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KEEPING CHILDREN SAFE

IN UGANDA'S COVID-19 RESPONSE

MAY 2020

The **Joining Forces** coalition is a global alliance of six of the world's leading child rights organisations: ChildFund, Plan International, Save the Children, SOS Children's Villages, Terre des Hommes and World Vision.

As international NGOs working in Uganda we commend and support the Government's response to mitigate the spread of the Covid-19 pandemic. Timely measures such as restricting movement and gatherings have so far helped to limit the number of cases in Uganda.

At the same time, the current context is exacerbating wider challenges for the most vulnerable members of society. In our work with communities throughout Uganda we are already seeing **a significant increase in protection risks for children, adolescents and youth** during the Covid-19 outbreak, and we expect these to worsen as the situation goes on.

While children are not considered to be most at risk of contracting Covid-19, they are extremely vulnerable to the 'secondary' social and economic impacts. These impacts could affect children for the rest of their lives.

### 1. NOWHERE TO TURN: REDUCED ACCESS TO SUPPORT AND SERVICES

**Many of the core support structures for children are now closed.** Schools – which normally provide a vital protection role as well as education – have been shut since late March and may remain closed for a sustained period. 15 million children are now out of school. Specialised protection facilities such as Child Friendly Spaces are also closed, while restrictions on movement have limited the outreach of case workers and para-social workers. If the virus does spread further, family support systems will be undermined as



many caregivers are likely to become sick and incapacitated, leaving children to fend for themselves.

**It is now harder than ever for children to report and get a response to violence, abuse and other protection issues.**

Children are afraid and have few places to turn. Restrictions on public gatherings and movement mean that normal community reporting, NGO activities and referral pathways are limited. Police have been redeployed to enforce the curfew and Covid-19 prevention measures. In many areas, the Directorate of Public Prosecutions and the Family and Children's Court have not been functioning, delaying access to justice and arraignment of suspects in court. In Adjumani, for example, men suspected of defiling children reportedly had to be released on bail back into the community after 48 hours.

The national "Sauti 116" toll-free child helpline, which is rightly heralded as a global example, had to stop for several weeks due to high demand and lack of capacity. It is now functioning again but has been at reduced capacity (from 08:00 to 17:00 six days a week instead of 24/7).

**Restrictions on movement mean that some vulnerable children are unable to access critical services.**

Under current rules, boda-boda motorcycles are not allowed to carry passengers and private vehicles in border districts must still have waivers from the Resident District Commissioners (RDCs) to move. While such restrictions are necessary to contain the virus, there have been reports of cases where children have died as they were unable to reach medical treatment. In West Nile four children died in one night from food poisoning as they

could not reach health clinics<sup>i</sup>. Similar child deaths have been reported in other districts, while several pregnant women have died when they were unable to get transport approval in time<sup>ii</sup>. The Government has taken steps to ease these restrictions for pregnant women, but this is not always followed. On 8<sup>th</sup> May, a pregnant woman being taken to hospital by motorcycle was shot dead by a Local Defence Unit member. There continue to be challenges getting treatment for sick children, especially in rural areas and border districts.

## 2. PUSHED INTO DANGER: A RISE IN POVERTY AND HUNGER

**Many households are being pushed into extreme poverty and hunger.**

Parents who have lost income are increasingly unable to feed their families. Assessments by one Joining Forces partner show that many children are now surviving on just one meal a day or less<sup>iii</sup>. Youth engaged in small-scale trades such as food vendors, hairdressers and welders are particularly affected as these have all closed. At the same time the price of basic food has risen. These economic impacts will continue to be felt for a long time even after prevention measures are eased.

*"This Covid-19 period has made us handicapped. Youth who are bread winners like myself are no longer able to provide even basic needs like food to our families. This has sparked big misunderstandings and domestic violence."* – Simon, Nwoya district

**As a result, children are increasingly forced into hazardous and exploitative work to support their families.**

In one survey by a Joining Forces partner, 56% of respondents reported an increase in children working since lockdown began<sup>iv</sup>. In many parts of the country

60% of people surveyed have observed an increase in sexual violence against children since the lockdown started



there has been an increase in girls drawn into commercial sexual exploitation, trading sex for money, food and even materials such as sanitary towels<sup>v</sup>. In Karamoja, girls are increasingly going to work in artisan mines – boring and sieving for gold and fetching water for other workers – while boys are spending days looking after cattle. Other young children have been observed selling alcohol, firewood and other items, or digging and planting to try and make ends meet.

**Child marriage is also an increasing concern as a way of coping with financial hardship.** Adolescent girls are being married in exchange for dowry or bride price – especially in the north and northeast where rates of child marriage are already extremely high. In just one week, a Joining Forces partner recorded 25 new child marriage cases<sup>vi</sup>.

At the same time, adolescents are struggling to access sexual and reproductive health information, which they would normally get at school. Restrictions on movement also affect access to services such as family planning, especially in rural areas. This is likely to lead to an increase in the birth of unwanted children and consequently abandonment, unsafe abortions, street children and violence against children.

