

Project Goal: Children and adolescents experience reduced levels of violence, abuse, exploitation and neglect



Specific Objectives:

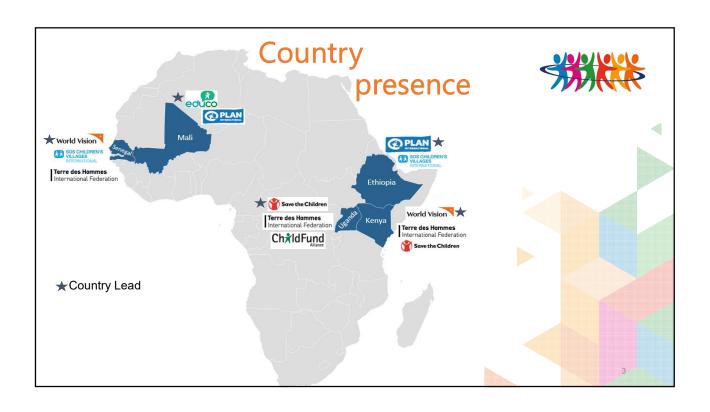
- 1. Strengthened national and local protection and response systems
- 2. Improved protection in resilient families, communities and institutions in the context of COVID-19 and during recovery phase
- 3. Increased capacity and agency of children to prevent and respond to violence against them during COVID-19 crisis and recovery phase
- 4. Increased learning and sharing of knowledge and best practice related to child protection approaches

Project Duration: 06/08/2020 - 05/08/2023 Total Funding: 10,771,486 €

Project Countries: Ethiopia, Kenya, Mali, Uganda, Senegal

Expected Beneficiaries: 718,000 child beneficiaries 3,000 service providers

23,000 parents and caregivers







Kenya

Child Protection Needs Assessment findings

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Methodology



- Secondary data analysis desk review of policies, plans and reports
- Primary data collection
 - ➤ Questionnaires administered to children aged 10-14 years and 15-17 years; 489 children were reached (208 boys, 280 girls and 1 Intersex) and 516 adults (153 male, 360 female, 1 intersex and 2 non-disclosure)
 - ➤ Focus Group Discussions (FGDs) with groups of 6-8 individuals-72 FGDs: 31 with children aged 11-17 years, 41 with parents and teachers
 - **Key Informant Interview** (KIIs) with **59** child protection actors from civil society groups, community based groups and government officers.

Findings- increased risks and needs

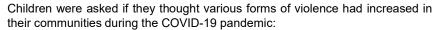
- Increase in incidence of physical violence from parents and caregivers,
- Increase in sexual abuse targeted at girls from their male peers (boys) and adult males, including sexual abuse of girls by the motor cycle riders (boda boda).
- Increased cases of child pregnancies resulting from defilements. 52.4% of children reported that girls are the target group most at risk of child abuse across all project locations.
- Higher cases of stress due to uncertainties with COVID-19 restrictions
- Impact of disease control and containment measures
 - ➤ Some children and their parents were afraid to visit health facilities and police stations to report child abuse cases due to the fear of contracting COVID-19
 - Children spend more time online emergence of online violence, targeted at both girls and boys

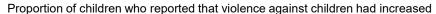
Findings- increased risks and needs



- Impact of school closures:
 - > Discontinuation of school feeding programs contributed to inadequate access to timely adequate **food** of nutritious value
 - ➤ Inadequate access to **learning materials** for continued learning at home
 - ➤ Children with disabilities not able to access assistive devices and therapeutic support
 - ➤ Inadequate access to **sanitary pads** for girls- schools used to provide them
 - ➤ **Neglect-** children being left alone at home, without basic needs
- Impact of economic stress
 - ➤ Inadequate income of parents and caregivers contributed to inadequate access to timely adequate **food** of nutritious value
 - > Children pushed into **child labour**, sometimes by parents
 - > Recruitment of children into **criminal gangs** as a means to earn income
 - Children being used as drug runners and participating in drugs and substance abuse

