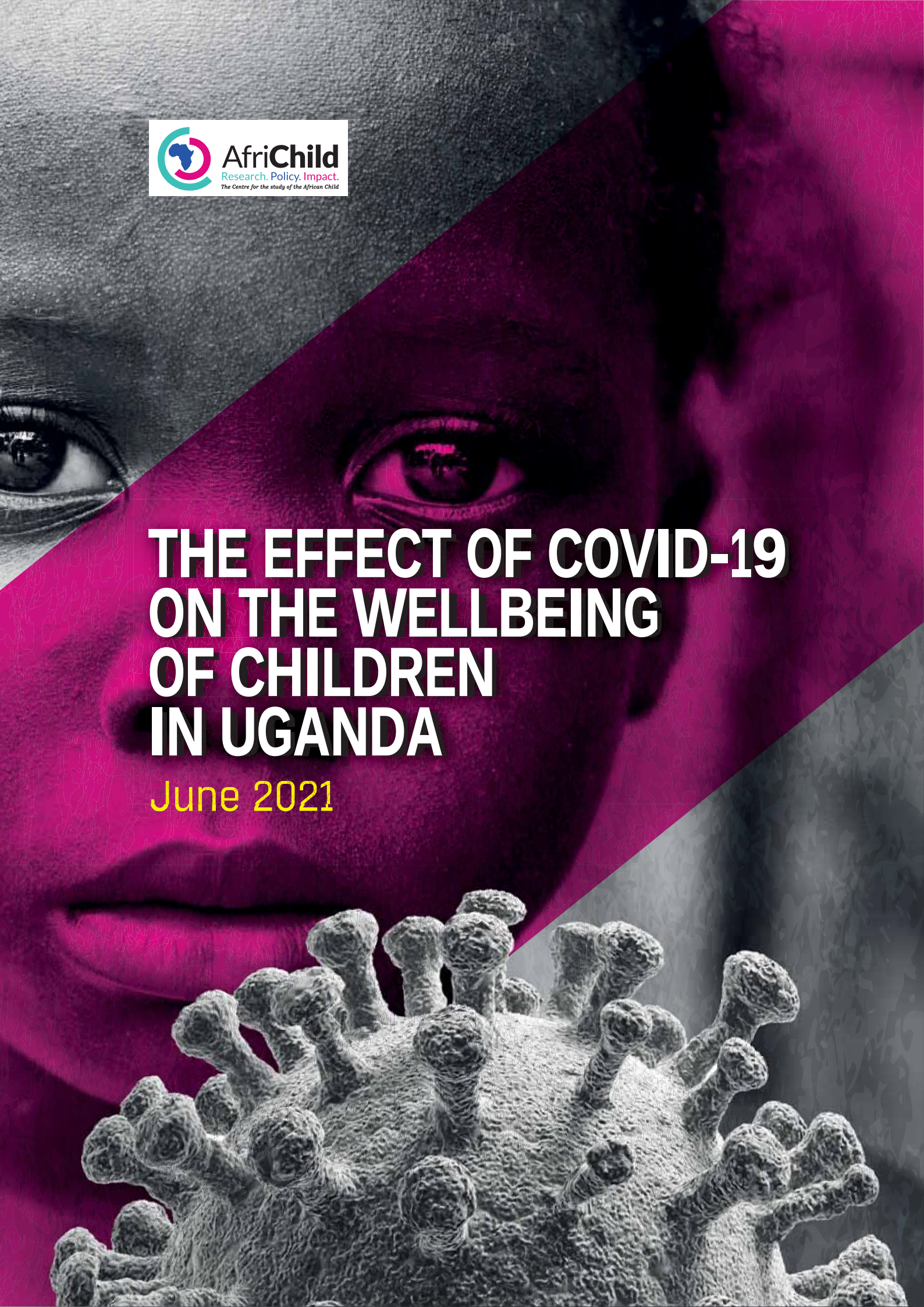

THE EFFECT OF COVID-19 ON THE WELLBEING OF CHILDREN IN UGANDA

June 2021

THE EFFECT OF COVID-19 ON THE WELLBEING OF CHILDREN IN UGANDA

FINDINGS FROM THE STUDY

The AfriChild Centre led all aspects of the study on 'The Effect of Covid-19 on the Wellbeing of Children in Uganda'. This included; the study design, the study sample, coordination and implementation of the fieldwork.

Funding for the implementation of the study was provided by AfriChild donor partners including; the OAK Foundation among others.

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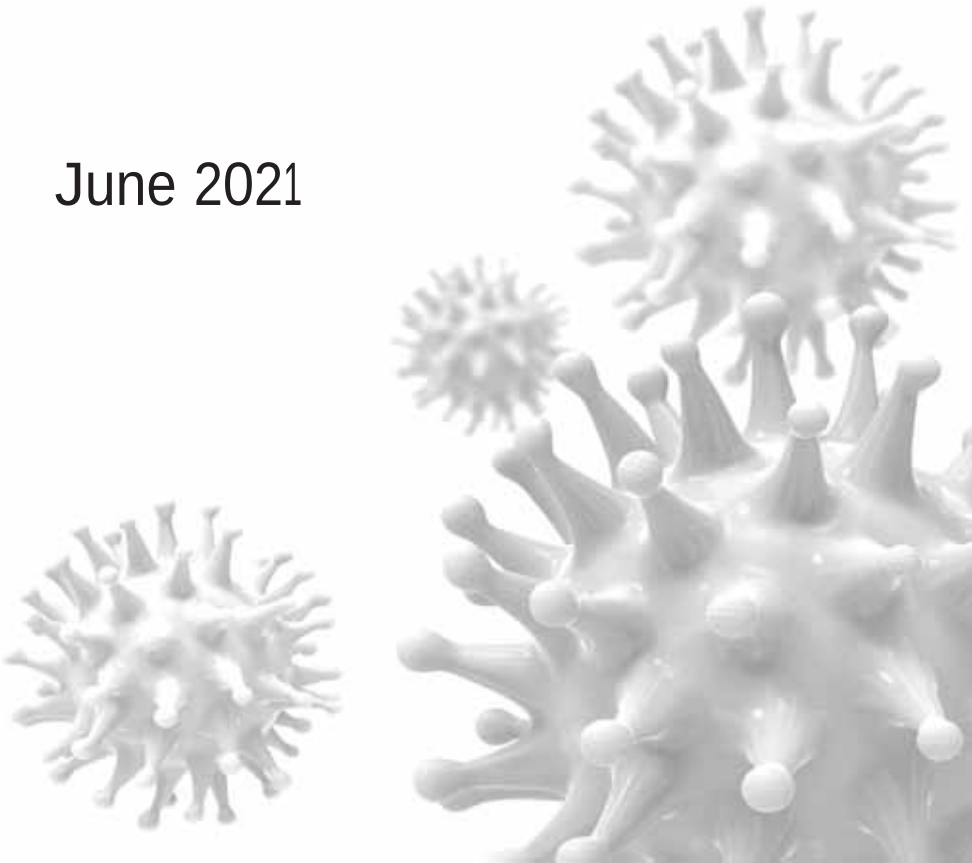
The AfriChild Center of Excellence for the Study of the African Child, Makerere University: The Effect of Covid-19 on the Wellbeing of Children in Uganda, 2021. Kampala, Uganda: AFRICHILD, 2021.

