us enough counselling which was not the case before the lockdown.”**

According to parents they have managed to learn more about their children whereas before the outbreak they never had enough time but they have now had the opportunity to learn about the personalities and character of their children.

3. Support in home studies

“My daddy owns a smartphone; he gives it to me when he is at home to search for lessons on the internet for me and my siblings.”

- ADOLESCENT GIRL (KENYA)

Since all schools are closed, different governments have introduced school programs on television and radio and some are distributing learning materials for children in different communities. In Tanzania, parents are being encouraged to educate their children from home as the government prepares a TV program for learners.

4. Opportunity to train children in home skills and activities

This is the only time where parents have endeavoured to train their children/ adolescent girls' in different home skills like learning how to cook, look after siblings and take care of their families.

Negative Effects of School Closure

The closing of schools did not only affect children/adolescent girls' parents and communities positively, the closure also had a negative impact. Even with all the encouragement for children and adolescents to continue their learning from home, there is a limitation in accessing learning materials especially for children staying in hard to reach areas. For example, some children from Lyantonde (Uganda) who have to walk several kilometres to school are unable to access the learning materials due to restrictions in movement.

1. Home environment not conducive for studies

“My parents assign me a lot of work and I end up having less time to read my books.”

- CHILD/ADOLESCENT GIRLS (UGANDA)

“I don't see my friends, most of the topics in school were not yet finished”

- KENYAN CHILD/ADOLESCENT GIRL

With the new trend of studying from home, children /adolescents are failing to read their books because of different factors: they lack support from teachers; they spend more time on television; and some parents are illiterate so they cannot guide the children to access the right materials to read. Many parents do not understand what children are studying so they cannot help them. Thus, children and adolescent girls miss the usual support that teachers and friends provide while in the school environment.

With children/adolescent girls staying home, parents give most of the household chores to children, leading to abuse and punishments if these are not completed. Children, therefore, lack sufficient time to read and concentrate on studies.

Increase in domestic violence

“My parents fight in front of us.”

- CHILD/ADOLESCENT GIRL (UGANDA)

“Boys are moving around the village and they at times attack us on the way to the shop when sent.”

- ADOLESCENT GIRL (KENYA)

Staying home means children witness more of their parents' violence which has increased because household incomes have reduced especially for daily income earners; most of the children have seen conflicts happen within their own families due to small arguments on how to sustain the family. Sexual abuse is more common because of the types of families (extended families) and because men and boys are idle and reporting structures are not very functional.

Teenage pregnancy, Female Genital Mutilation (FGM), and early marriages are on the rise as parents and some traditional leaders have continued with their traditional practices especially since government structures are concentrating on COVID-19 prevention and NGOs are not open to engage communities.

2. Conflict with family members

“My parents are very harsh and boring; they yell all the time at us or to each other; I am very tired of listening to them. When I want to study my mother or father will give me work to do so I don't study and we get tired with water and firewood fetching. Boys are not doing this work.”

- CHILD/ADOLESCENT GIRL (KENYA)

“Some parents have resorted to violence and beating their children since they can't feed them well due to frustration”

- COMMUNITY LEADER (UGANDA)

“I have no privacy; I can’t hide my work from my children. I am a sex worker, now my children stay home. They know my work and feel sad.”

- PARENT (ETHIOPIA)

“Many households are still trying to adjust because they were used to having children at school for most of the time.”

- COMMUNITY LEADER

With children and parents staying home for longer periods, conflict is increasing due to demands, needs, limited resource and poor communication between parents and children, and sibling rivalry. With children staying home, homes have become more confined and restrictive; parents staying in cramped spaces are finding it difficult to cope with situation.

Parents have found it challenging to even provide basic needs like food for children who were supposed to be in school. This has increased financial obligations as parents have to struggle to find incomes to buy food for their families.

VIOLENCE AGAINST CHILDREN & ADOLESCENT GIRLS

As a result of the COVID-19 pandemic, countries around the globe have embarked on different measures to reduce the spread. Closure of schools and staying home are some of the common measures that have been implemented across Ethiopia, Kenya, Tanzania and Uganda. This has put significant stress on families’ income as most people depended on daily hand-to-mouth type of jobs. Similarly, children are facing the same stress of being home and not being able to meet up with their friends, some are being forced to work to support their families, others are engaged with too many household chores (resulting in punishments if uncompleted), and leaving little or no time for children to attend to their studies or for leisure.

This kind of situation has increased violence inflicted on children whether sexual, physical or emotional. Out of 195 children and adolescents who participated in the survey only 11% of them said they have not heard of, or experienced any forms of violence during the COVID-19 crisis. This implies that 89% of the total interviewed have heard of or experienced some form of violence within their homes or community.

