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REPORT Joining Forces for Africa (JOFA)

Protecting children during the COVID-19 crisis and beyond

A report on child protection needs during the pandemic in five African countries

JOINING FORCES
For All Children

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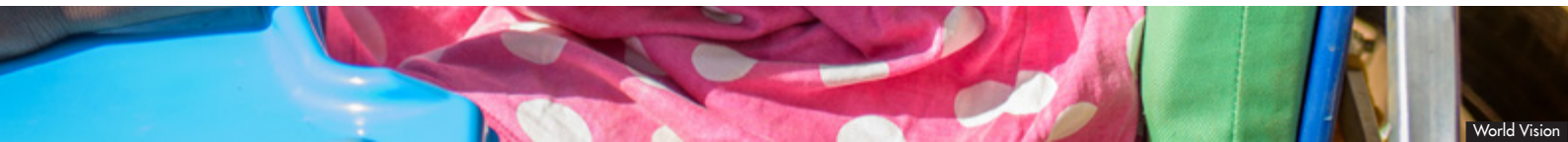

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World Vision

Acronym list

CBCPM	Community-based child protection mechanism
CEFM	Child, early and forced marriage
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
IDP	Internally displaced person/people
JOFA	Joining Forces for Africa
NGO	Non-governmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
UASC	Unaccompanied and separated children
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

Plan International

Summary: key findings and JOFA response

These were the most prevalent child protection risks in the five countries during the COVID-19 pandemic, according to the needs assessments.

Physical violence

Violence against children has risen, notably at home. Parents and caregivers report struggling to control stress caused by economic hardship. Children in Uganda named key perpetrators as parents/caregivers, peers and teachers. Children from vulnerable groups, such as refugees and IDPs in Ethiopia, described being at greater risk of physical abuse, including in host community areas.


Kenya

60.5% of children reported increased physical abuse

Sexual and gender-based violence (SGBV)

In all countries, risks of SGBV have increased, at home and at large. School closures and food insecurity exacerbated risks, with adolescent girls most vulnerable. SGBV was the risk most reported as increased in Mali. Increased rape and assaults were reported in Kenya's Kakuma refugee camp and in settlements near Nairobi. Refugee girls were reportedly raped while collecting firewood outside the Tsore camp in Ethiopia.


Mali

33% of respondents say SGBV has risen during pandemic

Harmful practices – child marriage and female genital mutilation/cutting (FGM/C)

Economic hardship, school closures and fears of early pregnancy are prompting increases in child, early and forced marriages in all five countries. Lack of official oversight is facilitating the practice of FGM/C in Kenya and Ethiopia. Adolescent girls are most affected. Boys in Mopti, Mali said that all the girls they knew aged 13 to 18 were married during the crisis.

Child labour and commercial sexual exploitation and abuse

The risks of child labour and exploitation have risen in all five countries, as COVID-19 restrictions hit incomes. In Kenya, Uganda, Mali and Ethiopia, children – especially boys – supplement family earnings with heavy, dangerous labour, while girls do domestic work, at home or for others. Some girls are forced to exchange sex for money and food. In Senegal, children are forced to beg for money or food in and around the capital Dakar.

Neglect

As primary carers fall victim to the virus and quarantines separate families, many children face far greater risks of neglect. In Senegal, young and adolescent children suffer hunger and malnutrition. School feeding programmes closing in Kenya have left children from vulnerable households without food. Child-headed households and children on the street, as in Uganda and Senegal, are highly vulnerable to food insecurity and negative coping strategies, like child labour. Some end up joining armed groups or gangs, as in Kenya, Ethiopia and Mali.

Street-selling, brick-laying, fishing, farming market-gardening, motorbike transport, mining – all work reported as involving children in the 5 countries

Psychological and emotional violence and distress

In Ethiopia, Uganda and Kenya, children reported more emotional abuse during the pandemic – being shouted at, bullied, cursed and intimidated. School closures and exam cancellations caused anxiety for students. In Mali, mistrust and suspicion about COVID-19 have undermined community cohesion. Overcrowded living spaces were increasing family and neighbourhood tensions in Dakar, Senegal.

Children with disabilities – a cross-cutting vulnerability

The pandemic has amplified the many protection risks that children with disabilities already face in these countries. School closures and lack of services deprive children with disabilities of their usual routines and support. Isolated at home, they struggle to learn and are vulnerable to increased marginalisation, psychological distress, neglect and abuse.

The JOFA project will respond to the findings by

- Integrating into planned interventions specific measures to prevent and respond to **child labour** and to help **children associated with armed forces and groups**.
- Integrating content to tackle **child marriage, harmful practices** and **sexual violence and sexual exploitation and abuse** – such as with positive parenting, communications and social behaviour change, community engagement, and training children's groups.
- Pursuing advocacy asks with government and key policy makers, prioritising social protection programmes and a safe return to schools for all children.
- Continuing and increasing our efforts to implement positive parenting programmes and group-based activities for child wellbeing – especially **mental health and psychosocial support**.
- Continuing to work with disabled people's organisations and other experts to ensure our activities are inclusive and address the needs of **children with disabilities**.

1. Introduction

Protecting children from violence during the COVID-19 crisis and beyond

Within weeks of the COVID-19 outbreak and preventive measures being imposed, it became clear that children would bear some of the pandemic's most far-reaching consequences. Although apparently less affected by the virus itself, children are already suffering the hidden harms of this health crisis. Risks of violence and abuse have increased in lockdown situations, threatening children's protection and wellbeing. Children's futures will be affected by decisions made by politicians, communities and families to mitigate the disease and the worsening economic hardship in many countries. The most marginalised and deprived children are being hit the hardest.

The Joining Forces for Africa project "Protecting children from violence during the COVID-19 crisis and beyond" aims to ensure that children and adolescents experience reduced levels of violence, abuse, exploitation and neglect. With funding from the European Union, the project targets five countries in Africa where COVID-19 is present and pre-existing child protection needs are severe – namely, Ethiopia, Kenya, Mali, Senegal and Uganda.

The project is designed to respond rapidly to the immediate protection needs of children created by the pandemic. It also works longer term to strengthen child protection systems and build resilience of children, families and communities. Child participation is integrated systematically throughout the project, and children are key stakeholders. The project implementers seek children's feedback about the interventions, and where possible children will be involved in generating communication to inform their peers about the work.

The project is implemented by a consortium of Joining Forces Alliance member agencies in Europe, the US and the five target countries, and is led by Plan International Germany. Joining Forces Alliance member agencies work together collaboratively in each target country, with a focus on ending violence against children. In Kenya, Senegal and Uganda, three member agencies are directly implementing the Joining Forces for Africa (JOFA) project, while in Ethiopia and Mali there are two JOFA implementing agencies. The JOFA project also supports the ongoing work on joint advocacy for child rights, undertaken by all Joining Forces Alliance agencies in-country, together with other civil society partners.

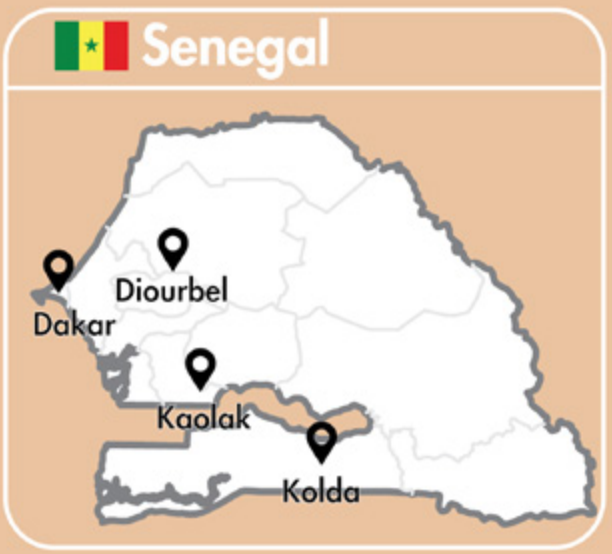
The JOFA Project in numbers

- **Duration**
  August 2020 – August 2023
- **Budget**
  €10m from EU
  €771,486 from JOFA members
- **Target countries**
  Ethiopia, Kenya, Mali, Senegal, and Uganda
- **Direct beneficiaries**
  718,000 children
  23,000 parents and caregivers
  3,000 service providers

Save the Children

About the Joining Forces Alliance

Joining Forces is an alliance formed in 2017 of the six largest child-focused international NGOs – ChildFund Alliance, Plan International, Save the Children International, SOS Children's Villages International, Terre des Hommes International Federation, and World Vision International. Together, they are working with and for children to secure their rights and end violence against children.



Save the Children

This report and data collection

To begin the project, each country team conducted a needs assessment to provide timely, comprehensive analysis of the effects of COVID-19 on child protection. These assessments revealed the immense pressures that children and families are facing in the five countries during the pandemic.

Each needs assessment was informed by a review of existing information, and includes a strong gender and inclusion analysis.

Primary data was gathered through focus group discussions held among children aged 10 to 17, parents and caregivers, through questionnaires for children and adults, and via key informant interviews with community child protection workers, teachers, social workers, NGO workers and other allied services.

The information was gathered in the five countries during the period October 2020 to April 2021.

The needs assessments also reviewed secondary data sources, including relevant reports and policy documents from governments, international agencies and non-governmental organisations (NGOs).