The findings and conclusions in this report are those of the research team at the AfriChild Center and represent the official position of the AfriChild Center. The research team consulted with key stakeholders on strategies to ensure the well-being of children amidst the Covid- 19 pandemic in Uganda. All policy recommendations contained within this document are a result of extensive review of national, regional and global documentation, as well as feedback from key stake holders including officials from the government of Uganda.

AfriChild
Research. Policy. Impact.
The Centre for the study of the African Child

THE EFFECT OF COVID-19 ON THE WELLBEING OF CHILDREN IN UGANDA

June 2021



Forward

The global COVID-19 pandemic has impacted the way we live and work, but most critically it amplified the vulnerabilities of children and inequities that are inherent within our communities. The government-imposed strict prevention measures impacted the livelihoods of many working people, hindered access to essential services like healthcare and education. Over 15 million children in Uganda were out of school without the protection net that schools provide.

Anecdotal and media reports in Uganda suggest that the confinement of the population at home and in their communities resulted in a sharp rise in cases of domestic violence, child abuse, teenage pregnancy, sexual exploitation, child labour among others. This put into sharp focus the work of institutions like AfriChild and the need for strategies to ensure child protection amidst not only the global COVID-19 pandemic, but also the hidden crisis of child abuse escalated by the pandemic.

The AfriChild Centre is committed to generation of research evidence to ensure relevant policies for children in Africa. The COVID-19 pandemic and the subsequent government lock-down response is unprecedented. This situation demanded empirical evidence to provide a basis for informed action. In line with its mission, the AfriChild Centre conducted a scientific study to generate evidence on the effect of COVID-19 on the wellbeing of children in Uganda. This study was premised on the emerging challenges presented by the pandemic including; limited, inaccurate, inappropriate and non-inclusive information on COVID-19, possible escalation of violence against children leading to increased pressure on the already limited social protection services. Other potential adverse effects to children include mental stress caused by loss or separation from primary caregivers, lack of adequate access to protection, health and education services, disruption in livelihoods and family connections, fear and anxiety as well as increased domestic violence in the home.

The ultimate purpose of this study report is to provide lessons for all stakeholders from the country's experience of the pandemic as a basis to strengthen our health, education, economic and social protection systems; through informed policy and programming to better respond to the current and future pandemics, especially as relates to the protection and well-being of our children.

Timothy Opobo
Executive Director

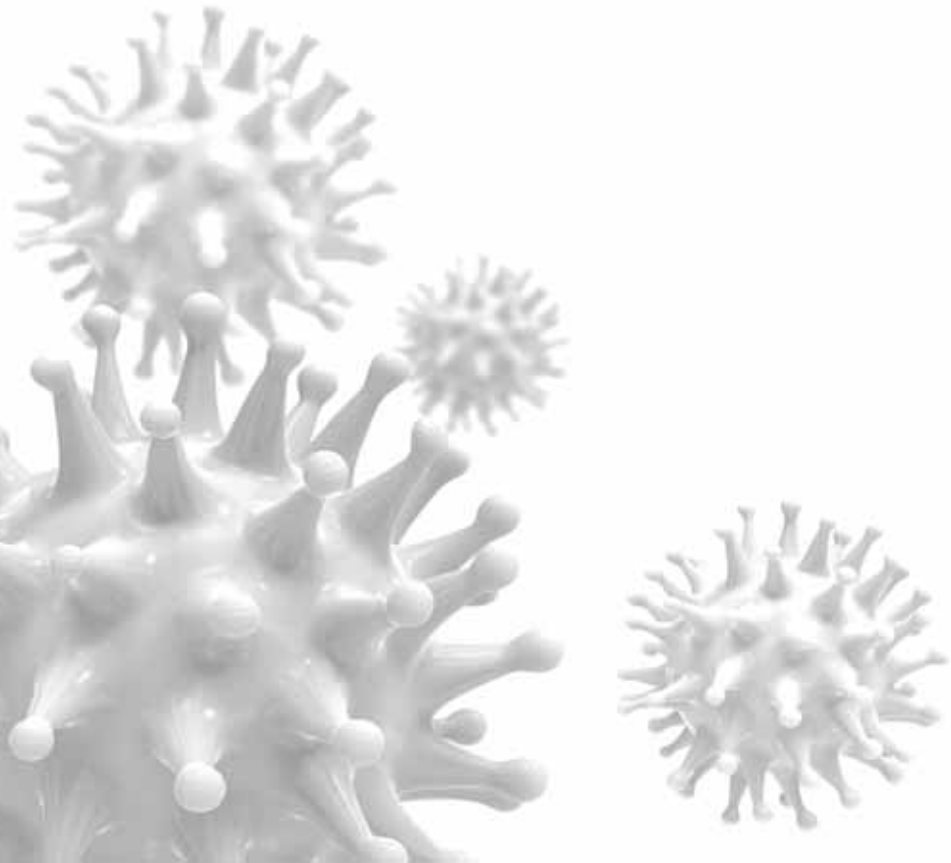
Acknowledgement

The AfriChild Center would like to wholeheartedly applaud the indispensable support provided by our partners, without which this study would have not been possible.

The data collection and analysis and overall development of the report has been a participatory process, led by the AfriChild Center research team comprising of competent researchers and research associates. This process has required sustained commitment and input from a variety of stakeholders, including selected line government line ministries, local governments of the target districts (Kampala, Gulu, Lyantonde and Luuka), civil society organizations, UNICEF officials, Ugandan children and families themselves. This consultative process made the Covid-19 Report possible.

Further recognition is owed to the primary team involved in this study and the final report writers; Laban Kashaija Musinguzi, PhD; Mathew Amollo; Johnbosco Apota; Clare Ahabwe Bangirana, Timothy Opobo, Agnes Wasiike and the Report's graphic designer, Luciano Ssaku (Keen Services).

Lastly, we are highly indebted to the OAK Foundation and other donor partners for their continued financial support that makes our work possible, as well as the technical expertise provided by our research associates.