Forms of Violence Experienced By Children & Adolescent Girls

1. Sexual abuse and sexual exploitation

“A case was reported in my community where an 11 year old girl was raped by a man who was renting a room in her family’s compound. Her family had left her alone with him and went to the market. Unfortunately when they came back they found her left on ground screaming and crying after she had been raped...”

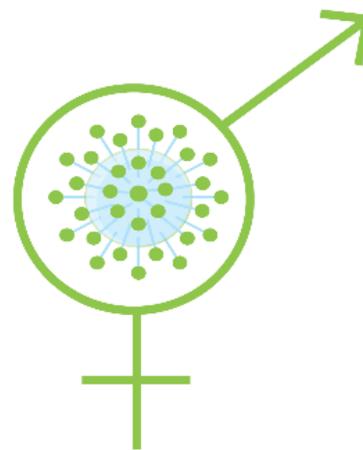
- ADAMA CITY COMMUNITY LEADER (ETHIOPIA)

This was the most reported form of violence across all countries, largely experienced by girls in form of rape, child marriages, sexual exploitation and female genital mutilation. Children and adolescents reported that most stakeholders who would have protected them are concentrating on COVID-19 responses. In Tanzania, traditional leaders have taken advantage of the situation to increase FGM, while rape has taken its toll on girls living in slum and rural areas. Adolescent girls are being given in to marriage so that the families can get money to sustain themselves.

When parents were asked how the situation had affected their relationship with their children, some of the responses included:

- They are struggling to find means to feed their families, leaving children and adolescents home with little supervision and care.
- Limited privacy due to confined spaces in homes.
- Business were halted which increased poverty and failure to provide for families.
- Conflict between spouses due to misunderstandings, financial difficulties/strain, and other stressors has heightened harassment and abuse.

Frequent violence in families increases girls’ risk to sexual violence. Neglecting children without supervision or care has increased girls’ vulnerability to rape or defilement whereas the lack of income to provide for the family has led to girls being sexually exploited. Community leaders who were contacted attested to the escalating cases of sexual and gender based violence within their communities.



“Motorcyclists in my community have been offering money, chips and juices and sometimes they offer lift to the girls in my community so when girls accept these offers they end up sleeping with those motorcyclists leading to unplanned pregnancies. This is because there is limited access to food in the households.”

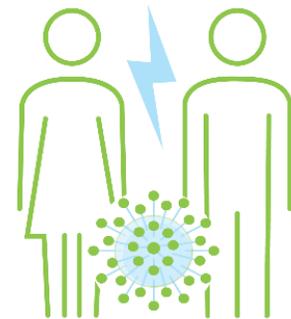
- KIGAMBONI COMMUNITY LEADER (TANZANIA)

2. Physical Violence

Children and adolescents that were interviewed observed that physical violence had become the norm of the day within their own homes and those in their surroundings. Children reported that parents transferred their frustration to them in form of physical beating.

Fighting between children especially boys beating girls was mostly reported in Kenya. Some of the parents’ responses about triggers of violence towards their children included:

- Increased expenses and costs; such difficulties create stressors that rebound onto the children
- Inability to tolerate negative behaviour and noise
- Stress from too many questions prompting violence against children
- Children don’t understand the economic situation fully leading to misunderstandings
- Boys in the community are interested to physically challenge and abuse girls while they are walking to shops or playing with friends. This situation has increases in some communities.



This kind of response from parents explains what most children and adolescents are subjected to in terms of physical violence at home. There was no difference in gender when it came to physical violence. Some of the cases reported by community leaders included severe beating, pouring hot water on children, and food deprivation by parents or guardians.

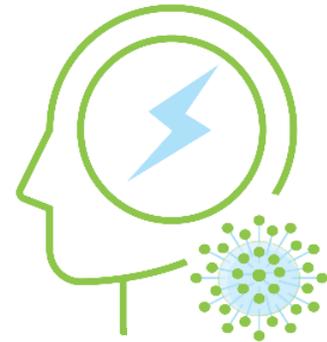
“I have been receiving various cases concerning physical violence where children have been beaten by their parents because parents are angry due to children repeating the same mistakes.”

- TEMEKE COMMUNITY LEADER (TANZANIA)

3. Emotional Violence

Due to the current situation, parents face a lot of challenges ranging from financial to dealing with the smallest issues on how they will spend time at home. Living in confined spaces comes along with the danger of emotional distress that has to be managed within the family. The mismanagement of this stress has resulted in domestic violence, shouting, and using abusive language.