This report consolidates those findings to inform the JOFA project team and key child protection stakeholders on child protection issues related to COVID-19 in the JOFA target countries. It provides:

- An overview of child protection issues in the target countries (chapter 2)
- A snapshot of the countries' backgrounds (chapter 3)
- Findings from the needs assessment reports, consolidated by key risk, groups most at risk, gaps in services and capacities, and priority needs identified (chapter 4)
- A response from JOFA to the findings (chapter 5).

2. Child protection – an overview

Even before the COVID-19 crisis, all five target countries in Africa had well-documented high levels of child protection risks and needs. The following are the main child protection issues prevalent in Ethiopia, Kenya, Mali, Senegal and Uganda.

- Vulnerability to and occurrence of violence – physical and sexual – especially in certain geographic areas and among certain population groups.
- Child labour and exploitation, used as a negative coping mechanism by many families and children.
- Harmful practices, chiefly child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C).
- Neglect, in terms of a failure to meet a child's fundamental needs for care, shelter, nutrition and education.
- Psychological and emotional distress.

Certain groups of children are more exposed to protection risks. These include: those living in urban informal settlements; refugees and internally displaced people (IDPs) and nearby host communities; children living in rural border areas; and those living on the streets.

These children live in places such as the crowded urban settlements around Nairobi in Kenya; refugee communities in Uganda and Ethiopia; the conflict-affected areas of Mali and Ethiopia; and on the streets in Dakar, Senegal.

Target groups

Many child protection concerns impact all girls and boys. However, some groups are clearly affected by certain issues more than others.

Girls, particularly those aged 10 to 17 years, are a major group of concern in all five JOFA target countries, notably for their vulnerability to sexual violence and harmful practices. For them, the risk is present both within homes and in wider society. Boys' chief vulnerability is to physical violence, usually outside the home and through involvement in crime, armed groups and gangs, and child labour.

Unaccompanied and separated children (UASC) – who include children living on the streets (see box), child-headed households, refugee or internally displaced children – are also a major group of concern. In times of crisis, children can become separated from families: they may be sent to other areas to avoid the crisis, be placed in institutions, be abandoned, be left orphaned, or migrate within a country. UASC are present in all five countries and face multiple risks of violence, exploitation and psychological distress.

Children living with disabilities are a group that intersects with all other population groups. As such, they are particularly vulnerable to risks of violence, exploitation and neglect, not least because their situation is often more hidden and their everyday needs are greater.

SOS Children's Villages

Child protection systems

Some kind of child protection and response system exists in each of the five countries. However, the coverage provided varies. State provision is often weak and there is high dependency on NGOs and agencies. This can create difficult situations as in Ethiopia where child protection systems run through agencies in refugee settlements are more comprehensive than those in host communities that depend on state provision.

Formal aspects of a child protection system typically include national and international organisations working in child protection, civil society organisations, and major agencies such as UNHCR or UNICEF. Social workers, both professional and para-professional, are also formal parts of the system, providing direct services to children, families and communities. Allied services are part of the system and include people working in health, education, legal and justice systems where their roles contribute to broader child protection goals.

Community-based child protection mechanisms (CBCPMs) – that is, networks of individuals at community level who work in a coordinated way towards child protection goals – are informal parts of the child protection system. Community health workers, volunteers (including children), local leaders and religious leaders are also informal parts of the system when they provide relevant child protection services or support.

Impact of COVID-19 on child protection

From March 2020, all five countries closed schools and businesses, and imposed mobility restrictions, lockdowns and quarantines. These have disrupted children's home lives and education, restricted key services, and left families struggling financially. Previous disease outbreaks, such as Ebola, have shown how such measures – and people's reactions to them – can increase child protection risks in various ways.[3]

Disease outbreaks put families, especially vulnerable families, under great pressure. The virus could cause the loss of care through a parent or caregiver's death, illness or separation, increasing a child's exposure to risks of violence, neglect or exploitation. Children may suffer mental health problems, emotional and psychosocial distress.

Economic shutdowns can drastically affect family incomes, causing food insecurity and driving people to use negative coping mechanisms to survive. These include restricting family food intake, expecting children to contribute through child labour or forced begging, expecting girls to take on more household duties, sending children away or abandoning them.

Public health measures restricting mobility confine children to their homes, raising their exposure to violence and abuse within families, which can then remain hidden.

Senegal

Enfants talibés and forced begging in Senegal[1]

Barry Pousman

Talibé **children attend traditional Quranic schools (*daaras*) in line with long-held religious and cultural practices in West Africa. Families from far afield send their children – mostly boys – between the ages of 5 and 15 to live and study at the schools. Many *daaras* are well run and properly care for the children, but many have been found to take advantage of a lack of official oversight to exploit the children in their charge.**

Children in the exploitative *daaras* are sent out to beg for food or for specified quantities of money, often for long hours. They face risks of violence, sexual abuse and accidents or injury on the streets. At the *daaras*, they encounter regimes of strict corporal punishment and live in cramped, crowded, unhygienic conditions. Lack of food and healthcare means that many *talibé* children are malnourished and have untended medical conditions or illnesses.

The exact number of *talibé* children who are forced to beg is not known. A study in 2019 by Human Rights Watch estimated that more than 100,000 *talibé* children are forced to beg in Senegal, many in the Dakar region. Senegal has laws that criminalise the way that these children are treated, yet legal action is rarely taken.

Another aspect of begging involves girls and young women who act as guides for adults who beg and have disabilities, usually visual impairment. In effect, they too end up working as beggars, and have often migrated from Mali to Senegal for that purpose.[2]

Plan International

Children have less access to support to report any abuse, and other adults such as teachers and social workers have fewer opportunities such as face-to-face contacts to spot signs of abuse.

School closures increase the likelihood of some children never returning to education – exposing them to immediate child protection risks and impairing their future life chances. Many are forced into child labour, including worst forms, to supplement family income. Not being in school raises the risks of boys becoming involved in criminality, armed gangs or groups. Plan International's *Living under Lockdown Report* found that in other outbreaks, girls who were out of school were exchanging sex for food or money, partly to supplement family income.[4]

Adolescent girls are particularly vulnerable in disease outbreaks. The Ebola crises have shown how economic hardship in tandem with school closures and reduced public scrutiny lead to more girls being forced into marriage, as families seek to shift the financial burden of a daughter. Many girls become pregnant early. Measures to combat FGM/C are undermined.[5]

Major disease outbreaks put huge pressure on existing child protection systems. Resources are stretched and diverted to cope with immediate health needs, reducing specialised support services, such as for violence survivors. Routine support, such as for maternal, newborn and child health and nutrition, becomes deprioritised, leading to higher incidence of malnutrition and poorer long-term outcomes. Birth registrations fell and regular vaccinations were missed, due to restrictions in previous crises. In such contexts, the most vulnerable and marginalised children and families slip through the net.

Community life can be eroded by outbreaks and containment measures, creating atmospheres of tension and isolation. This can make community-based child protection more difficult. Children who previously could turn to peers or community leaders for support in cases of abuse may now be restricted from doing this.

3. Country backgrounds

Ethiopia

Ethiopia borders Eritrea, Somalia, Kenya, South Sudan and Sudan. It is the second most populous nation in Africa, with 112 million people, and one of the poorest.[6]

Several areas of Ethiopia are highly volatile. Months of fighting and insecurity in the northern Tigray region have caused massive displacement, killings, gender-based violence and dire food shortages. The government and aid agencies are providing humanitarian assistance to thousands of people. A devastating ethnic conflict in the Metekel Zone of Benishangul Gumuz Region in the west has displaced 236,698 people, of whom 46,474 are children aged five and under.[7] Ethiopia also hosts a very high number of refugees – around 814,535 people, from some 19 countries, in camps and settlements.[8]

Ethiopia has reported the highest number of COVID-19 cases in East Africa to date. It imposed a state of emergency from March to September 2020, closing schools and public institutions, and restricting movements. Its economy was hit hard: remittances have declined, household consumption has fallen, prices for basic goods have risen, unemployment is high.

Child protection needs are severe. Rape and sexual violence occur in all conflict-affected areas. Ethiopia has some of the highest rates of FGM/C and CEFM, in both refugee and host communities. Child labour, child trafficking and transactional sex are commonly reported.

Ethiopia

- **88% of all children live in multi-dimensional poverty (94% in rural areas; 42% in urban areas)[9]**
- **4.5 million children live in humanitarian need[10]**
- **4 in 10 girls are married before turning 18[11]**

Kenya

In recent years, Kenya has been one of Africa's fastest-growing economies, with progress in reducing child mortality and improving access to primary education and maternal healthcare.[12] Poverty is still a major problem, with Turkana the worst affected county.

Kenya is one of Africa's main refugee hosts, with 518,029 refugees. Forty per cent of refugees are in Kakuma camp, in Turkana, and 16 per cent in urban areas, mostly around the capital Nairobi[13] – both areas studied in the country needs assessment. Almost half (44 per cent) of refugees are in the huge Dadaab camp.

A strict lockdown was imposed following the first cases of COVID-19 in March 2020. Schools were closed, reopening gradually from January 2021. Restrictions affected economic activities and increased food insecurity. High infection rates occurred in the Kenya–Uganda border areas (Busia, Bungoma) and in the informal settlements around Nairobi. A vaccination programme began in March 2021, with frontline workers prioritised, but uptake is slow.