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List of acronyms

CDO	Community Development Officer
CFPD	Child, Family Police Department
CSO	Civil Society Organisation
Eas	Enumeration Areas
FGD	Focus Group Discussion
IDI	In-depth Interview
KII	Key Informant Interviews
MGLSD	Ministry of Gender, Labour and Social Development
MoES	Ministry of Education and Sports
ODK	Open Data Toolkit
PSWO	Probation and Social Welfare Officer
UCHL	Uganda Child Help Line
UNCST	Uganda National Council for Science and Technology
UYDEL	Uganda Youth Development Link
VAC	Violence Against Children

Key Terms and Definitions

Violence against children	Any form of "physical, emotional or mental injury or abuse, neglect, maltreatment and exploitation, including sexual abuse, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation"[1].
Physical violence	The intentional use of physical force with the potential to cause death, disability, injury, or harm[2].
Sexual violence	Includes all forms of sexual abuse and sexual exploitation of children… encompasses a range of acts, including completed non-consensual sex acts, attempted non-consensual sex acts, and abusive sexual contact, and exploitative use of children for sex[3].
Sexual abuse	Encompasses abusive sexual touching, attempted forced or pressured sex, physically forced sex and pressured sex[4].
Sexual exploitation	Refers to "sex with someone because this person provided (the child) with material support or help in any other way" including such things as giving gifts, food, school fees or money[5].
Wellbeing	Free from violence in all forms and being able to access services that support and protect children from violence.

[1] Ministry of Gender, Labour and Social Development. Violence against Children in Uganda: Findings from a National Survey, 2015. Kampala, Uganda: UNICEF, 2015
[2] Ibid…
[3] Ibid…
[4] Ibid…
[5] Ibid..

Executive Summary

Introduction

The assessment of COVID-19 effect on the Wellbeing of Children in Uganda was conducted between June and August, 2020 by AfriChild Centre, Makerere University. The study took a retrospective approach with a focus on the three months of the COVID-19 lock down (April-June 2020) to counter contradictions that could arise from a longer study period in the face of changing dynamics of COVID-19.

To generate evidence, a cross-sectional survey design utilizing quantitative and qualitative approaches of data collection was used. A total of 644 children aged 10-17 distributed across four districts of Lyantonde, Kampala, Gulu and Luuka were interviewed using a structured questionnaire. Data from the structured questionnaire was supplemented with qualitative techniques of data collection, i.e., Focus Group Discussions (FGD) that targeted parents/adult caregivers, In-depth Interviews (IDIs) with children and Key Informant Interviews (KIIs) with duty bearers at various levels. In addition, secondary analyses were conducted for the Uganda Child Help Line (UCHL) data base and the Uganda Police Force Child and Family Protection Department (CFPD) and triangulated with study findings.

While the study aimed at establishing the wellbeing of children in general during COVID-19 lockdown, the evidence collected and presented in this report spans different strands notably the nature of violence against children (VAC); perpetrators of VAC; reporting VAC; and Children's access to both preventive and response services. Based on the findings, the study identified critical issues emerging and draws policy and program implications for child wellbeing during similar crises in future.

Key findings

Children's care and living arrangements during COVID-19: At the time of the study, eight in every ten children (75.4%) were cared for by their biological mothers while about six in ten children were cared for by biological fathers (58%) and one in every ten mentioned grandparents (8.8%) as primary caregivers. Evidence suggests that during this COVID-19 period, children lived in homes with a mean composition of seven members over and above Uganda's national mean/average household size of 4.7 members. Overall, 17.6% of the children indicated that their households experienced an increase in the number of people coming to live with them during lock down than before. This points to change in child care and living patterns that resulted in crowded dwellings during COVID-19, predisposing children to acts of violence.

Children's access to food and other basic necessities during COVID-19: Children's access to basic necessities was a challenge for children. Four in every ten children (42.1%) who participated in the indicated a change in their meals such as eating their favorite food less often than the period before during COVID-19. Nine in every ten children (90.9%) cited non affordability as the casual factor to changed feeding patterns in their favorite food availed less often than before COVID-19. In addition, almost three in every ten children (28.6%) reported a reduction in daily meals frequency with more children from urban locations (30.8%) reporting this shift than rural (25.8%) children. It is worth noting that on average about one in every ten children (13.8%) ate only one meal a day while almost a quarter

(22%) of all the children who participated in the study went to bed hungry at least once, a week prior the survey. Those who went to bed hungry cited limited food availability (65.5%). Food scarcity among children during COVID-19 points to the limited geographical scope covered by the government relief food distribution that targeted locations like Kampala. Beyond food children lacked other basic necessities as some parents had lost their source of livelihoods. Consequently, over 30% of the children who participated in the study had resorted to petty and odd jobs to earn an income. This was particularly prominent among children in Kampala (40.8%) compared to other districts like Lyantonde (21.9%). Children from poor households were particularly vulnerable.

Children's access to education and learning opportunities: Whereas close to 95% the children who participated in the study were in school at the time the government announced school closure, almost four in every ten children (44.5%) had no access to the virtual lessons and self-study materials improvised by government as a stop gap measure for continued education and learning. The children who accessed education and learning indicated access through television (25.1%), radio (14.8%) and self-study materials in newspapers (14.5%). Generally, prospects for children's education and learning post COVID-19 were blurred by anxiety among both children and parents. Parents were particularly concerned about re-entry into the school system for school girls who became pregnant while in the COVID-19 lockdown.

Violence against children during COVID-19: Between April and August 2020, there were a 65% increase of VAC cases reported to the Uganda Child Help Line (UCHL) from 219 in April to 619 in August 2020. Three common forms of VAC increased during COVID-19; child neglect, physical and sexual violence. Child neglect cases increased by 61.4% from 89 in April to 231 in August 2020. Physical abuse cases increased by 63.1% from 53 in April to 144 in August 2020. Sexual violence cases increased by 71.3% from 61 in April to 105 in August 2020.

Data from the survey also show high prevalence of VAC. Three in every ten children who participated in the study reported experiencing physical violence during the three months, slightly affecting more boys (34%) than girls (29%). Results generally show that physical violence against children was often occasioned by people close to the children who ideally should be their protectors. For example, about seven in every ten children who reported abuse from an adult parent or caregiver mentioned biological fathers/mothers (65.6%) as the perpetrators of abuse. Similarly, cases reported to the UCHL for the month of May 2020 show that 99% of the cases of physical violence happened at the hands of the children's own caregivers. Similarly, perpetrators from the community, often tended to be someone known to the child (75%) and on a few occasions other groups such as a gang member or even people in positions of responsibility such as local defense unit, clan leaders and local council officials (LCs). About three in every ten children mentioned their own homes (30.6%) while two in every ten mentioned the perpetrators' home (20%) as the common places where physical abuse was experienced. Physical violence generally happened in familiar settings/environment such as homes or in spaces where they are easy targets for abuse mainly because COVID-19 restrictions meant that children often lived with their abusers.

Regarding sexual violence, 8% reported experiencing sexual abuse during the three months of COVID-19 lockdown. More girls (11%) experienced sexual violence compared to boys (2%) in the three months of COVID19 lockdown. Unwanted/abusive sexual touching was the most prevalent (79%) form of sexual violence reported by children. The results suggest that COVID-19 control measures have created significant challenges for children where they have become susceptible to sexual exploitation. Data from the Uganda Child Help Line show that cases related sexual violence reported in the months beginning May 2020 more than doubled. For example, the UCHL month of May 2020 report shows that sexual violence cases made up 34% of the total cases reported, the first time since the inception of the child helpline that sexual violence cases dominated.