*“This time I wanted to use contraceptives. But the nearest health centre is 15kms away and the only way to get there is by motorcycle which is not allowed. I’m only praying to God I don’t get pregnant.”* – Scovia, a teenage wife in Amuru district.

**Refugee communities are particularly vulnerable.** The World Food Programme recently had to cut food rations by 30% due to lack of funding, leaving the poorest families at risk of malnutrition. In some refugee settlements, caregivers are

increasingly turning to money lenders to try and meet children’s needs. However, to do so they have to hand over their refugee status documentation as a guarantee to the lenders, but are then unable to access key services including food distributions.

*“Adolescent boys have resorted to breaking into houses to steal food for survival, and girls are at risk of being defiled.”* – John, child protection worker in Adjumani

### 3. SCARED AT HOME: AN INCREASE IN VIOLENCE AND ABUSE

**The uncertainty and prolonged periods confined to small homes is leading to an increasingly stressful environment.** This is exposing children, especially girls, to increased risk of domestic abuse. One assessment during lockdown estimates that 80% of parents have used violence to restrain children from straying too far from the home, including spanking and slapping<sup>vii</sup>. Children are also witnessing more arguments and fighting amongst parents, which can have enormous psychological impacts on the children. The Acholi sub-region reportedly registered more than 400 cases of domestic violence in the early weeks of the lockdown.

**There has been an increase in sexual and gender-based violence (SGBV).** In a survey of refugee-hosting districts, 60% of people said they have observed an increase in acts of sexual violence against children by peers, caregivers and community members<sup>viii</sup>. In Yumbe, a 50% increase in SGBV cases has been reported since the start of the lockdown<sup>ix</sup>.

**The situation is also having negative impacts on children’s mental health and wellbeing.** According to another recent survey, 57% of caregivers are afraid their

Impoverished girls are forced to trade sex for money, food and even sanitary towels



children will become stressed and almost a quarter (22%) fear their children becoming depressed during the Covid-19 outbreak<sup>x</sup>. This impact will potentially last long after the lockdown ends. Joining Forces child protection teams have already witnessed an increase in substance abuse among adolescents turning to alcohol and drugs to try and cope in this stressful time.

**There is expected to be a rise in teenage pregnancy.** A UN study of the Ebola outbreak in Sierra Leone found that teenage pregnancy increased by 65% due to the socio-economic conditions<sup>xi</sup>, a trend that seems likely to be replicated during Covid-19.

In the above survey, 40% of caregivers said they expect an increase in teenage pregnancy during lockdown<sup>xii</sup>. Recent interviews with young people in northern and eastern Uganda show they are worried about being caught and potentially beaten by security forces around curfew time, so are staying the night with friends and engaging in risky sexual behaviour<sup>xiii</sup>.

#### 4. UNINFORMED: A LACK OF INFORMATION FOR CHILDREN

**Children are scared and struggling to access the information they need.** There is a lot of information being sent to the public, but most of it is not age-appropriate and understandable, especially for younger children; and children do not have many opportunities to ask questions and receive assurance. Children with special needs and disabilities are often left out. Many of the most vulnerable children cannot access much of the information that is out there. For example, just 6.6% of rural households have internet access<sup>xiv</sup> and even radio is limited in some rural areas and refugee settlements.

**The prevalence of online information exposes children to other new risks.** For those children who can access the internet, many are spending more time than ever before at home on laptops and phones. This has led to increased risk of online child sexual exploitation – something that most Ugandan children are ill-informed about. Around the world, there are reports of online tutorials being hacked, children being unknowingly recorded online and heightened risk of grooming during the outbreak.

### ----- RECOMMENDATIONS -----

The impact of Covid-19 on children's lives will be felt for a long time to come, even if the virus is able to be contained. It is therefore essential that investment in child protection is an integral part of Covid-19 prevention and response – both immediately and long-term – and is mainstreamed into other sector plans.

#### Recommendations to the Government of Uganda at national and district level:

- **Recognise child protection and Mental Health & Psychosocial Support (MHPSS) as essential lifesaving activities.** We welcome the Government's commitment so far to ensure humanitarian access and to exempt some essential or lifesaving activities from movement restrictions. We urge the Government to ensure that child protection activities – including alternative care, case management and monitoring, out-of-school education and MHPSS – are permitted and supported to continue. Child protection professionals should be granted exemptions and enabled through district local government to monitor, report and refer children and women at risk – including in border areas where restrictions will last longer.