Violence, including sexual abuse, is a top protection risk for all children in Kenya. FGM/C is a concern, particularly among Somali populations. CEFM and early pregnancy rates are high in border areas. Vulnerable children in Turkana face risks of family separation, survival sex, sexual violence and exploitation, domestic violence, becoming street children, and CEFM.[14]

Kenya

- **1 in 3 girls and 1 in 7 boys experience sexual abuse in Nairobi's informal settlements[15]**
- **32% of households had a child or caregiver reporting violence at home in 2020[16]**

Mali

Situated partly in the Sahel, Mali is one of the world's poorest countries. Conflict and droughts make its 19 million people highly dependent on humanitarian assistance.

Instability and violence have troubled Mali since a military coup in 2012, followed by occupation of the north by armed insurgents and regular uprisings by extremists.[17] In 2020, weeks of demonstrations led to the president being ousted in another coup. In May 2021, a further coup resulted in a new interim president. Although there is a fragile degree of stability, armed groups continue attacks, including on civilians, in the central and northern areas.[18]

COVID-19 cases first emerged in Mali in late March 2020, leading to school closures, and social distancing measures in markets and transport. A sharp rise in case rates in December 2020 prompted further school and leisure area closures, and a state of emergency was declared. Mali has received vaccines against COVID-19 although uptake is slow.

Some 1 million children in Mali need child protection interventions.[19] Gender-based violence levels against girls under 18 years are very high, as is the prevalence of FGM/C and CEFM. Reports suggest that children have been recruited and used by armed groups as combatants, killed and maimed, exploited and abducted in the conflict.[20] More than 595 schools were closed in the Mopti area in 2019 due to conflict.[21]

Mali

- 2.4 million children are in need of humanitarian assistance[22]
- 76% of girls under 14 experience some form of FGM/C
- Around 49% of girls marry before the age of 18[23]

Senegal

Senegal is one of Africa's most stable countries, although terrorist activity and trafficking in neighbouring countries such as Mali could undermine this. Almost a quarter of its 16.7 million people live in the Dakar region.[24] Senegal has sizeable migrant populations from Mali and Guinea Bissau.

Senegal has been one of the hardest-hit countries by COVID-19 in West Africa, and the capital Dakar is described as the "epicentre" of the virus, accounting for 60.5 per cent of cases reported.[25] A state of emergency was declared in March 2020, with wide restrictions on businesses, closure of schools and universities, a daily curfew, and a regional travel ban. Schools reopened in November 2020, but a second wave brought fresh curfew measures. Senegal was one of the first countries to receive vaccines under COVAX, and vaccinations began in March 2021.

Food insecurity and malnutrition are a common child protection problem. A wave of popular protests and riots in March 2021 were reportedly linked in part to hunger, with supermarkets prime targets for looting. Children living on the streets and involved in forced begging are a pressing concern, especially in densely populated areas such as Dakar, Diourbel and Kaolack. (See box on *enfants talibés*, chapter 2.) Violence, FGM/C and CEFM are also prevalent, with high incidence reported in rural areas.

Senegal

- More than one-third of all girls are married by the age of 18[26]
- In rural Kolda, 35% of girls under 15 years are subjected to FGM/C[27]
- More than one-third of children aged 6–16 are not in school due to socio-cultural beliefs, poverty and living too far away[28]

Uganda

Situated in East Africa, Uganda is relatively stable, despite political unrest before the January 2021 general elections. It has a poor record on education comparative to the region, and under-nutrition among children is high.[29]

Uganda hosts the highest number of refugees – 1.4 million – in Africa, due to its "open-door" refugee policy. The high numbers put great strain on services and resources in host communities.[30]

Rapid action was taken in March 2020 to contain COVID-19: entry points were closed, public gatherings and public transport banned, schools closed, a national lockdown and curfew declared. With case numbers increasing only slowly, restrictions were loosened and schools were partially reopened. Kampala, the capital, as well as districts bordering Kenya, are still high COVID infection areas. Livelihoods and the economy were severely affected.

Violence against children is a major child protection issue, with high rates of physical, emotional and sexual violence. The World Health Organization (WHO) estimated that in 2012, Uganda had the tenth highest rate of homicide for children and adolescents under the age of 19. Rates of CEFM are high, as is FGM/C in certain areas. Child labour and child trafficking are also concerns.

Uganda

- More than 8 million children are believed to be vulnerable to violence[31]
- 6 in 10 girls and 7 in 10 boys experience physical violence in childhood[32]

4. Findings of the country needs assessments

To obtain a consolidated picture of the child protection needs across the five countries, this chapter explores the findings reported in terms of major protection risks; groups most at risk; and gaps in services and capacities. It summarises the priority needs as expressed by the many children and key informants who participated in the assessments and discusses the extent of children's participation in child protection.

Research locations and dates

All research locations are JOFA target areas.

Ethiopia: Homosha district (host community and Gure Shembola refugee camp); Maokomo district (host community and Tsore refugee camp); Chinaksen and Babile districts (host community and IDP sites).
Kenya: Kakuma refugee camp and host communities in Turkana West Sub County; Matayos and Teso North in Busia County; Mt Elgon and Kanduyi in Bungoma County; informal settlements of Kibra, Mathare and Korogocho in (capital) Nairobi County.
Mali: Bamako (capital), Ségou and Mopti regions.
Senegal: Dakar (capital), Kaolack, Diourbel and Kolda regions.
Uganda: Kampala (capital), Busia, Bugiri, Gulu, Wakiso and Obongi districts, in sub-counties and towns within each.

Child protection risks

This section discusses the main child protection risks that arose in the five needs assessments. Although all these risks were noted in each of the five countries, not every country provided the same degree of detail for each risk type, as the discussion reflects.

Country	Data collection date
Ethiopia	30 November – 8 December 2020 (SOS Children's Villages) 1–10 February 2021 (Plan International)
Kenya	15–30 October 2020
Mali	26–30 December 2020
Senegal	15 February – 10 April 2021
Uganda	23 November – 9 December 2020

Physical violence against children

Physical and other forms of violence against children can cause internal and external injuries – some potentially fatal – and have far-reaching psychosocial consequences.

Overall, physical violence against children is reported as having increased during the pandemic period in the five countries, notably within homes. Stress among parents and caregivers, due to restrictions and economic struggles, has translated into more violence against children and their exposure to domestic violence. This was borne out by the JOFA Project baseline survey data[1] and by respondents' views in the focus group discussions (FGDs) for the needs assessments.

Baseline data on experiencing violence

% of children who had experienced physical or psychological aggression from guardians in the past month

0–17 years (Parent report)

Kenya	86.3%
Uganda	61.4%
Senegal	72.4%
Ethiopia	99.5%
Mali	75.0%

10–17 years (Child report)

Kenya	89.5%
Uganda	65.8%
Senegal	69.5%
Ethiopia	99.7%
Mali	80.7%

[1] This survey was conducted among 1,676 respondents in the five countries during the period January to April 2021.

In Kenya, 60.5 per cent of children in the needs assessment reported increased physical abuse, including being pushed, kicked, hit or beaten with hands or objects. Parents, caregivers, teachers and religious leaders in FGDs linked their feelings of stress and anger, caused by lost incomes and the extra costs of having children at home all the time, to using more violence against their children. According to the assessment, the risk increased particularly among caregivers in informal urban settlements.

Physical violence against children had risen in all six locations studied in Uganda. Respondents also said that high stress levels due to movement restrictions and loss of incomes were behind increased risks of violence against children. Children in Uganda – who already faced high levels of violence before the pandemic – said that the key perpetrators were parents/caregivers, peers and teachers. Beating, burning, kicking and corporal punishment were reported.

"I have grandchildren who are very stubborn and rude… they have become so demanding... they're stressing me a lot. I found [one grand-daughter] with a phone and I don't know where she got it from. I took that phone, and beat her up and she ran away and went to live with the boyfriend. I now don't know what to do and I am scared she may never return and go back to school."

Respondent in FGD in Kenya's Mathare settlement

In Mali and Senegal, physical violence at home was mentioned in connection with the pandemic. Children of all ages were reported as affected by physical violence in Senegal. Women in the rural Kaolack region spoke of struggling to look after children who were now at home all day, and of experiencing physical violence from their spouses, due to being confined at home together.

Children were exposed to increased physical violence risks through other pathways. For instance, in Ethiopia, children faced greater risks due to being separated from families, affected by conflict, or as refugees, from tensions with host communities. These different aspects are explored in the sections below.

Sexual and gender-based violence

Crises such as disease outbreaks increase risks of sexual and gender-based violence (SGBV). The consequences of sexual violence against children can be devastating and far-reaching, including serious injury, unwanted pregnancy, sexually transmitted infections, mental health issues, distress, social and economic exclusion.

In all five countries, risks of SGBV were perceived as increasing during the pandemic, with girls disproportionately affected. Exposure to SGBV came from many sources: from family members while being confined at home; from strangers exploiting a lack of rule of law; through commercial exploitation, among others.

Sexual violence was the risk that most respondents in Mali noted, with 33 per cent saying that it had risen during the pandemic. Key informants stressed that tackling this risk was imperative. As caregivers fall ill or die of the virus, and children are forced to rely on others for essential supplies, girls have been left exposed to higher risks of sexual violence and exploitation, according to respondents in the Bamako, Ségou and Mopti regions.

The needs assessment from Ethiopia – where levels of SGBV were already very high pre-pandemic – revealed a similar finding: that girls left alone, while parents were out working, were exposed to higher risks of SGBV. As girls take on more household duties that entail them visiting secluded areas for wood or water, their vulnerability increases. Host community respondents in Maokomo district said that adolescent girls were sexually abused while collecting firewood and washing clothes at the river. Female focus group participants said that refugee girls had been raped by young people from host communities while collecting firewood around the Tsore refugee camp. Farmers were reported to be withholding wages from adolescent girls unless they agreed to have sex. Most of the girls affected did not know where to seek help.