Three in ten children (25%) experienced emotional violence in the three months of COVID19 lockdown. Emotional violence was equally high among boys (23%) and girls (26%). Half of the emotional violence cases at home were perpetrated by their parents (50%) while about 8 in ten (78%) cases of emotional violence at community were perpetrated by people known to the children.

Reporting cases of VAC: Despite increase in cases of VAC, few children were reporting abuse. Five in every ten children (53.3%) who experienced physical violence either from an adult family or community member did not report to anybody or tell anyone about it. About 68.2% and 52.4% of the children who reported abusive sexual touching and attempted forced or pressured sex did not report anywhere or to anyone. In most of these cases, fear was the key factor driving failure to report. Most children failed to report for fear of repercussions such as being abandoned or denied basic necessities prevented children who experienced abuse from reporting. However, it appears that where children and other community members were able to report cases of abuse, they did so using the Uganda Child Helpline as cases reported to the UCHL more than doubled. Reporting to UCHL accords privacy and a degree of anonymity from the abusers.

Children access to VAC related information and services: Although 67.4% had heard or seen any message or communication on VAC before COVID-19, only 58.2% accessed VAC related messages during the past three months of COVID-19 lockdown and restrictions. For those who heard a message about VAC during COVID-19, the electronic media was the common channel with over 55.9% citing radio and 49.6% who mentioned television. The use of media as a tool to communicate messages about prevention of VAC is not surprising given that most of the actors were locked down for the most parts of the months of April, May and June when COVID-19 control measures included restrictions on movements for non-essential services. Most of the actors therefore relied on the use of media communication.

About a quarter (26.9%) of the children who participated in the study said they had heard about the Uganda child helpline with majority having heard about it from the media mainly television (38.2%) radio (36.0%). Discussions with CSOs and district based including community development office and probation and social welfare officers indicate deliberate attempt to use the media particularly radio to popularize the child helpline.

Over 69.3% of the children who participated in the study knew of a place in their communities where children can go for support if they experienced any form of violence with the LCI (45.1%), police (29.4%) the most commonly mentioned places. However, only about one in every ten children said they accessed services (12.5%) from such places in the three months under consideration. Data from the UCHL also shows minimal access to services such as HIV testing for sexual violence survivors.

Conclusions and recommendations: From the findings above, the researchers make the following conclusions:

1) Children are likely to face more multiple vulnerabilities during pandemics and pandemic related restrictions.
2) Violence against children (especially, physical, sexual and emotional violence) increases during pandemic related restrictions.
3) Violence against children remains gendered with boys suffering more physical violence and more girls suffering sexual violence.
4) Access to child protection services and information was low for all children and their caregivers

Based on the results, the following policy and program recommendations are proposed;

Maintain essential children services amidst crises: An online catalogue of children essential services accompanied by a database of service providers across sectors and levels certified annually, is of necessity for assuring un interrupted service provision to children in times of crises. In addition, such a catalogue and database can be an essential reference point in the referral pathway for Uganda Child helpline in management of child rights violations reported from across the country.

Reposition psycho-social support as an essential service and a standard in child wellbeing programs: Stakeholders should seek to restore the mental stability of children who suffered violence and trauma during COVID-19 lockdown as a damage control measure for children exhibiting signs of distress within the community and school settings when schools re-open. In addition, government should consider repositioning Psycho-social support from a cross cutting issue to an essential service in delivery of children services in all contexts.

Map care and living arrangements for children to inform child friendly interventions during pandemics: Periodical mapping of children care and living arrangements should be incorporated within the Annual national demographic health surveys to guide service delivery to children during pandemics.

Strengthen e-learning in Uganda education system: With the 4th Industrial revolution imminent, Uganda's education system can assure quality and uninterrupted learning for children by harnessing technology to facilitate children's education and learning with inbuilt safety measures during pandemics.

Service grants for children in adversity and hard to reach areas: Availability of children service grants would assure sustained provision of basic services to children irrespective of the context they find themselves in. In addition, Government programs on wealth creation need to deliberately target families with children instead individuals; and a deliberate effort made to include hard to reach areas in the targeting criterion to assure inclusiveness.

Streamline Coordination & Reporting on Child wellbeing: Clear and up-to-date data and information on the situation of children is a necessity to guide investment in child wellbeing. The national policy (2020) strategies and priority actions provide an opportunity for streamlining child wellbeing stakeholder's coordination, and reporting mechanisms.

1. Introduction

COVID-19 pandemic is a global crisis with limited research evidence on the disease itself, control measures and COVID-19 related effects on the population. Recent literature published in the later part of 2020 (Coker, et al. 2020) shows that the direct and indirect impact of COVID-19 on children in Sub Saharan Africa are yet to be described in detail. Indeed, to-date research evidence on the effect of COVID-19 in Uganda remains scanty as long-term effects are difficult to predict in the short-term. In particular, the effects of COVID-19 on children remain largely unknown, with only a few institutional project based assessments undertaken. Therefore, the AfriChild Centre study to document the "Effect of COVID-19 on the Wellbeing of Children in Uganda" commissioned in July, 2020, was among pioneer evidence collation studies on Child wellbeing in context of COVID-19 in the country.

Premised on two critical concerns about the COVID-19 pandemic as ; 1) a public health, social and economic crisis that is global in scale[6]; and 2) children being among the most affected and at-risk population groups in the wake of COVID-19 pandemic[7], the study adopted a human-centred perspective to explore the effects of COVID-19 on the wellbeing of children in Uganda. This report, as an outcome from the Africhild Centre documentation study provides evidence on actual and potential effects of COVID-19 on children; the nature and perpetrators of violence against children during COVID-19; as well as children's' access to prevention and response services. The report also highlights implications on the level of responsiveness in protection of children during crises such as pandemics, and further proposes recommendations to actors in policy and practice.

1.1. Background to the study

On March 21, 2020, Uganda government confirmed the first case of COVID-19 in the country. Consequently, the Uganda Ministry of Health (MoH) set up a COVID-19 online data system accessible to the public, and by September 12, 2020 the country cumulative confirmed cases of COVID-19 had risen to 3,900 with 44 reported deaths[8]. Similar to other countries that registered COVID-19 cases, precautionary measures to control the rate at which COVID-19 spread among the population were instituted by the Government effective March 2020. Preventive measures and standard operating procedures enforced at the onset of the pandemic included among others closure of all educational institutions; suspension of communal prayers in all religious buildings; suspension of all public, political and other gatherings; suspension of all public passenger transport vehicles; suspension of operations of all the non-food stores and imposition of night curfew except for cargo planes, lorries, pick-ups and trains[9]. While a combination of measures such as above have been reported as essential in limiting the spread of COVID-19 (Kissler, Tedijanto, Lipsitch, & Grad, 2020)[10], they

[6] Inter-Agency Standing Committee (IASC). Interim Technical Note: Protection From Sexual Exploitation and Abuse (PSEA) During COVID-19 Response. Version 1.0 March 2020. WHO, UNFPA, UNICEF, UNHCR, WFP, IOM, OCHA, CHS Alliance, InterAction, UN Victims' Rights Advocate.