Voices of Children





	Kakuma Refugee Camp	Nairobi	Busia	Bungoma
Physical abuse	59.5%	61.3%	61.1%	58.9%
Sexual abuse	40.5%	33.1%	50.8%	44.4%
Neglect	45.2%	43.1%	47.6%	64.4%
Emotional abuse	41.7%	28.2%	33.3%	44.4%

Different risks were prevalent across the different project locations:

Nairobi- Urban informal settlements- higher prevalence of **online** child sexual exploitation

Busia- rural border area- higher cases of child labour

Bungoma- rural border area- higher cases of harmful practices such as child marriage

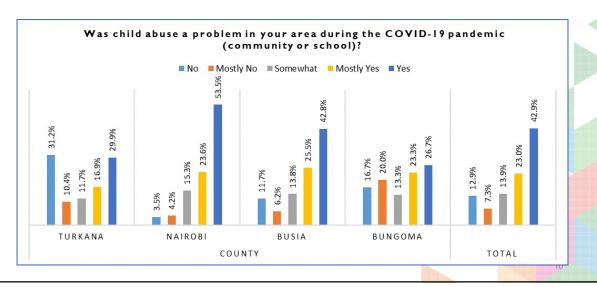


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Parent and Caregiver perception

Parents and caregivers were also asked if they thought child abuse was a problem in their area during the COVID-19 pandemic





Gaps in child protection systems

Results from Key Informant Interviews showed:

- Local child protection structures (Committees, Area Advisory Councils, children volunteers.) require more training and support to adapt in the face of the COVID-19 pandemic.
- Children's participation in decision making is very limited, especially with schools closed
- Child protection desks and gender desks at the police stations are functional but have not received adequate capacity building and training to appropriately handle child protection cases
- Many NGOs and UN agencies are implementing child protection related activities, but there are very few actors offering much needed Mental Health and Psychosocial Support interventions for children and parents/ caregivers
- There is also limited support for parents to manage the increased stress and burden of childcare and providing for their family.



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Our response to the needs assessment

- Engagements with Government Ministries, Departments and Agencies at the Community, County and National levels to jointly explore strategies and interventions that respond the needs of children
 - ➤ Advocacy for social protection programs to ease the burden of **food insecurity** on families and address the push factor of **child labour and sexual exploitation**
 - Coordination with existing social protection programs to support effective targeting, safeguarding and incorporation of key child protection messaging
 - Training of child protection service providers and coordination structures, including community mechanisms
- Prioritizing structured parenting support programs, and incorporating training modules on prevention of online child sexual abuse and exploitation
- Mental Health and Psycho-social support activities prioritized, including for children with disabilities
- Facilitating child participation in public decision making, especially through engagements with government officials and other leaders, so as to ensure that the views of children are taken into consideration





Uganda

Child Protection Needs Assessment findings

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Methodology



- The study adopted a cross sectional design employing only qualitative methods.
- Data collection was done across the JOFA implementation districts- Gulu, Moyo, Busia, Wakiso, Kampala and Bugiri.

Primary data- collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

- ❖ 24 FGDs were conducted with 207 (M=93, F=114) children age 10-17 years.
- Key Informant Interviews were conducted with 69 key informants including Religious leaders, Government statutory Child Protection coordination structures, Community based child protection mechanisms (CBCPMs), and Organization working with children with disabilities.

Secondary data- Collected through review of Reports from Government Departments (Child Protection Technical Working Groups), Reports from likeminded organizations, and Reports from Uganda Child Help Lines.

Findings- Child Protection Risks and Needs



Child Protection risks during the COVID 19 Period.

Focus group discussions revealed:

- An increase in the occurrence of sexual violence- especially against girls. In Kampala, Wakiso, and Bugiri districts a week cannot go by without hearing of an occurrence of defilement, attempted defilement, rape, child to child sex or incest.
- The high stress among parents have triggered increased physical and emotional violence on children.
- Children have resorted to hazardous work like stone quarrying, mining, and street selling to support
 their parents livelihoods during the difficult economic situation caused by the pandemic.
- Due to economic hardship, some parents (especially teenage mothers) in town settings have resorted to abandoning their children.