"I know of my friend who was beaten and burnt by her mother because she wronged her. I wish something is done to stop our parents from beating, caning and pinching us."

Child during FGD in Gulu, Uganda

In Kenya, 22 per cent of children said they thought that rape had increased during the pandemic. This was reported particularly by children in the Kakuma refugee camp in Turkana, in the settlements around Nairobi, and in the border area of Busia. Reports of sexual assaults were also higher in those areas.

In Uganda, SGBV incidents over the March–October 2020 period were reported as higher in Kampala, the nearby district of Wakiso, and in Bugiri, near the Kenyan border, than in the other three study areas. Sexual violence was the leading concern of children from all districts in the Uganda needs assessment. Almost one-third of respondents in Senegal also believed that risks of sexual violence had risen during the pandemic.

Sexual abuse risks increased in other ways. A fifth of Kenyan study participants highlighted increased exposure of children to pornography due to their greater use of the internet. Focus groups there also noted increases in online sexual exploitation and abuse and commercial sexual exploitation and abuse of children, and child trafficking in border areas.

Harmful practices

Inextricably linked to SGBV are the harmful practices of child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C). These are known to increase during public health crises, due to economic drivers, a lack of oversight and disruption to prevention programming. Child protection agencies drew attention to this risk early in the pandemic, based on experiences of tackling Ebola.[33] Girls, especially adolescent girls, are disproportionately affected.

Both practices occur in all five countries – and are very common in some communities – as the needs assessments broadly confirm. The practices are linked: certain communities view FGM/C as making girls more "marriageable". Preparatory work for the JOFA COVID-19 intervention flagged FGM/C in these countries as "a high risk consequence of economic insecurity, particularly as the crisis continues".[34] This is in spite of FGM/C being illegal in Senegal, Uganda, Kenya and Ethiopia. Only Kenya has made CEFM illegal, although it is still widespread.

Ethiopia has particularly high rates of the practices, in host, refugee and IDP communities. Respondents believed that CEFM, which was common in all locations, had increased because of COVID-19. It was seen as a safety mechanism for protecting adolescent girls. In explaining their decisions, parents in focus groups cited school closures for exposing girls to sexual violence and early pregnancy risks, financial pressure on families, and community expectations about girls. Children said that girls were often forced to marry much older men. Respondents noted that under-age boys and girls were also being forced to marry.

"Since many girls could not attend school, I assume, a large number of teenage girls ended up pregnant and this phenomenon constituted another major driver of child marriage."

Key informant (elder), Babile district, Ethiopia

FGM/C remains very common in Ethiopia. Parent respondents described it as a cultural norm that had become easier to practise since schools were closed as there was less official scrutiny of the girls. They admitted to feeling pressure from their communities to subject their girls to the practice.

Respondents in Mali – a country with high levels of both CEFM and FGM/C – also expressed fears of girls becoming pregnant while schools were closed. All girls interviewed, 80 per cent of boys and 60 per cent of parents cited this as a reason for more child marriages occurring. In the region of Mopti, girls were reported to be marrying at increasingly younger ages. Boys aged 13 to 18 in that region noted that girls of their age were all married during the pandemic.

"There are many adolescent girls including me who experienced violent family punishment and bullying by youngsters in the street. Also, we do not know where to seek help and even fear to tell about the issue because of backfiring or undesirable response from family and community."

Adolescent girl, Babile district, Ethiopia

School closures and lack of official oversight were facilitating an increase in FGM/C incidence in Kenya, according to parent respondents. Reporting levels of FGM/C were relatively low, with the study noting that it is a hidden practice in Kenya. In the border areas of Busia and Bungoma, 26.2 per cent and 20 per cent respectively of children reported that CEFM had increased.

Across the border in Uganda, FGM/C was also reported in the study areas of Busia and Bugiri. Although reporting

levels were low, key respondents noted that community pressure to conform to the practice, and that of CEFM, outweighed respect of children's rights. School closures were also cited as a reason for an increase in forced marriages, with highest incidence reported in the Wakiso region, outside Kampala, and in Bugiri.

In Senegal, being out of school was a strong risk factor for CEFM for girls aged 10 to 17 in the southern, rural region of Kolda. Both harmful practices were noted as concerns affecting girls of all ages in Senegal. However, the needs assessment highlighted the south, including Kolda, as an area where FGM/C and CEFM occur much more frequently, despite prevention programming.

Child labour and exploitation

Child labour involves children who are too young to work or are involved in activities that affect their health and development. Child labour – particularly sexual exploitation and abuse and the worst forms of child labour – exposes children to serious and long-term physical, emotional and psychological harm, and prevents them from gaining an education.

"During COVID-19 lockdown, as girls are forced to stay home, this created an opportunity for parents to undergo the act of FGM freely at any time, so that the prevalence of these traditional harmful practices on girls increased during the pandemic."

Key informant, Chinaksen, Ethiopia

"Traditional leaders cannot report community members who are abusing children through, for example, early marriages, and female genital mutilation because these are culturally accepted in those communities and they cannot look at it as an abuse of the child's right."

Key informant, Bugiri, Uganda

The COVID-19 crisis has pushed up levels of child labour, making it a leading child protection risk in all five countries. Many families are experiencing financial hardship, possibly through the loss of breadwinners due to illness or death, and they now rely on their children to contribute. Both boys and girls are affected, with many expected to undertake heavy and dangerous work. The needs assessments indicated that boys tend to be more affected than girls in child labour outside the home.

Even before the crisis, Mali had high levels of child labour, involving 8 per cent of girls and 13 per cent of boys aged 6 to 14. In the needs assessment, 12 per cent of respondents thought that child labour had increased as a risk due to the pandemic – making it third after SGBV and access to child rights, as a perceived increased risk. Children are now supplementing family incomes by selling wares on the street, working in market gardening, mining and quarry work – particularly boys. Girls are put to domestic work, either at home or for others, and some are forced into transactional sex. Children respondents said that they viewed migration to find work as something they would do for their family's survival.

Similar patterns are seen in Kenya. Almost 58 per cent of children in Busia reported incidences of child labour – as did 34.5 per cent of children in the Kakuma refugee camp, in Turkana. Children are being drawn into the worst forms of child labour, including hazardous work in agriculture, industry and services, as well as working on the streets. Refugee children were reported as selling charcoal in camps; parents were reported to be involving children in selling home-made alcohol; boys were joining motorcycle transport services; girls were being sent out as domestic servants. Children separated from their families were especially likely to resort to child labour.

"Due to schools being closed, children have become labourers in the fields, and there are more child marriages for girls."

Formal child protection actor, Mopti, Mali


SOS CHILDREN'S VILLAGES
ETHIOPIA
Miidhaa Daa'immanii
doominaan Haa ittisu!
Together !

Respondents in Uganda described the hazardous environments in which children are being forced to work due to the economic impact of the pandemic. Brick-laying, heavy farm work, construction work, fishing, street-selling and mining were listed by children. In Busia and Bugiri districts, mining work for children was repeatedly mentioned, and sexual exploitation and abuse was reportedly occurring at these sites.

Child respondents in host and refugee communities in Ethiopia explained how their families expect them to contribute, by either working for the family or for farmers around the camps. They are expected to do domestic chores, fetch firewood and water, or work in farms or gold mines. For refugee children, especially girls, moving between locations for work exposes them to risks of abuse from host communities. The respondents noted that unaccompanied or separated children, of whom there are many in Ethiopia, were more likely to be in child labour and were more vulnerable to exploitation.

"Child labour has increased in Budue Buwolya parish. For example, children under the age of 15–17 years are working in the mining sites which is so dangerous to them and this has resulted in death because the soil subsided over them due to the slippery nature of the mining site."

Key informant, Bugiri, Uganda

If the crisis continues, children in southern parts of Senegal said that they feared that their parents would stop them returning to school and instead expect them to continue working.

Neglect

Neglect is the failure of a caregiver or guardian to provide for a child's physical, medical, emotional and educational needs. This could be lack of food, shelter or supervision; lack of medical attention and healthcare; leaving a child exposed to emotional abuse, including use of harmful substances; failure to educate or consider a child's special needs.

During the pandemic, neglect has become a daily norm for many children in all five countries. Its presence – notably in terms of insufficient food, shelter and supervision – acts as a gateway that exposes children to many of the child protection risks described here. Public health measures such as quarantining have separated families, leaving many children without adequate care and supervision of any type.

Food insecurity and malnutrition were the child protection risks most evident from Senegal's needs assessment. Curfews have affected the food intake of vulnerable adolescents, who previously went out to "cadge" food from transitory sources in the evenings. In vulnerable families, the evening meal was described as a "make-do" arrangement mainly for younger children, with older children left to fend for themselves. They are now going hungry and becoming increasingly frustrated. Children on the streets of Dakar also reported going hungry due to the curfews curtailing their opportunities to find food. Respondents in the four regions studied said that they were reducing food intake to get by. High levels of child malnutrition were noted in Kolda, in the south, where market closures have prevented families from trading to get food supplies. Monitoring from health centres in Guédiawaye, near Dakar, suggests an alarming rise in malnutrition among children under 23 months (global acute malnutrition at 18 per cent, and severe acute malnutrition at 4 per cent). The under-fives were reported to be missing routine vaccinations as parents are afraid of catching the virus at health centres.