[7] The Global Humanitarian Response Plan for COVID-19. United Nations Coordinated Appeal. April – December 2020.

[8] Information obtained from Uganda's Ministry of Health online platform. https://www.health.go.ug/covid/.

[9] https://www.yowerikmuseveni.com/more-guidelines-covid19-preventive-measures-and-need-shut-down.

[10] Kissler, S. M., Tedijanto, C., Lipsitch, M., & Grad, Y. (2020). Social distancing strategies for curbing the COVID-19 epidemic. *medRxiv*.

have created and continue to create additional risks for majority of the population worldwide. In particular, while these measures are adopted to achieve strictly health related objective (s)–i.e., slow the spread of the disease and limit the collapse of health care system–, in majority of cases these measures have created additional risks to the population which are largely social and psychosocial in nature. At the time of this study, a few of the COVID-19 preventive measures had been relaxed while others notably closure of schools, bars, and suspension of public gatherings were still enforced.

In terms of context, since the onset of COVID-19, scholars across disciplines have analyzed the impact of the pandemic on healthcare demand (Ferguson, Laydon, Nedjati, et al., 2020; WHO, 2020a; Ranney, Griffeth, & Jha, 2020; Keesara, Jonas, & Schulman, 2020)[11]; mental health and psyschosocial support (Duan, & Zhu, 2020; Rajkumar, 2020; Greenberg, Docherty, Gnanapragasam, & Wessely, 2020)[12]; COVID-19 and small businesses (Bartik, Bertrand, Cullen, et al., 2020; Laing, 2020)[13] among others.

Customised studies on the impact of COVID-19 on children have largely focused on clinical and epidemology of the virus on children (Qiu, Wu, Hong, Luo, Song, & Chen, 2020; Dong, Mo, Hu, et al., 2020)[14] with a few paying attention to the effects COVID-19 measures such as confinement have on children (Wang, Zhang, Zhao et al, 2020)[15]. Most of the studies were undertaken in countries, majority of which are outside Sub Saharan Africa, particulalry Italy, China and USA that were the epicenter of the pandemic. Therefore, at Uganda Country level, there is not much evidence based on systematic inquiry into the effects of COVID-19 on children.

Overall, it remains factual that the impact of COVID-19 on various aspects of human life is evolving. The Global status report on preventing violence against children further indicates that the measures imposed in repose to COVID-19 have greatly increased the risk of intra-family violence, online abuse and that an estimated 1.5 billion children have been impacted by school closures[16]. In addition, the report points to a myriad associated consequences of

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[11] Ferguson, N., Laydon, D., Nedjati Gilani, G., Imai, N., Ainslie, K., Baguelin, M., ... & Dighe, A. (2020). Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand;
World Health Organization. (2020). Coronavirus disease 2019 (COVID-19): situation report, 88; Ranney, M. L., Griffeth, V., & Jha, A. K. (2020). Critical supply shortages—the need for ventilators and personal protective equipment during the Covid-19 pandemic. *New England Journal of Medicine*, *382*(18), e41; Keesara, S., Jonas, A., & Schulman, K. (2020). Covid-19 and health care's digital revolution. *New England Journal of Medicine*, *382*(23), e82.

[12] Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, *7*(4), 300-302; Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian journal of psychiatry*, 102066; Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. The Lancet Psychiatry, 7(4), 300-302; Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *bmj*, *368*.

[13] Bartik, A. W., Bertrand, M., Cullen, Z. B., Glaeser, E. L., Luca, M., & Stanton, C. T. (2020). *How are small businesses adjusting to covid-19? early evidence from a survey* (No. w26989). National Bureau of Economic Research; Laing, T. (2020). The economic impact of the Coronavirus 2019 (Covid-2019): Implications for the mining industry. The Extractive Industries and Society.

[14] Qiu, H., Wu, J., Hong, L., Luo, Y., Song, Q., & Chen, D. (2020). Clinical and epidemiological features of 36 children with coronavirus disease 2019 (COVID-19) in Zhejiang, China: an observational cohort study. *The Lancet Infectious Diseases; Dong, Y., Mo, X., Hu, Y., Qi, X., Jiang, F., Jiang, Z., & Tong, S. (2020). Epidemiology of COVID-19 among children in China. Pediatrics, 145(6)*.

[15] Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet, 395*(10228), 945-947

[16] ibid

COVID-19 measures including restricted movements of caregivers, loss of income, isolation, overcrowding dwellings leading to heightened levels of stress and anxiety in parents, caregivers and children. In some cases children have had to witness violence in their homes usually between their parents. Moreover, even before COVID-19, reports suggest that "up to 1 billion children are affected by violence each year, with negative consequences that can last a lifetime bearing enormous human, social and economic costs"[17] (WHO, 2020b page v).
Nevertheless, while evidence on the impact of COVID-19 measures on the wellbeing of children in Uganda is barely systematically documented; anecdotal information gathered from the media–print, broadcast, social media– at the onset of this study suggests that the effects of COVID-19 are evolving and affect a significant proportion of the population in diverse ways[18]. In particular, media reports have highlighted an increase in domestic violence, gender based violence, stigmatization of persons with COVID-19, child abuse and mental health problems among others[19]. With an estimated 15 million young people closed out of schools, children have limited opportunities for learning. The above context points to a crisis in child wellbeing aware that global evidence points to education and school environments as critical protective factors in prevention of violence against children (Pettifor, Levandowski, MacPhail, et al., 2008)[20].

The above proposition is not far from reality as teachers provide support and information to learners on a day-to-day basis alongside peer interactions within the school environment which more often than not assuage anxiety hence enabling resilience building and adoption of social skills by school going children. One outstanding effect of schools closure in Uganda is the unregulated online time for children as they freely access and use phones for self-study and research which predispose them to online sexual abuse. Excerpts from local media reports indicate an increase in teenage pregnancies among learners aged between 14-15 years during the period of COVID-19 lock down across several districts[21]. Worse still, the social service workforce was not considered part of the essential workers at the height of COVID-19 infection in the country. Consequently, with movement restrictions, service providers had no means of accessing children and their families to provide critical prevention and response services for children during COVID-19 lock down.