When parents were asked how the situation had affected their relationship with their spouses, across all countries parents observed that they spend a lot of time conflicting with each other and sometimes are involved in physical fights due to failure of a man to provide essentials, men not wanting to stay at home which triggers fears that they may contract the virus, how to handle children, lack of intimacy, and alcohol addictions among others. Children and adolescents are psychologically affected by witnessing these kind of fights between their parents.



“There are cases of many couples who are separating within my community during this period ...which affects children.”

- COMMUNITY LEADER (UGANDA)

Causes of Violence and their Effect on Children & Adolescents

1. Reduction in family income

The most common sources of income mentioned by parents before the COVID-19 outbreak included small businesses (selling second-hand clothes, selling firewood, tailors, local bars, restaurants, groceries, *chapatti/mandazi* /fish/fruit sellers, agricultural products sellers, food suppliers, petty traders, market vendors, saloons and food vendors), salary earners, casual labourers (washing clothes, employed as housemaids, construction workers, and alike), those involved in transportation (e.g. taxi drivers, *bodaboda* riders, conductors), sex workers and farmers.

Most businesses were closed, and those which are open have very few or no customers due to closure of transportation systems; some parents lost their jobs and therefore no incomes are available; all of which have had a negative effect on the family's sustenance. In addition, school closures also meant an increased burden on family expenses in terms of food and other household necessities. The economic strain faced by families has caused stress and trauma which in turn has escalated violence in the following forms as stated by community leaders.

"I am not happy to stay home and spend time with my children because they ask a lot of questions about my work."

- A PARENT (ETHIOPIA)

2. Domestic Violence

"Most men have run out of cash following the lockdown and curfew imposed by government. Characteristically, men become violent when they run out of cash to buy the essential commodities like sugar, soap, paraffin, salt. There is increased physical violence against women because the men feel their wives are insensitive and unsympathetic on economic decline caused by COVID-19."

- COMMUNITY LEADER (UGANDA)

3. Child Marriages & Sexual Exploitation

Parents are forcing their daughters to get married so that they can get money to survive economically during the pandemic. In addition, these parents are forcing girls to have sex with men in exchange for money hence accelerating an increase in early pregnancies.



“...The effect is big in our nomadic communities, children are not at school and this will affect adolescent girls. I don't think that they will come back to school. Teenage pregnancy will increase and early marriage. This is the time for secret FGM at home and it is hard to track because of the pandemic. Before the pandemic my office would receive 3 to 4 pregnancy cases for three months, what about now when girls are at home?”

- TINGA TINGA AND SENYA COMMUNITY LEADER (TANZANIA)

“As we are talking now, three school girls within my neighbourhood are pregnant within this short time that they've been out of school...”

- COMMUNITY LEADER FROM MATHERE 4A T-AREA (KENYA)

Other reported causes of SGBV against children and adolescents included:

- Lack of positive parenting skills and knowledge among many rural based parents.
- People are using alcohol and drugs out of boredom and idleness while isolated at home for weeks and/or months.
- Lack of skills for stress management.
- Spouses are not used to being together the whole day which increases fighting.
- Children are confined together with their abusers, with little space to report any forms of violence. The police and other law enforcement including referral pathways are closed and focusing only on COVID19. Equally, the health centres, community workers, schools and GBV centres have channelled their energies to COVID-19 prevention efforts.
- Lack of community owned violence prevention mechanisms or strategies towards ending violence against children.



CHILD SAFEGUARDING DURING COVID-19 CRISIS

ACTIONS TAKEN BY PARENTS & COMMUNITY LEADERS TO SAFEGUARD CHILDREN

Children and parents indicated that currently the community and government formal structures including the police, social workers are more focuses on ensuring the implementation of COVID-19 prevention measures at community and district levels. They have limited time to really follow-up child safeguarding cases. Violence against women children and adolescent girls reported to authorities and more wait are given to violence against women and children and adolescent girls issues are considered as parental disciplinary measures. The safe guarding issues is no more the protection of children under the care of child focused institutions such as Community Organizations, local NGO's and schools. These structures either are closed or have limited operational capacities. The government structures as indicated is more focused on the implementation of COVID-19 prevention measures. The community leaders were basically focuses on community sensitization on spread, prevention and adhering to directives on COVID-19 through churches, mosques,



Therefore there is a need to develop immediate, intermediate and long term plan to ensure the safe guarding of children's and adolescent girls by working closely with partners and collaborator organizations.