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Findings- Child Protection Risks and Needs



Child Protection risks during the COVID 19 period.

Children in all target areas were asked which child protection risks were a priority to be addressed by the Joining Forces team

- Sexual violence,
- Physical violence, and
- Child labor

Were consistently mentioned as priority risks to be addressed.

 Sexual violence was mentioned by 66/207 children, Physical violence was mentioned by 55/207 children while Child labor and exploitations was mentioned by 41/207 children, the remaining proportion was distributed across the different protection risk.

Findings- Child Protection and Response system



Existing system: Community Based Child Protection Mechanisms (CBCPMs) and Government statutory Child Protection coordination structures, Child friendly spaces, Alternative care facilities and Case management processes.

Needs within the Child Protection system.

- The CBCPMs and the government Child Protection statutory structures require support in human resources, technical capacity, financial capacity and material capacity in order to ensure quality case management processes.
- The alternative care arrangements, the child friendly spaces and the district action centres linked to child help lines need to be established in some district/sub counties where they are lacking.
- Equally, the existing alternative care facilities, the child friendly spaces and district action centres need technical, financial and material supports to effectively execute their functions.

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Findings- Capacity of Parents, Children and Duty bearers to Protect and Respond to CP risks



What the parents, children and duty bearers are doing to protect and respond to child protection risks:

- · Sensitization of community members on child protection risk.
- Enacting and implementing child protection and response bye laws, & other relevant government laws
- Guidance and advice to children on how to protect themselves from child protection risks and respond incase it happens.
- · Identification, reporting and referral of cases of violence against children

Capacity gaps.

- Limited understanding on different child rights and responsibilities, and protection risks.
- Poor violence against children reporting behavior.
- Limited understandings on children and caregivers roles and responsibilities in protecting and responding to different protection risks.
- · Limited understanding on essential life skills.
- · Limited participation of children in child protection and response decision making.
- · Limited capacity for case management- due to limited human, financial, material & technical resources.

Our response to the Needs Revealed by the Assessment



To respond to the expressed need to address increases in physical and sexual violence and the high stress of parents and caregivers:

- Provide comprehensive individual and community-based supports to Parents/Caregivers and Children, helping them understand the different protection risks at home and in the community, understand their roles and responsibilities to protect and respond to the risks, and understanding different violence against children (VAC) reporting mechanisms.
- Provide structured positive parenting programs that address self-care and stress management for parents, and build skills and confidence in parents
- Work together with cultural and faith-based organizations to address harmful social cultural norms and practices that promote different forms of violence against children, such as female genital mutilation.
- Empower Parents, Caregivers and Teachers with essential life skills so that they can be in
 position to support their children develop and practice life skills that can help them protect
 and respond to any form of protection risk.

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Our response to the Needs Revealed by the Assessment



In response to the needs within the child protection system and capacity gaps:

- Support government efforts to establish and strengthen the entire case management system at national and sub national level and other reporting and referral mechanisms such as the Uganda Child Help Line and the district-based action centers.
- All mechanisms that can enhance child participation and empowerment established and scaled up to instill in children the confidence to get up and speak out on issues regarding their experiences of protection concerns and hold duty bearers accountable for them.
- Strengthen the capacity of the different social child protection workforce at all levels by
 providing technical, material and financial supports while also advocating for a continuous
 support from the government beyond JOFA program.



Mali

Child Protection Needs Assessment findings

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General information on the needs assessment



Objective of the evaluation: to provide a more complete understanding of the impacts of the COVID-19 pandemic on the protection risks for girls and boys in Mali.

Areas covered by the evaluation: Districts of Bamako, Segou and Mopti

Methodology: Secondary data analysis, primary data collection- Individual telephone and face-to-face key informant interviews (KIIs) and focus group discussions (FGDs).