1.2. Objectives of the study

The study sought to generate empirical evidence on the effect of COVID-19 on the wellbeing of children in Uganda aimed at informing child protection policy and practice during current and similar pandemics in future.
Specifically, the study sought to;

[17] Global status report on preventing violence against children. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO
[18] https://www.monitor.co.ug/News/National/Teenage-pregnancies-expected-rise-Covid-19-lockdown-experts-warn/688334-5539668-14mcneb/index.html.
[19] https://www.monitor.co.ug/News/National/Teenage-pregnancies-expected-rise-Covid-19-lockdown-experts-warn/688334-5539668-14mcneb/index.html.
[20] Pettifor, A. E., Levandowski, B. A., MacPhail, C., Padian, N. S., Cohen, M. S., & Rees, H. V. (2008). Keep them in school: the importance of education as a protective factor against HIV infection among young South African women. *International journal of epidemiology*, *37*(6), 1266-1273.
[21] https://nilepost.co.ug/2020/06/08/teenage-pregnancies-in-luuka-kaliro-expose-urgent-need-for-sexuality-education-services/.

1. Document the nature of violence against children (VAC) in the wake of COVID-19 pandemic in Uganda and associated perpetrators.
2. Explore the effect of COVID-19 pandemic on children's access to and utilization of violence against children preventive and response services in Uganda.
3. Generate evidence to inform the child protection policy framework and programming processes during current and similar pandemics in future.

2. Study Methodology

2.1. Overall design

The study adopted a cross-sectional survey design utilizing quantitative and qualitative approaches of data collection among 10-17 year olds. Cognizant of the evolving nature of COVID-19, the easing of COVID-19 preventive measures over time implied that the effects of COVID-19 changed in dimension, hence the use of a cross-sectional survey design aimed at documenting COVID-19 effects on select individual children at particular points in time[22]. Often referred to as cross-sectional design, this methodology was identified as the most appropriate for this study aimed at collecting information on the effects of COVID-19 on the wellbeing of children at a singular point in time. Specifically, a reference period of three months (April, May and June 2020) was used as this was the point in time of strict enforcement COVID-19 prevention measures including total lockdown for most services.

2.2. Study population

The study population were all children aged 10-17 years from which a random sample was drawn. According to the Uganda National Population and Housing Census 2014[23], 21.2% of the total population was aged 10-17 years. According to the National Violence Against Children Survey[24], girls and boys aged 10-17 years' experience various forms of violence. This study included boys and girls aged 10-17. In addition, interviews and discussions were conducted with duty bearers at community and district level including parents, local leaders, Probation and Social Welfare Officers (PSWOs), Community Development Officers (CDOs), members of village health teams (VHTs), para-social workers among others.

2.3. Sample size determination

The sample size was determined using Krejcie & Morgan (1970) formula. According to Krejcie & Morgan (1970), the sample size for children aged 10-17 was calculated as;

$$n = \frac{\text{Zsqd} * \text{P}(1 - \text{P}) * \text{Deft}}{\text{Esqd} * \text{RR} * \text{h}}$$

Where:
p: Probability of obtaining a child aged 10-17 years
n: Sample size
RR: Response Rate (95%). The response rate of 95% means that 95% of the population targeted were expected to respond to the survey.
h: household size (based on the Uganda National Population and Housing Census, 2014)[25]
E: Margin of error (4%). A margin of error tells us how many percentage points the results will differ from the real population value. For example, a 95% confidence interval chosen with

[22] Olsen, C., & St George, D. M. M. (2004). Cross-sectional study design and data analysis. *College entrance examination board*, *26*(03), 2006.

[23] Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda.
[24] https://www.health.go.ug/covid/.
[25] Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda.

a 4 percent margin of error means that the statistic is within 4 percentage points of the real population value 95% of the time
Z: Confidence level at 95% (1.96)
Deff: Design Effect of 1.5 was considered to take into account the effect of clustering during sampling.

Based on this formula the total sample size was 625.

Table 1: Sample size per district

District	Household size	Proposed sample size	Actual sample size	Response rate (%)
Kampala	3.5	181	169	93.3%
Lyantonde	4.5	141	160	113.4%
Gulu	4.9	159	171	107.5%
Luuka	5.4	144	144	100%
Total		***625***	***644***	***103%***

However, a total of 644 children responded to the survey implying a 103% response rate. The response rate went beyond 100% mainly because in some districts, the children in some villages reached were more than the selected (see sample distribution in table 2 for sample size and distribution).

2.4. Selection of participants

2.4.1. Selection of primary respondents

A three-stage sampling process was followed. This process started with selection districts, and cascaded down to sub-county/divisions, village/zones; then further cascaded to household (HH) levels. One rural sub county and one urban town councils/municipalities were randomly selected in each of the study districts. In each district, eight Enumeration Areas (EAs) were selected. The selection of the EAs was based on the national sampling frame obtained from the Uganda Bureau of Statistics (UBOS) and stratified to ensure inclusion of both urban and rural EAs. At the household level, all eligible children–i.e., children aged 10-17 years– were pooled in the Open Data Toolkit (ODK), followed by generation of a random number between 0 and the total number of eligible children in the household which represented the child to be interviewed. This approach gave all children in the household an equal chance of being included in the sample.

2.4.2. Study participants

A total of 644 children aged 10-17 participated in the study from four districts of Kampala (26.2%), Gulu (26.6%), Lyantonde (24.8%), and Luuka (22.4%). Slightly more than a half (55.4%) of the children were drawn from locations that are considered urban. Six in every ten children (60.1%) reached in this study were female. A significant majority were aged 13-15 years (39.8%) followed by those aged 10-12 (38.8%). About two in every ten children sampled were aged between 16 and 17 years. Almost eight in every ten children professed the Christian faith i.e., Catholic (30.4%), Protestant/Anglican (26.6%), Pentecostal (20.5%) and Seventh Day Adventist (SDA) (1.1%). The rest were Muslim (20.8%) as well as those with no religious identify (0.5%). About 6.5% reported having a form of disability and a significant

proportion (95.2%) confirmed they were schooling at the time schools government announced closure of all educational institutions.

Table 2: Demographic characteristics of children respondents of the study (n=644)

Category	Response	Percent
District	Kampala	26.2%
	Gulu	26.6%
	Lyantonde	24.8%
	Luuka	22.4%
Location	Rural	44.6%
	Urban	55.4%
Sex	Male	39.9%
	Female	60.1%
Age	10-12	38.8%
	13-15	39.8%
	16-17	21.4%
Religion	Catholic	30.4%
	Protestant/Anglican	26.6%
	Muslim	20.8%
	Pentecostal/Born Again	20.5%
	SDA	1.1%
	No religion	0.5%
	Other	0.2%
Schooling status at the time of closure of schools	In school	95.2%
	Out of school	4.8%
Have a disability	Yes	6.5%
	No	93.5%

2.5. Study sites

The study was conducted in four purposely selected districts of Gulu, Lyantonde, Kampala and Luuka in Uganda, guided by a range of factors including media reports about the prevalence of VAC; type of locality i.e. urban/ rural/ peri urban; and regional geographical location among others. It is worth noting that no border district was included in the study as all border districts were quarantined from the rest of the country at the time of study (see table 1).