In Kenya, school-based feeding programmes were suspended due to schools being closed, with children from vulnerable households going hungry as a result. Hunger was also mentioned as causing children to join gangs as a means to get food. Just over half of parents in the Kenya needs assessment reported increased levels of neglect, as did 48.6 per cent of children. Public health measures were reported to be separating families, and leaving children without access to food and healthcare. Child-headed households, especially in informal settlements, children with disabilities, and unaccompanied children were all mentioned in focus groups as being at high risk of neglect.

"Some of the children you see on the street have caregivers, but because their parents do not provide for them … due to economic hardship, they have decided to come and live a street life where they can make money easily by stealing, looting, and participating in gambling …"

Key informant, Kawempe Kampala, Uganda

Ugandan respondents painted a similar picture. High numbers of children, particularly in Kampala and Wakiso, were reported as neglected during the March–October 2020 period. Some children left home and now live on the streets because their parents were unable to provide for them, according to key informants. There were also cases reported of adolescent mothers abandoning children whom they could not care for.

"This whole coronavirus situation has wrecked everyone's lives – men, women, children: we're all afraid and all traumatised."

Parent, Ségou, Mali

Mali and Ethiopia both had extremely high numbers of children living in situations of neglect and multi-dimensional poverty before the pandemic. Mali's needs assessment underlined how measures such as quarantines have increased the risk of separating families, leaving children even more exposed.

Psychological and emotional abuse and distress

Whether it is the effects of public restrictions, family stresses from economic impacts, or fear of COVID-19 itself, it was clear that the pandemic is taking its toll emotionally and psychologically on children in the five countries. The needs assessments varied in how they reported this. Some discussed increased emotional abuse; others described children's feelings and anxieties, and the wider social context.

"Family gives less attention to learning and development. They think education takes many years to be used as a source of income. Girls are rushed to get married and stop being a burden to the family. The belief is families think if their daughters marry early, it is good and a blessing and because of the marriage, the family's income thrived."

Boys aged 15–17, Chinaksen, Ethiopia

In Ethiopia, children in focus groups in Chinaksen and Babile described how at the start of the pandemic, they felt distressed by news about illnesses, deaths and separations caused by COVID-19. They also reported distress from emotional abuse such as being cursed, insulted and undermined. Key informants, including the local chairperson, an NGO social worker and adults, mentioned encountering fear, anxiety, depression, eating disorders, anger and loneliness among children.

Respondents in all of Uganda's studied areas signalled increased risks of emotional violence among 13 to 17 year olds. Children described the specific forms of emotional violence they faced: threats, undermining, teasing, intimidation, bullying, humiliation, being ignored, being blamed, and degrading behaviour.

Parents and children in Kenya said that the types of emotional abuse that had increased most during the pandemic were name-calling and being cursed, being screamed at, and bullying. Those findings fleshed out OCHA's Situational Update for Kenya, from September 2020, which found the vast majority of girls and boys (83 per cent) and parents/caregivers (89 per cent) reported an increase in negative feelings due to COVID-19. Just under half (46 per cent) of the parents/caregivers reported observing signs of psychological distress in children.[35]

School closures, how long these would last and lost opportunities to take exams were a source of anxiety expressed in focus groups with Kenyan children aged 10 to 14 years and 15 to 17 years. For Senegalese children, particularly those aged 15 to 17, not returning to school was their main fear – a sentiment echoed by children in focus groups with a host community in Tongo, Ethiopia.

The needs assessment in Mali picked up on wider currents of anxiety about the virus that were affecting children. They were reported as being afraid of catching the disease, or of being stigmatised if they or a loved one gets infected. The sight of health workers in protective gear was alarming some children, while quarantines and isolation were making children feel anxious and alone. Respondents described how the pandemic has created an atmosphere in communities of mistrust, stress and tension, which was undermining normal social cohesion.

In Senegal, escalated tensions and friction among families and neighbours were reported to be occurring in Dakar neighbourhoods, due to overcrowding. With the curfews, night workers are unable to leave their homes, leading to many more people than usual occupying small living quarters in densely populated areas.


PLAN
Identify/re-engage participants in parent and caregiver support groups.
Gure Shembolla Refugee Camp


Enhancing
Protection
and Wellbe
of Children a
Families
Protecting Children
is a Collective
Responsibility


STATION
POLICE STATION


Wisdom
J069

Children most at risk

As well as exploring the child protection needs in the five countries by risk type, it is important to recognise that certain groups of children are more exposed to child protection risks, and that some face multiple intersecting risks. Cultural and social norms, contexts and circumstances all play a role in making these children more vulnerable to risks. This section discusses the different situations of these at-risk groups in the five countries as revealed by the needs assessments

Adolescent girls

Just as in previous health crises, the COVID-19 pandemic is showing patterns of disproportionate impact on adolescent girls. In all five countries, girls aged 10 to 17 were already vulnerable – in some cases, highly vulnerable – to risks of SGBV, early pregnancy and harmful practices including FGM/C and CEFM. COVID-19 public health measures and restrictions are exacerbating those risks by creating situations where girls no longer have the capacity and opportunity to prevent abuse, or to seek support from trusted community figures and negotiate with family to avert harmful practices.

Whether isolated at home or moving through now-deserted parts of their locality, girls are at increased risk of SGBV. Respondents in all locations in Kenya recognised that girls are now more at risk of abuses, compared to boys and children in other vulnerable groups. Girls in informal and rural settlements were highlighted as being at particular risk. Ugandan needs assessment findings showed that girls aged 10 to 17 are at far greater risk of sexual abuse than similar-aged boys – including abuse from peers.

"When a caregiver is tested positive for COVID-19 or happened to be a contact of COVID-19 positive person, he or she has to be put at the quarantine centre or treatment centre for at least three weeks from their children."

A female key informant, Palorinya, Uganda

"There is a girl in our village who is less than 18 years living with her three siblings, she used to work in a hotel so as to feed her siblings, and she recently got married leaving the two young ones behind alone."

Child respondent, FGD with girls aged 15–17, Busia, Kenya

School closures represent a major risk to girls' wellbeing in many ways, as the Mali needs assessment noted. It drew parallels with the Ebola outbreak, where school closures led to higher rates of SGBV, early pregnancy, sexual exploitation and abuse and harmful practices. Out of school and kept at home, more girls than ever are being forced into domestic duties by families, according to the Senegal assessment.

Many girls may never return to schooling. Families may decide that they should instead marry, believing that marriage will keep them safe from violence and unwanted pregnancy, and bring the family much-needed income. Parents in Chinaksen, Ethiopia, had a negative view of girls going outside the home. Respondents listed many locations – such as forests for firewood collection, rivers for clothes-washing, market places, water points – where girls were at risk of rape, violence and abduction. Refugee girls were especially vulnerable to abuse and harassment. As a result, parents in Chinaksen view CEFM as a culturally and socially acceptable solution for their girls' safety.

Children with disabilities

The pandemic has reinforced the many protection risks that children with disabilities already face. Many children with disabilities who live with their families depend on services and school for specialised support. Even with that support, they face marginalisation within communities and are vulnerable to abuse and neglect. Children with disabilities who are also separated from families, who are refugees or IDPs, living on the street, or forced to beg, are at heightened risk of violence, abuse and exploitation – girls with disabilities even more so.

In August 2020, an OECD study noted that COVID-19 would affect children with disabilities in terms of their education, health, social and family lives.[36] It described how children who often depend on routine and support to thrive would experience disruption and stress due to the virus and the measures taken to prevent it. Some children would struggle to understand the situation and how to keep themselves safe.

The Kenyan needs assessment described how COVID-19 was depriving children with disabilities and their families of access to therapeutic support just at a time when they needed it most. School closures meant that children did not have the assistive devices they needed at home and so faced a loss of learning. Their isolation at home also exposed

them to increased risks of neglect, abuse, segregation and psychosocial distress, including depression and loneliness.

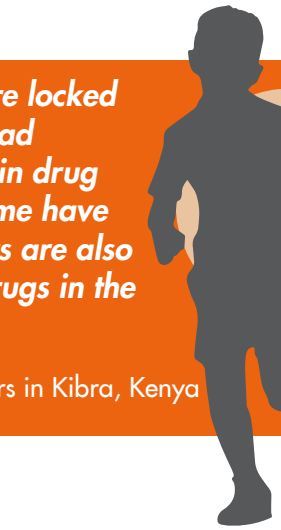
Some respondents in Ethiopia mentioned that children with disabilities who previously could interact with other children for play and assistance could no longer depend on them. In Mali, regional differences in attitudes to children with disabilities were revealed. Some 90 per cent of key informants in Bamako agreed that children with disabilities were more at risk and that there was a lack of help for them. However, in Ségou and Mopti, half of respondents believed that all children were exposed to the same level of risk. This suggested a need for more general awareness-raising regarding the vulnerability of certain groups of children.

Unaccompanied and separated children

All five countries have large numbers of unaccompanied and separated children (UASC). All face multiple forms of neglect, violence and exploitation, including child labour, commercial sexual exploitation and abuse and child trafficking. Kenya, Uganda and Senegal have many children living on the streets and as child-headed households. High numbers of UASC who are refugees and IDPs due to conflict live in Ethiopia and Mali, and among the refugee populations in Uganda and Kenya. To all these populations, the pandemic has added many more children who have become separated from families due to the virus, quarantines and people's attempts to flee infected areas. COVID-19 has added to the pressures and risks for unaccompanied children in all these settings.