Sample: 64 FGDs with children from 6 to 12 years old and 13 to 17 years old, 144 KIIs with parents and 56 KIIs with NGOs and technical services.

Participating actors: Educo, Plan, SOS Children's Villages, World Vision International

Findings- The negative impacts of COVID 19 on child protection



According to key informants (Parents, NGO staff and technical service staff) the following child protection risks are exacerbated by the COVID-19 pandemic:

- 1. Sexual Violence 33.33% of respondents
- 2. Access to rights (education, leisure, information, health) 19.05% of respondents
- 3. Child Labour 12% of respondents
- 4. Neglect 10.29% of respondents
- 5. Physical Violence 9.52% of respondents
- 6. Psychological distress 9.52% of respondents
- 7. Seperation of children 6.29% of respondents

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The negative impacts of COVID 19 on child protection



- Sexual violence

Increased child marriage and sexual exploitation of girls due to school closures, loss of household income and livelihoods. Specific sexual and reproductive health needs of adolescent girls are not met, increasing risk of sexual violence and exploitation.

- Access to children's rights:

- increase in non-income poverty due to the closure of schools and leisure areas,
- the lack of child-friendly health care
- children & parents who don't comply with prevention measures are exposed to illness

- Child labour (child exploitation)

Economic impact of the pandemic has led to the increased use of girls in domestic work, children's participation in household income generation, boys' participation in farm work, disinterest in school and rural to urban migration

Neglect:

Reduction in the level of social and/or cognitive stimulation of children

The negative impacts of COVID 19 on child protection



- Physical violence:

Loss of income leading to tension between caregivers and children in the household & increases the risk of physical and emotional violence against children (corporal punishment, insults...).

- Psychological distress

In infected and affected children due to stress, stigmatization, disruption of social relationships, lack of livelihood for children living with disabilities.

- Separation of children

Due to death or disability of parents

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Positive impacts of COVID 19 on child protection



- √ 80% of parents, children and key informant actors in Ségou and Bamako and Mopti believe that COVID 19 has positive effects:
- Improving children's compliance with hygiene rules and systematic hand washing
- These practices also help prevent other hygiene-related diseases
- Restriction of movement probably helps to avoid the dangers of the street.

Gaps in the child protection prevention and response system during the COVID 19 pandemic



- ✓ Lack of coordination in the response and specific consideration of child protection needs in the government's strategy to prevent and combat COVD 19
- ✓ Lack of training for child care providers, health workers, teachers on specific child protection issues to enable them to support children affected by COVID-19
- ✓ Lack of a mechanism for reporting child protection issues and a coordinated response
- ✓ Absence of specific mechanisms to address the psychosocial support needs of children
 affected and infected by the COVID pandemic 19

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What children think



For the children, a happy childhood comes down to play, good education in the family and the school, good food, parental love and good health.

The assessment shows that all these elements are compromised in this period of COVID 19 by the closure of schools and leisure areas, the loss of household income and economic contraints, and the daily stress of parents who are forced to go out to support their livelihood with the fear of getting sick, whilst also trying to care for their children.

The priorities for children remain:

- The delivery of a vaccine against COVID-19
- The safe reopening of schools (with adequate provision of masks & hand sanitizers and compulsory compliance with safety measures)
- Revision of the mask distribution strategy children requested masks that fit properly!
- Psychological support programmes for children affected and infected by COVID 19
- Peer to peer education and support for children

Priorities for the required child protection response



In response to the identified risks, needs and gaps, the JOFA project in Mali will prioritize

- Strengthened awareness-raising and programming on issues of child marriage, sexual violence and child labour
- Psychosocial support programs that provide social and cognitive stimulation and leisure activities for children
- Implementation of positive parenting programs to support parents and caregivers and to reduce violence against children in the home.
- Capacity building of people in contact with children (health actors, teachers, members of community networks, children's clubs) on detection, referral and psychosocial support for children affected by COVID -19
- Dialogue with government and policy makers to ensure a prioritization of the safe reopening of schools and adequate provision for children and child protection in COVID-19 response plans

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