- **Ensure Information, Education and Communication (IEC) materials on Covid-19 are accessible to all children and youth.** These should be translated into local languages (including those spoken by refugees), gender-sensitive and suitable for children with disabilities such as sight or hearing challenges. Messages should also be targeted and contextualised for adolescents, including on the risk of early marriage and information on family planning. Government broadcasts should include messaging on child protection risks, referral pathways and mitigation.
- **Enforce laws and prosecute all cases of violence against children and domestic abuse.** Covid-19 cannot distract from the rule of law and a culture of impunity must not be allowed to develop. The Government should ensure that courts, GBV units and the Police Child and Family Protection Units (CFPUs) should be fully resourced and functioning. We strongly welcome the step to establish the national GBV helpline. Similarly, para-social workers should be fully empowered to move freely in order to support the victims of violence and abuse, including being provided with relevant permits, PPE and transport.
- **Ensure that sick children and families are able to access urgent medical care or protection.** RDCs should ensure that Presidential guidance affirming that pregnant women can travel is respected and enforced, and widened to other critical cases.
- **Expand social protection services, including food distributions, to cover all vulnerable households.** While the Government's commitment to provide food relief has been welcome, there are millions more families and children who also need greater support to cope with the current situation.
- **Provide 2-way information to children and take their opinions into account.** Learning from previous epidemics highlights that it is vital to consult and engage with children to understand how their lives have been affected and how risk mitigation can be most effective. The Government should consider holding a press conference or radio talk shows specifically for children, as recently done by the Prime Ministers of Norway and New Zealand. The Covid-19 district taskforce in Gulu has been reaching out to children to take their views into account – a commendable initiative that should be scaled up.
- **Take steps to ensure that children can return to school, when it is safe to do so.** Schools should only be used as treatment centres or isolation units as a last resort, and thorough sanitisation and community sensitisation must be carried out before these schools reopen, to avoid any stigma that may delay return to school. In recognition of the likely rise in adolescent pregnancies, the Government should formally circulate a Re-Entry policy to guarantee that child mothers and pregnant girls are allowed into class.
- **Ensure strong coordination of sectors.** For example, education and child protection systems need to work hand in hand so that children identified by teachers for being potentially at risk during school closure are referred to the child protection system.

#### Recommendations to international donors:

- **Ensure adequate funding – which is flexible and adaptable to changes in context – for child protection activities and staff** such as case workers, para-social workers, community protection officers and MHPSS staff. These essential workers can carry out case management and monitoring of vulnerable households, as well as play a role in disseminating IEC materials. They are also critical for ensuring reporting and accountability to affected communities. Some areas are particularly in need – there is a serious shortage of case workers in the refugee response, with an average of one case worker for every 99 cases, four times the global humanitarian standard.
- **Ensure that all Covid-19 response funding includes measures for children.** In an emergency children are often neglected. All funding streams and sectors – such



as healthcare, Risk Communication and Community Engagement (RCCE), WASH – should include specific plans to meet children's needs.

- **Support the Sauti 116 national child helpline to continue operating and resume full capacity.** Funding should urgently be provided for additional staffing and phone capacity to ensure it can operate 24 hours a day, seven days a week. The 116 helpline can also be better coordinated with other helplines such as those offering MHPSS and GBV support.
- **Support child-friendly government-led Risk Communication and Community Engagement (RCCE) campaigns.** Accurate and age-appropriate information is key to prevention. Campaigns should include child-friendly inclusive messaging distributed through creative ways such as music, drama and illustrations, as well as child-focused local radio and TV productions. Campaigns are also needed to counter the widespread rumours, misinformation and fake news, which quickly spreads online and in communities and threatens children's lives if not addressed.
- **Provide funding to the World Food Programme and its partners,** so that full food rations for refugees can be resumed at this critical time.

### Recommendations to the media:

- **Disseminate child-friendly information.** The media is playing a key role in disseminating public health information. We urge newspapers, radio, TV and online outlets to also ensure space for information targeting children – including ways to keep learning and active at home, ways to manage stress, and how to stay safe and report abuse.
- **Ensure that children's voices and opinions are represented in the news.** Despite the current challenges, it is important that children have platforms to raise their voices, questions and opinions on the current situation. News shows and discussions should feature children and youth voices as well as adults.

### Recommendations to communities, parents and caregivers:

- **Ensure that all cases of violence, abuse or exploitation of children are reported,** either through traditional community structures or local law enforcement, to systems such as Child Protection Committees, or to the National Child Helpline.
- **Promote and support non-violent positive parenting methods.** Children are going through an extremely stressful time, and need love, support and guidance. Parents should sit children down, talk with them and explain the situation, rather than resort to violence.

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<sup>i</sup> UNHCR Daily Update, 14<sup>th</sup> April 2020

<sup>ii</sup> Women's Probono Initiative

<sup>iii</sup> Save the Children child protection assessment, May 2020

<sup>iv</sup> Ibid.

<sup>v</sup> Ibid.

<sup>vi</sup> Plan International Uganda

<sup>vii</sup> Save the Children child protection assessment, May 2020

<sup>viii</sup> Save the Children child protection assessment – refugee-hosting districts, May 2020

<sup>ix</sup> National Child Protection Working Group

<sup>x</sup> War Child Holland rapid assessment, April 2020: "Caregivers' opinions for continuity of children learning at home, protection and MHPSS: West Nile and southwestern refugee settlements – Uganda"

<sup>xi</sup> UN Development Programme: Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone, October 2015

<sup>xii</sup> Ibid

<sup>xiii</sup> Save the Children child protection assessment, May 2020

<sup>xiv</sup> Uganda National Information Technology Survey, 2017-18