"Children whose parents were locked down in the villages joined bad companies and are involved in drug and substance abuse and some have become rude. Drug traffickers are also using children to transport drugs in the community."

FGD with children aged 15–17 years in Kibra, Kenya



In Kenya, the needs assessment established that lockdowns and restrictions effectively cut parents off from their children in different towns, often for very long periods. Without alternative care structures and with schools closed, many of these children faced increased anxiety, were exposed to neglect and abuse, and had no access to food or healthcare.

Key informants in Uganda said that some children were separated from their family due to quarantine measures. In other cases, parents in urban settlements were abandoning their children because they could not provide for them properly; other children were sent to different carers where these were available. Similar situations were described by respondents in Mali.

"I'm a young girl who accompanies my mother who is paralysed. I beg to support my family and especially my children's education. Because of COVID, I can only beg in the morning, so I'm earning less money … I really want to stop begging but it's very hard for me to bear. When I earn less, my mother is in a foul mood. I pray to God to send me a husband to manage this situation."

M.D.K, 14 years, Senegal

Child-headed households in Kenya, especially those in rural and urban settlements, were also severely affected by the virus. With no support mechanisms to turn to, economic hardship has driven some into child labour and prostitution, and some to abandon the household they looked after. There were reports of child-headed households in urban settlements being thrown out of their shelter for not being able to pay rent.

According to the Kenya needs assessment, children who had previously lived at schools and religious institutions found themselves on the streets once these were shut down. When churches were closed, children already living on the street could no longer turn to them for food and shelter. With no alternative support, many children instead joined gangs.

Children on the streets are a particular problem for Senegal – notably *talibé* children and girls accompanying adults with disabilities who beg (see box, chapter 2). As previously discussed, curfews have prevented many *talibé* children from obtaining food from the street. Many institutions (*daaras*) that house *talibé* children sent them back to their families because of the pandemic. In the Pikine area, it was reported that those unable to return home now face increased levels of corporal punishment if they remain at the *daara*. In the Diourbel region, religious schools closed and reportedly turned the children out on to the streets with no attempt to assist them in returning to their families. For girls accompanying beggars, the impact of COVID-19 has been a drop in earnings from begging, difficulties

with following hygiene rules, increased malnutrition and respiratory illness. Reception centres in Dakar report taking in much higher numbers of unaccompanied children from the streets.

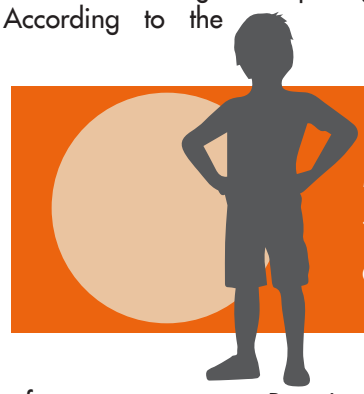
Conflict, not COVID-19, is responsible for the large numbers of UASC in Ethiopia. According to the Displacement Tracking Matrix, more than 7,500 IDPs in the country are UASC.[37] While some live in alternative care arrangements, many live on their own or on the streets. The pandemic has increased the pressures to survive for these children. Key informants reported that UASC in the camps were trading their food rations to obtain basic non-food items. Some unaccompanied children in the Tsore refugee camp were forced into commercial sexual exploitation and abuse. Adults in focus groups in the Tongo host community reported that UASC were undertaking heavy child labour. The needs assessment noted another broader impact of the pandemic: the public health restrictions have ended the previous culture of sharing meals locally, with neighbours taking turns to host a communal meal. This was especially beneficial to UASC, as those with no food would be included in the communal meal.

Other vulnerable groups

Children who join armed groups or gangs – or those at risk of doing so – were identified as a group whose vulnerability to child protection abuses had risen during the pandemic. Once in the gangs and groups, the children – who are mainly boys – are subject to high levels of violence, exploitation, child labour risks and neglect.

Respondents in the Kenyan study explained that hunger was a major driver for children ending up in gangs or armed groups, particularly in the informal settlements of Korogocho, Mathare and Kibra. Children aged 11 to 14 years in Kibra explained how the type and amount of food available was now different from previously. Gangs use the promise of food and money to lure children to commit robbery and theft. A UNHCR participatory assessment report in July 2020 found that in Kakuma refugee camp, 79 per cent of respondents listed thefts, robbery and security threats as primary concerns.[38] Children who are unaccompanied are at risk of such involvement, as are those from vulnerable households. The needs assessment concluded that the increase of children joining these groups was of immediate concern. It also mentioned an increase in children's exposure to drugs and substance abuse – this was both through involvement with gangs, and through parental neglect.

Banditry was mentioned by many respondents to the Mali needs assessment: 60 per cent of parents, 80 per cent of girls and 50 per cent of boys all said that it was on the rise. They blamed closure of schools and apprenticeship programmes for leaving boys unoccupied. The likelihood of joining armed groups was also reported as increased.



"Children in our community aren't happy because every time we hear the sound of guns."

Child in FGD, Diabaly, Mali

Recruitment into armed groups was a problem raised by respondents in the Ethiopian district of Chinaksen, where tensions among clans over grazing and farming land and water frequently escalate into conflict. Both refugee and host communities were alive to the risk of children being recruited into armed groups, yet its incidence was seldom reported.

Refugees, internally displaced children, migrants and minority children are all recognised to be at higher risk of child protection abuses. The OCHA Situational Analysis for Kenya, updated in September 2020, highlighted that such children were more vulnerable to risks, and should have their status identified as a priority.[39]

As a major host of refugees and IDPs, Ethiopia has a high number of vulnerable children directly affected by the pressures of the pandemic. In Chinaksen and Babile districts, economic impacts have drastically reduced the incomes for refugee and IDP families who relied on daily labouring in farms near to camps, or on petty trade with host community markets. Tensions with host communities have risen, as they too have felt the loss of income.

"In this community, there are no known services for children that we know of. There are no initiatives that prioritise children around here, other than the public school. There was one time a group of volunteers from the Bungoma Youth Connect group donated sanitary pads to teenage girls in this community."

FGD with Sirati Youth Group, Bungoma County, Kenya

Child-friendly spaces within camps closed due to disease restrictions. Refugee and IDP children who go into host communities reported higher levels of abuse, especially girls. Some host communities felt that services and NGO attention was more focused on refugee camps.

Gaps in services and capacities

The pandemic is putting huge pressure on child protection and response systems in the five countries. This section summarises the main gaps in services and capacities revealed by each country's needs assessment.

Ethiopia

According to the needs assessment, Ethiopia's legal, policy and administrative framework on children's rights seems good, but enforcement of laws and effective implementation of policies are poor. The government's capacity on child protection was described as weak in the Chinaksen and Babile districts, especially in terms of financial and technical resources, so dependence on NGOs was high. Respondents however, noted that child protection was not necessarily a primary concern for NGOs working in the area, with their emphasis chiefly on humanitarian responses and COVID-19 prevention for IDPs and refugees. Networking, partnership and collaboration across community, government and non-governmental organisations were also considered to be weak.

In Chinaksen and Babile, and around the camps in Homosha and Maokomo, key informants said that community-based child protection mechanisms (CBCPMs) in host communities functioned less well than those in the refugee settings. In the refugee settings, there were well-established child protection committees, feedback and response mechanisms, different clubs and institutions. In host communities, CBCPMs were described as limited and government offices lacked the capacity to support community-based child protection sustainably. This disparity across the two community types is causing tensions and also means that refugee children are left unprotected from violence when they are in host communities.

Almost all the participants, whether from host or refugee/IDP populations, spoke of limited access to essential services for health, food and nutrition, and hygiene.

Kenya

Child protection actors are operating in all the areas studied in Kenya. Gaps were reported for many services, however. A "huge number" of children need access to counselling and psychosocial support over risks of GBV, early pregnancy and early marriage, according to the assessment. Mental health and psychosocial support, life skills training for children, and parenting skills on online sexual abuse were all mentioned as lacking. Guidelines on handling increased numbers of abuse and sexual abuse cases are inadequate, case management is being hampered by public health restrictions, and children in vulnerable situations are not being prioritised. There are not enough prevention programmes on drug and substance abuse, particularly with a focus on parenting and life skills. Nor are there enough foster carers for refugee children, largely due to the economic impacts of the pandemic. Focus group participants suggested that interventions early in the crisis have not been sustained and many did not target children's wellbeing.

In terms of capacities, key informants said that local child protection committees, child volunteers, community councils of elders and neighbourhood committees had not received appropriate training on conducting advocacy over child protection issues in the pandemic. Police stations were inadequately trained on handling cases of SGBV, early pregnancy and child protection risks.

Mali

The needs assessment established several gaps in services and capacities regarding child protection in Mali. The government's strategy for tackling the virus lacks coordination and fails to include child protection needs. Frontline workers such as teachers, care workers and health workers have not been trained on child protection in order to support children affected by the pandemic. There is no national reporting and response mechanism for child protection, such as a toll-free hotline ("numero vert"). Vulnerable families, particularly those of children with disabilities, are lacking any food or social protection support.

"The moment the COVID-19 lockdown was imposed in Uganda, the level of protection risk increased but the rate of reporting and referral reduced because of disruption in services, infrastructures and reporting mechanisms."