RISK FACTORS THAT EXPOSE CHILDREN TO VIOLENCE

Children were asked how they spent their time during this time of the pandemic and below are responses that cut across all partners and countries that were likely to expose children to danger. These risks were also confirmed by the community leaders when they were asked to explain how they were using the information on COVID-19 to safeguard the community.

1. *Walking within the community*

Children and adolescents reported to have been spending most of their time walking within the community randomly, visiting friends, and playing with other children among others. This behaviour was mostly reported amongst boys rather than girls.

“Children are playing outside their homes which puts them at risk.”

- COMMUNITY LEADERS (UGANDA)

“Most children are idle and loitering around the community; parents can’t afford digital learning hence children are lagging behind in their studies.”

- COMMUNITY LEADERS (KENYA)

2. Finding food to sustain the family

There were cases across all countries where children mentioned that they had to work during this pandemic to find food to feed their families. They engaged in activities like washing clothes around the community, working as house maids, doing casual labour and others were forced to steal.

“I sometimes hustle by washing clothes for people to take care of my family.”

- ADOLESCENT GIRL (KENYA)

“Many children are employed in domestic work to earn a living and to support their families.”

- ILEMELA COMMUNITY LEADER (TANZANIA)

“Most boys are engaged in child labour which has exposed them to earning money and others engage in risky behaviours like using drugs and alcohol.”

- COMMUNITY LEADERS (UGANDA)

MEASURES TO PREVENT VIOLENCE AGAINST CHILDREN DURING & AFTER COVID-19 CRISIS

Partners Recommendations:

- Partners (Community Organizations and Local NGO's) have informed difficulties working from home due to lack of laptops, internet connections and limited airtime to use WhatsApp. Despite the challenges cluster partners continue their weekly communication and planning.
- Partners are worried that many of their staff are community volunteers due to lack program operations are not paid their allowances. Some of the volunteers may not return to work when program operation resume.
- The realities of children, adolescent girls, boys, their families and communities may be different before COVID-19. The new realities maybe the increase of household poverty, more children exposed to informal work such as domestic work, working on the streets and even involved in child marriages. These new realities may need new and different strategies.
- Partners are also worried many of the children and adolescent girls are involved in domestic work, street work and other informal activities may expose them to sexual abuse and sexual exploitation.
- Partners also indicated the number of children, adolescent girls and boys returning to school will be few as many of them are working to support their families. It is important to develop strategies to work with families, schools and community informal and formal leaders to address this issue.
- The number of children and adolescent girls exposed to sexual abuse, sexual exploitation child marriage need support to overcome the challenges. However, the reality is government structures are engaged in following the implementation of COVID-19 prevention measures and may not prioritize children and adolescent girl's issues. Need to develop strategies to re-energize government structures to address child abuse cases.

Voice of Children & Adolescents girls:

- Parents should provide time and space for children and adolescent girls and boys to talk and listen their concerns and ideas. Parents should also be transparent and share their challenges openly instead of resorting to verbal, or physical abuses. Partners encouraged to continue the parenting training.
- Partners should establish "safe spaces" for children and adolescent girls and boys to share their challenges and seek supports. Trained facilitators should manage the safe space programs.

- It's important to work with boys and men and ensure their support and collaboration to reduce and eventually stopping violence against children and adolescent girls.
- Provide life skills trainings for adolescent girls and boys to empower and build their agencies.
- Partner should work closely with schools and community formal and informal leaders to ensure children and adolescent girls returned to schools when schools are open. As indicated more children and adolescent girls are involved in different informal activities/ work to support their parents and it's important they join schools when it's open.
- Adolescent girls and boys who are not returning to schools and interested to work need to be supported by connecting them with private business owners to give them job or by providing loan to start their own businesses individually or in groups.
- Governments, religious leaders and community formal and informal leaders should intervene on issues of child marriage and allow pregnant girls to return to school after giving birth.

Voices of Community Leaders

- Awareness creation about all forms of violence amongst the community members. According to a community leader in Kigamboni, *"The solution is for the organizations dealing with prevention of violence to collaborate with the government on providing education to the community members but also to implement family economic empowerment programs."*
- Provide food for the communities, and hygiene products like masks, sanitizer, soap and water to relieve the community and family financial burden.
- Girls should be enabled to obtain essential menstrual hygiene management products.
- Organise media campaigns emphasizing positive parenting styles, handling emotions, kitchen gardening and savings
- Economic strengthening programs aimed at empowering youth and women which should include financial support like low interest loans, and building capacity of the local income generating structures e.g. SACCOs, VSLAs etc.
- Different radios and TV programs should be prepared to raise self-awareness among children and parents to improve familial relationships.