Table 3 Selection of districts for inclusion in the study

District	Reason/justification for inclusion
Kampala	Selected on the basis that the effects of lock down could have been significantly felt in the urban informal settlements of Kampala as compared to rural communities earlier affirmed by government prioritization of food distribution starting with Kampala City. Access (or lack of) to food is a key factor in VAC as either increasing the risk or a protective factor against VAC. As a City, Kampala has its unique characteristics that led to its prioritization for this study, notably, the high population in the informal sector many of whom have school going children and whose source of livelihood was greatly impacted.
Gulu	Gulu district has a regional referral hospital and at the time of the study, Gulu regional referral hospital was the earmarked quarantine and treatment centre for COVID-19 in northern Uganda whose patients came from as far mainly from Elegu border post. Besides, Gulu district had a unique characteristic as representing the northern region that suffered insurgency for two decades and its residents are still on the recovery path from the effects of the war.
Lyantonde	Lyantonde is at the border between Central and Western regions of the country. It is also a transit route for truck drivers[26], a category of people who exhibited high incidence of COVID-19 infections.
Luuka	Media reports[27] in June 2020 indicated that Luuka and Kaliro districts were experiencing high levels of violence against children during COVID-19, particularly high pregnancy rates among girls aged 14-17 years. The inclusion of Luuka district in the sample was intended to capture this dynamic as well.

Based on the data needs of the study, a predominantly quantitative approach for data collection and analysis was employed. A structured survey tool (questionnaire) was administered to capture information on the nature of violence cases, the perpetrators as well as levels of access and utilization of prevention and response services by the children. The quantitative approach was complemented by qualitative methods of data collection, analysis and presentation of results notably Focus Group Discussions (FGD) with parents/adult caregivers, In-depth Interviews (IDIs) with children; and Key Informant Interviews (KIIs) with duty bearers at various levels. Actual data collection was preceded by a desk review of relevant literature through secondary analysis of existing data sources on children such as Uganda Child Help Line (UCHL) data base and Uganda Police Child and Family Protection Department (CFPD). The approach of triangulating methods and sources of information generated rich evidence for the study.

[26] https://www.health.go.ug/covid/.
[27] https://nilepost.co.ug/2020/06/08/teenage-pregnancies-in-luuka-kaliro-expose-urgent-need-for-sexuality-education-services/

2.5.1 Qualitative Design

Qualitative data was collected using in-depth interviews (IDI) with children, Key Informant Interviews (KIIs) with duty bearers at various levels and Focus Group Discussions (FGDs) with parents/adult caregivers. All participants for qualitative data collection were purposively selected at three levels; community, district and national level. At community level, the selected participants were adult caregivers/parents of the children, children, local council leaders, para social workers, village health teams (VHTs), religious and cultural leaders. At the district level, participants were mainly local government staff who are primarily responsible for the protection and welfare of children, i.e., Probation and Social Welfare Officers (PSWOs), Community Development Officers (CDOs), members of Child and Family Protection Units of Uganda Police Force (CFPU) and CSO representatives. At the national level, interviews were held with CSOs staff currently working with children, and members of the scientific advisory committee to the Minister of Health on COVID-19, staff from UN Agencies such as UNICEF and Ministry of Gender Labour and Social Development (MGSLD).

2.6.2 Data collection methods

A range of both quantitative and qualitative data collection methods were used.

a) Quantitative methods

Household survey questionnaire*:* A structured questionnaire was designed and administered to children aged 10-17 years. The process of designing the survey questionnaire was highly participatory involving all the team members at AfriChild Center. Some of the questions in the survey questionnaire were adapted from the National Violence Against Children Survey[28]. The questionnaire was designed to capture information on key demographic information, the nature of violence experienced including prevalence of violence, the perpetrators of violence, the nature of services available, the levels of access and utilization services for prevention and response among others. The questionnaire was programed on Open Data Toolkit[29] (ODK) and data collected using Android mobile devices.

Data collection was undertaken between July and August 2020 from a representative sample of randomly selected children aged 10-17 years with the upper age bracket purposely defined in conformity to the Uganda Constitutional definition of a child. Children younger than 10 years were not considered for the study in conformity to the 2015 National Violence against Children Survey methodology where under 12 children were exempted from the study for ethical considerations such as inability to handle emotions that could arise and the avoidance of causing secondary trauma to very young child survivors of violence.

The interview structure involved asking child participants questions to which they were to provide responses based on what transpired during the three months of April, May and June 2020 when the COVID-19 control measures were strictly enforced including total lockdown for most services. The confinement of the study to three months scope was in recognition that while issues concerning COVID-19 keep emerging, children were more likely to remember events that happened in three months as compared to recalling events that happened

[28] Ministry of Gender, Labour and Social Development. Violence against Children in Uganda: Findings from a National Survey, 2015. Kampala, Uganda: UNICEF, 2015.

[29] www.opendatakit.org.

several months earlier. In the study findings section, reference to the months of April, May and June is interchangeably used with "the three months".

b) Qualitative methods

In-depth interviews with children: A total of 31 children aged 14-17 were interviewed to gain a deeper understanding on how COVID-19 had affected their wellbeing. The in-depth Interviews were undertaken with children who had not participated in the survey questionnaire to enable collection of nuanced and richer information. An interview guide was designed with topics on experiences of violence against children during COVID-19, and the impact of COVID-19 on their wellbeing.

Key-Informant Interviews (KIIs): Key informant interviews were conducted using a key informant guide for respondents at three levels; national, district and community. At national level, interviews were conducted with a select stakeholder's representative of national level CSOs active in VAC redress such as TPO Uganda, RETRAK, World Vision Uganda, and Uganda Youth Development Link (UYDEL). In addition, in depth interviews were held with members of the Scientific Advisory Committee to the Minister of Health. The online approach was adopted for most of the national level interviews with phone and web based discussions conducted via zoom.

In contrast, district and community level interviews were conducted face to face using an interview guide. At the district level, Probation and Social Welfare Officers, Community Development Officers, Child Family Protection Unit of Uganda Police, and representatives of CSOs participated in the interviews. Participants at the community level interviews included select duty bearers' notably religious and cultural leaders, Para social workers/child protection committees, members of village health teams and local council officials. The sampling was purposively done, and the number of participants in interviews guided by the data saturation.

Focus Group Discussions (FGDs): In a socially distanced manner, a total of 31 FGDs were held using an FGD guide with participants as caregivers/parents. Information was collected on broad contextual issues including how COVID-19 affected children and the challenges parents face in helping children access relevant services. Adult perspectives and opinions gathered provided complementary information to documented children's voices.