Key informant, Uganda

Several gaps were found regarding children affected by the pandemic who require psychosocial support: there are no dedicated spaces or centres to help them, no specific mechanisms to respond to them and a lack of capacity among frontline workers to detect, refer and support cases of psychosocial need.

The assessment also found that the capacity of various people needed strengthening – namely, children, youth groups, religious and community leaders, and community communicators working with other organisations on COVID-19 awareness-raising.

Although formal child protection actors, both governmental and non-governmental, operate in Mali, all of these are under-equipped to cope with the pandemic. Most have little more than hand-washing kits in terms of resources.

Senegal

In terms of local services and capacities on child protection, the needs assessment for Senegal gave a mixed picture. According to the assessment, systems for detection, alert, reporting and referrals are active in local child protection committees, yet are under-used by local people. The committees were found to include frontline workers, making them highly accessible to local people and fast to respond. At the same time, communities, families and children were reported to be unaware of these services or the ways in which they could be accessed. This lack of awareness – or a preference for resolving matters within the community or family – meant that services were not being used to their full potential.

Frontline workers are adept at handling the most serious cases of child protection abuses, according to the needs assessment. However, unreported cases are slipping through the net, or being resolved informally. Local community and religious leaders play a "mediating" role, which could result in cases being covered up – but key informants said that these figures do call on formal protection services if cases worsen or become more prevalent.

Reception centres, where homeless and street children are temporarily housed, have played a key role in implementing a government drive to get vulnerable children into shelter. Yet the people running the centres deplored the lack of state aid to complete this mission, which they blamed on poor understanding of the nature of the child populations they are helping. Senegal, particularly Dakar, has high numbers of street children.

Uganda

Existing child protection services were described by the Uganda needs assessment as failing to keep children adequately safe, with communities lacking awareness about strategies on this. The pandemic has compounded weaknesses in the system and caused delays in responses, especially with CBCPMs. But key informants were hopeful that the crisis could enable child protection services to be strengthened for the future. Underlying reasons for problems with CBCPMs were: limited financial and material resources, poor coordination with formal child protection service providers, low staffing levels, and knowledge gaps on case management and reporting/referral guidelines.

"Take, for example, beating or any corporal punishment by a parent at home. A child may not know it is a form of violence against them and will always take it that he/she was punished because he was in the wrong. Such forms of violence will repeatedly occur and go unreported unless a child gets to know it's a violence and when it happened, I have to do ABCD."

Key informant, Katabi, Uganda

In all six study areas, the findings showed a lack of alternative care arrangements to cater for the increased numbers of children separated from their families due to the pandemic. Although the JOFA project approach is not to support new facility-based care for children, as noted in the assessment, existing centres needed increased resources and staff capacity-building.

"As children we need to go back to school, because many of our peers are now engaged in child labour and there are no campaigns and education to sensitise parents or community to stop engaging children in work. Parents see it as normal and if you don't support them in selling goods, they beat you up and deny you food."

Child respondent during FGD with children aged 11–14 in Kakuma refugee camp, Kenya

More than 80 per cent of respondents suggested that children, caregivers and duty bearers did not have the full capacity to prevent and respond to child protection risks. In all six districts, case management was suffering from limited resources of all kinds, technical capacity gaps and, in some places, incidents of corruption. Public health measures have also affected case management performance, particularly as child protection services were temporarily closed and resources diverted into COVID-19 prevention and response.

"My scope of operation is wide. The village is quite large, yet I have to cover all. I request the Program to support me and my colleagues in the struggle with some means of transport or recruit another person to assist me in this village."

Child protection committee member, Awach sub-county, Gulu, Uganda

Key informants in all districts mentioned limited understanding about child rights, responsibilities and protection risks among parents and children. This was leading in some cases to children becoming perpetrators of abuses against their peers. Lack of life skills among children and parents was also signalled. Low reporting rates on violence against children in all six districts were attributed to a lack of knowledge about protection risks and reporting mechanisms among children and parents, and in some localities, a lack of accessible CBCPMs.

Priority needs and children's participation

Building on the gaps surveyed, the assessment reports outlined priority needs for action, as expressed by focus group participants and key informants. Wherever possible, children were asked what their top priorities were. This section presents the patterns of priorities that emerged.

Violence

This was a top priority for children. In Uganda, children named sexual violence, and physical violence at home and school, among their top three priorities. Children in Ethiopia wanted action to feel secure against SGBV and other kinds of abuse, with their parents, communities and the legal system providing protection.

In Senegal, respondents said that tackling physical violence is a priority need for children across all age and target groups. Key informants in Mali urged JOFA to spearhead action on SGBV, as an imperative, and called for programmes and awareness-raising on violence and SGBV to be strengthened. Kenya's assessment also underlined the need for action on SGBV, particularly in informal settlements.

Children's, parents' and communities' awareness of what constitutes violence and abuse, and how to prevent it, should be strengthened to protect more children from violence, according to respondents in Uganda.

Child labour

Child labour was another of children's top three priorities in Uganda. In Senegal, child labour was a priority need for 10 to 17 year olds, and all vulnerable target groups. In Kenya, there was a call to enhance and strengthen interventions to increase meaningful impact on child labour, due to the pandemic. Ethiopian respondents signalled a need for community information campaigns to help prevent the worst forms of child labour. In Mali, strengthening of programmes and awareness-raising on child labour, including with children, were urged.

Basic needs

Children in all five countries are aware of poverty worsening since the emergence of COVID-19. In Mali, children mentioned that support from NGOs has decreased

and poverty has risen. Nutrition was a priority concern for children of all ages and target groups in Senegal. Getting food to children from vulnerable households was a priority in Kenya, due to the closure of school feeding programmes. Children in Ethiopia named non-food items (sanitary pads, underwear, clothes, shoes, cooking materials, soap and sanitiser) and livelihood support for caregivers as priorities.

Life skills were a priority need voiced by children in Kenya and Ethiopia, to cope with the pandemic. Key informants in Uganda saw life skills for children as a priority need. Children and other respondents in Mali noted that awareness-raising on COVID-19 needed to be adapted to reach children not normally in school, and those with disabilities. Some children in Mali said that the way that masks and hygiene kits were distributed should be changed so as to reach more children.

"Take for example, early and forceful marriage that happens in our community: if they really know what they are doing is some sort of abuse to a child and that it can negatively affect the development of the child, I believe they would have stopped."

Key informant, Bugiri, Uganda

Child protection services

Children in Ethiopia spoke of the need to strengthen child protection reporting and responding mechanisms. According to the Ethiopia needs assessment, there were calls for more child-friendly spaces, and more capacity-building for CBCPMs in both host and refugee communities. This was in spite of respondents reporting that child protection provision in refugee settings was better than in host localities.

Kenya's priority needs for informal providers included strengthening community-based child protection systems in schools and communities, particularly for adolescent girls in rural and informal settlements regarding CEFM and FGM/C. Strengthening CBCPMs was a priority need for Mali. Weaknesses in Uganda's CBCPM network prompted calls for better awareness among practitioners on reporting and referral processes, better community sensitisation over risks and reporting, and more staff and resources to meet increased needs.

Priority needs for formal providers included, for Mali, continuing the emphasis on violence prevention programmes and victim support, positive parenting, and PSS programming, especially for young people directly affected by COVID-19. In Uganda, more than 80 per cent of key informants from all districts said that case management approaches needed strengthening, with more financial, material and technical support. In Kenya, Mali and Senegal, a top priority was getting food to children from vulnerable households through social protection programmes, to keep them from turning to child labour and prostitution.

Capacity-building among children, parents, communities

Increasing understanding of child protection risks, rights, responsibilities and reporting among children, parents and communities, was a priority in most of the countries. In Uganda, respondents suggested that gaps in understanding about children's rights and risks contributed to high rates of abusive practices. The problem was particularly noted among rural communities, illiterate parents and out-of-school children.

Respondents in Kenya called for action to strengthen parents' and children's knowledge about online risks of sexual exploitation and abuse.

Specific target groups

Children with disabilities were a leading priority in Kenya – notably raising awareness of their needs, upgrading facilities, offering families greater therapeutic support, particularly during lockdowns, and adapting digital learning materials. Children with disabilities in Mali should be prioritised in peer learning and awareness-raising for hygiene measures to combat COVID-19, respondents said. Families of children with disabilities in Mali should also be prioritised in nutrition interventions.

Kenyan respondents detailed other target groups: child-headed households, and unaccompanied and separated children – with needs mostly focusing on care and support to prevent them from living alone. Children in armed groups and gangs need psychosocial support and social protection programming, to cope with pandemic-related hardships.

Children's participation

Respondents in most countries described a need to improve children's participation in child protection. Their participation is at best patchy. According to baseline data, only 8.9 per cent of children in Kenya, 3.1 per cent in Uganda and 7.7 per cent in Senegal report that their views are sought and incorporated into decision-making of regional or national government. Whilst children in Ethiopia listed various ways to be involved in child protection issues, including child rights clubs, girls' clubs, SRH clubs, during the needs assessment process, no child interviewed in the baseline survey reported that their views are sought and incorporated into decision-making of regional or national government.

In Kenya, structures for including children in decision-making and advocacy – such as children's clubs and assemblies – are mostly run through schools and youth groups. As these have been closed or restricted during the pandemic, there has been no other channel to enable children's participation. Respondents called for community-based child participation forums and spaces for children to advocate on child protection issues, especially in informal settlements.

In Uganda, there was a feeling that scant attention is paid to involving children in decisions that affect them. Due to COVID-19, children have limited access to forums like district and community meetings or radio stations. Respondents noted that Ugandan children generally lack advocacy or public speaking skills. In Mali, respondents mentioned the need to work with children to develop messages for raising awareness on risks of sexual violence, CEFM and child labour.

Suggested action on needs for JOFA

Two countries urged JOFA to target action on specific needs arising from their assessments. In Mali, JOFA should work on two fronts. Firstly, to redouble and adapt its COVID-19 sensitisation strategy among communities and children, to ensure that people believe the disease is real, and to reinforce preventive measures. Secondly, to adapt activities on sensitisation, positive parenting, parent peer groups and community networks regarding the child protection problems surfaced in Mali's assessment – notably SGBV, child labour and dangerous forms of migration by children.

Kenya's assessment suggested adjusting JOFA interventions to strengthen capacity on emerging needs, namely child labour, children with disabilities, children living on the streets and in armed gangs/groups, needs related to drug abuse and online exploitation. This entails developing partnerships at local, county and national levels, with responses adapted to the most prevalent needs in a given area. For instance, the Kenyan assessment showed geographical patterns of needs: a high prevalence of online child sexual exploitation and abuse in Nairobi compared to the other three regions studied; more cases of child labour in Busia compared to other locations; and in Turkana, more cases of sexual violence and rape, CEFM and FGM/C than elsewhere.

The Ugandan assessment, by contrast, saw no need for adjustments, noting that JOFA could build on the existing child protection and response systems. But greater attention is needed to implement and enforce existing child protection laws and policies; to address key drivers of child protection risks, such as negative norms; and to support positive behaviour change in children and adults.

JOFA Project Baseline survey data findings

The JOFA Project baseline survey, conducted in the five countries during the period January to April 2021, gathered data from children, parents and child protection actors. It recorded the views of these participants on experiences of violence, awareness of child protection risks (including those associated with COVID-19), awareness of how to report these, efficacy of response mechanisms, and responsiveness of caregivers.

The results present a mixed picture, in several ways. Parents appear to be under particular pressure: in Senegal, Ethiopia and Uganda, no parents or caregivers said they felt able to provide protective environments for their children, and manage their own stress levels. Only 12.6 per cent of Kenyan caregivers affirmed that they could. At most, just over a fifth of parents in Kenya said that they knew what were the main child protection risks associated with COVID-19; only 1.8 per cent said the same in Uganda, with 18.75% in Ethiopia and 12.7 per cent in Senegal.

This lack of awareness in parents seems reflected back in children's impressions: very few children said that their parents understood their worries and problems – 14.6 per cent of children in Senegal agreed that they did, but only 2.1 per cent in Kenya, 5.82% in Mali and 1.1 per cent in Uganda did so. The numbers of children who could identify child protection risks and how to get help were more encouraging: over 40 per cent in Senegal and Mali, approximately 22 per cent in Uganda and Ethiopia, and almost 18 per cent in Kenya affirmed that they could do this. The percentage of children feeling confident about reporting a protection violation to a reporting structure was very positive for Uganda at almost 63 per cent and in Senegal at 62 per cent and Kenya 55.8 per cent. In Mali, however, no child felt confident about reporting a protection violation to a reporting structure, reflecting the lack of functional community based structures in Mali.

Confidence levels varied among formal and informal child protection actors about having the skills and knowledge to handle risks in the pandemic: almost 60 per cent in Kenya expressed confidence about this, as did almost 44 per cent in Uganda but only 24.5 per cent in Senegal. Community based child protection mechanisms were functional in terms of duties and responsibilities in only 14.19% of cases in Mali andbarely a third of cases in Senegal.

This situation was better in Uganda with 48.6% reported as being functional. Approximately half of peer-based networks surveyed in Kenya had adequate knowledge of child protection and child-friendly accountability approaches, whereas in Mali, Senegal and Uganda, the figure was between 34-42%. In Ethiopia only 19.9% of peer based networks had adequate knowledge as per the survey.

5. JOFA's response to the consolidated findings

A complex crisis such as COVID-19 demands joined-up efforts to mitigate the negative effects of the pandemic, especially on vulnerable children. The JOFA Project "Protecting Children from Violence during the COVID-19 crisis and beyond" aims to meet the immediate protection needs of children while regularly assessing the situation as it evolves, and adapting implementation to changing contexts and needs.

The five country needs assessments are central to this aim. They offer valuable insights into how the pandemic and the public health measures to prevent COVID-19 have been affecting populations of children in the target countries over the past months.

In light of the consolidated findings of the assessments, the JOFA team outlines here how the project will address the child protection risks identified across the five countries. The team summarises the status of risks requiring immediate attention, compiles key advocacy asks from national and international actors, and outlines how the project will respond to the needs raised by all those who participated in the country needs assessments.

Needs and risks

- increase in child labour
- increase in child sexual exploitation and abuse
- increase in child marriage and other harmful practices (FGM/C)
- high levels of psychological distress in children, their parents, and caregivers
- increase in physical and psychological violence against children perpetrated by parents and caregivers
- increase in child neglect
- specific and exacerbated vulnerabilities to violence for children with disabilities.

Advocacy asks

Given the recurring needs and risks that have been identified across the five countries, these are some common advocacy asks that Joining Forces country teams will use and adapt to their national contexts. These advocacy asks are aimed at national governments, line ministries, donors and other important decision makers at national, policy and programme levels.

1 Support social protection programmes

Increase funding and support to social protection programmes (particularly cash transfers), targeted to poor vulnerable families to alleviate financial stress caused by the pandemic and which is contributing to:

- **child labour and child sexual exploitation and abuse**
- **neglect**
- **child marriage and harmful practices.**

Integrated Social Protection- "Cash Plus"

Positive parenting programmes and other family strengthening interventions should be implemented and integrated with social protection programmes, in order to support parents dealing with increased stress and provide other vital services. These will contribute to a reduction in:

- **psychological distress in parents and caregivers;**
- **physical and emotional violence against children, perpetrated by parents and caregivers.**

2 Safe return to school

Fund and support the safe return to school for all children as a priority, through adequate provision of materials and necessary policy and financial measures. This will help to address the increases reported in child labour and child sexual exploitation and abuse, neglect, and child marriage and harmful practices.

Schools are important places for **child participation** in decision-making processes. They also provide **school feeding programmes** that will alleviate reported increases in hunger and food insecurity.

Group-based activities for child wellbeing should be supported, both at schools and within communities. Teachers, schools and community actors should be provided with necessary guidance, support, training and materials, such as psychological first aid training. This will contribute to a reduction in:

- **psychological distress in children**
- **child labour and child sexual exploitation and abuse**
- **peer-to-peer sexual violence**[40]
- **recruitment of children by armed forces and criminal gangs.**[41]

Our response – JOFA Project

The JOFA Project was designed at the outset of the COVID-19 crisis, informed by early assessments of the impact of the pandemic on child protection, and experience from past infectious disease outbreaks such as the Ebola crisis. The overall design of the JOFA Project remains relevant to the needs and risks that emerged during this most recent assessment process, with some minor adjustments needed to ensure that we respond to the most pressing needs. The project has four specific objectives, with corresponding expected result areas:

1 Strengthened national and local protection and response systems

- Identification, reporting and referral mechanisms strengthened
- Child Protection services strengthened
- Specialized services (child helplines and alternative care service) supported
- Advocacy towards National/ Local Government to protect the social service workforce & include Child Protection in COVID-19 response plans

2 Improved protection in resilient families, communities and institutions in the context of COVID-19 and during the recovery phase

- Increased public awareness of the child protection risks associated with COVID-19
- Parents and caregivers have increased capacity, skills and support
- Community based child protection mechanisms are strengthened
- Schools/ learning spaces integrate child protection messaging & support

3 Increased capacity and agency of children to prevent and respond to violence against them during the COVID-19 crisis and recovery phase

- Children benefit from life skills and psychosocial support activities
- Increased participation of children as agents of change for ending violence
- Regional and national child participation mechanisms strengthened

4 Increased learning and sharing of knowledge and best practice related to child protection approaches

- Monitoring and evaluation, and child-friendly feedback mechanisms established
- Learning exchanges- in country, with other project countries and global

In response to the needs assessment findings, the JOFA project will do the following:

- Integrate specific measures to prevent and respond to child labour.
- Integrate specific measures to prevent and respond to Children Associated with Armed Forces and Armed Groups (CAAFAG) – as seen in Ethiopia and Mali.
- Integrate specific content on prevention and response to child marriage and harmful practices and sexual violence and sexual exploitation and abuse, into planned interventions such as:
  - positive parenting programmes
  - communications and social behaviour change campaigns
  - community engagement activities
  - training of children's groups (peer-based networks, children's clubs etc.).
- Adopt **Gender transformative** approaches that engage men and boys to positively change harmful norms and practices
- Pursue advocacy asks with national government and other key policy makers as outlined above.
- Continue and increase our efforts to implement **positive parenting programmes** such as Parenting without Violence.
- Continue and increase our efforts to implement group-based activities for child wellbeing – especially mental health and psychosocial support with children's groups (peer-based networks, children's clubs etc.), using evidence-based methodologies such as TeamUp.
- Continue to work with disabled people's organisations and other experts to ensure our activities are inclusive and address the specific needs of children with disabilities.

Keep up to date on the progress of the project by signing up to JOFA's quarterly newsletter
Get the latest news, case studies, learning briefs, voices of children, and more.

Endnotes

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