2.5.3 Document review

The study team accessed and reviewed records from Uganda Child Help Line Data base (UCHL) and the Uganda Police Child and Family Protection department;

a) ***Review of Uganda Child Help Line Data base (UCHL):*** The UCHL database was analyzed for to comparative trends in reporting of cases. The comparison was particularly tagged to the COVID-19 lock down period to track changes in reporting patterns to give basis for conclusion on the extent to which COVID-19 impacted reporting of child rights violations.

b) ***Review of police records:*** Uganda Police Child and Family Protection department data for the months of March, April, May, and June 2020 was analyzed on different dimensions i.e. nature of cases reported without divulging into details on perpetrators; referrals; status of investigation and if counselling services were given to the survivor of violence. The police records data was used to triangulate information gathered from the survey.

Table 4 Qualitative samples

District	Focus Group Discussions with adult caregivers		In-depth interviews with children		Key informant interviews	
	F	M	F	M	District level	National
Kampala	4	3	4	4	5	8
Lyantonde	4	4	4	3	9	
Gulu	4	4	6	2	9	
Luuka	4	4	6	2	9	
Total	***16***	***15***	***20***	***11***	***32***	***8***

2.6 Data Management and analysis

Quantitative data: The survey questionnaire was programmed on ODK[30] and data collected using Android mobile devices. On a daily basis, data was sent onto a central server and retrieved from the server by only authorized users for quality checks performance. To further address data safety concerns, daily uploading and auto-delete for all interviews submitted to the server was undertaken. At the point of analysis, quantitative data was downloaded from the ODK server daily in form of Excel files during which process data cleaning was conducted. Subsequently, clean data was exported to STATA 15.0 for further analysis followed by descriptive quantitative analyses at bivariate and multi-variate levels to determine VAC prevalence and the level of access to and utilization of violence prevention services in the context of COVID-19.

Qualitative data: Save for a few non-consenting participants', most of the in-depth interviews (KIIs and IDIs) were audio recorded in the same language used during the interviews. A study team of at least two people guided the Interviews and FGDs which process was followed by data transcription. The audios were transcribed by assistants who had earlier participated in study interviews. The choice to transcribe after completion of all interviews enabled comprehensive reflections and discussions from a broader scope, though this was unusual from the common approach of transcribing as and when discussions are conducted for purposes of generating immediate insights for follow up. Nevertheless, interviewers and transcribers had received training on how to identify new information and make follow up during subsequent interviews.

The data analysis process commenced during transcription. Data transcribers identified emerging issues and presented them for discussion with the rest of the team for consensus

[30] www.opendatakit.org

building. Through this process, themes emerged alongside objectives all of which was subjected to further discussions to generate consensus. New insights unanticipated at study design stage yet critical in understanding the effects of COVID-19[31] emerged during discussions and daily debriefings with the teams.

All transcribed data was stored in form of word documents and later exported into Nvivo (Version 11 Pro) for further management. A code book was developed by the team leader and jointly discussed with team members based on the thematic areas developed from the objectives of the study. A painstaking slow but critical process of reviewing each transcript followed with the intention of identifying any new issues but also to establish patterns and analytical reflections for further analysis. Thereafter, a more focused analysis was undertaken to identify areas of convergence and divergence. The outcome of this process is reflected in the strength of results triangulation, interpretation as well as explanation of the quantitative findings. Nevertheless, some qualitative evidence is presented independently from quantitative data.

2.7. Ethical considerations

In recognition that the study involved talking to children, and their parents, some of whom had encountered negative experiences of COVID-19 such as psychosocial health effects; and yet interviews with this category of people was likely to evoke emotional stress, feelings of helpless, and unnecessary distress; several measures were proposed to mitigate any ethical issues that could potentially arise. The study protocol received ethical approval from Mildmay Uganda Research and Ethics Committee (MUREC) and Uganda National Council for Science and Technology (UNCST) Approval No.SS540ES

Informed Consenting process

a. Consent for all children below the age of 18 years was secured through permission of the parent or primary caregiver. The consent of the primary caregiver was obtained and documented by the interviewer after a thorough explanation of the study purpose. Thereafter, each individual child was asked to assent in a language that was easy for them to understand and participate in the study without external assistance. In accordance with UNCST guidelines (UNCST, 2014)[32], children aged 14 to 17 who were either living alone, were pregnant or looking after other children consented as emancipated minors. The consent and assent processes received full compliance from both parents and children. In addition to the consenting procedures, all other measures such as ensuring privacy and anonymity were taken into account.

b. Inbuilt in the study design was a stop-study criterion to address ethical dilemmas. However, none of the probable circumstances necessitating the criterion featured during the study. Throughout the study, no participants showed signs of distress

[31] Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand journal of psychiatry*, *36*(6), 717-732.

[32] UNCST (2014). National Guidelines for Research involving Humans as Research Participants. UNCST, Kampala. See https://www.uncst.go.ug/guidelines-and-forms/.

during or after participation, to necessitate immediate stop to interviews and offer on spot counselling or sign post to existing psychosocial services.

c. While the stop-study criterion was not activated, the study team put in action "mood mitigation to all participants" due to "anxiety-provoking questions about COVID-19"[33].
d. Within the study team orientation program, all data collectors attended a three-day training including training on child protection, handling people who experience distressful experiences such as pandemics and violence, among others.

e. Through the data collection, the study team had contacts of all the PSWOs in the districts of study for purposes of referral for cases that would have required any additional psychosocial support and management.

2.8. Risk Management/COVID-19 control measures

The implementation of the study adhered to the COVID-19 prevention and control guidelines of Uganda's Ministry of Health. Every member of the study team was trained and given information about COVID-19 symptoms, control and prevention measures and what to do in case one developed signs and symptoms. Vehicles traveling to the field did not carry more than the recommended number. Every team had easy access to hand washing facilities with water and soap for regular hand washing. Pocket size sanitizers were procured and provided to every member on the team and mandatory wearing of a mask was enforced for every interviewer and interviewee. All interviewees were asked to sanitize hands before and after interviews and signing of consent forms. All interviews and FGDs were conducted in spaces which allowed socially distanced interaction and FGDs were limited to only six participants as per standard operating procedures at the time. None of the team members or respondents developed any signs of COVID-19, much as study teams had been briefed and guided on reporting for anyone who developed COVID-19 related symptoms.

2.9. Quality Control/Assurance checks

In the course of undertaking the study, a range of quality assurance checks were put in place to ensure quality data collection. These included among others;

a) ***Regular meetings*** among the team members for harmonization of thought processes, outputs, and amendments. The meetings were convened at critical stages of the study notably design of methodology and data collection tools, analysis, and report writing.
b) ***Tools Design***. The questionnaire was programmed using Open Data Kit (ODK) with inbuilt quality control checks to prevent wrong entry, errors etc. Access to data was restricted to only authorized study team members.
c) ***Training of research assistants and pre-testing***. Only experienced research assistants were recruited and inducted through a three-day training on the methodology of the study, interviewing skills for children to understand study objectives, questions, logical flow of the questions and how to conduct community based surveys during COVID-19.

[33]Townsend, E., Nielsen, E., Allister, R., & Cassidy, S. A. (2020). Key ethical questions for research during the COVID-19 pandemic. *The Lancet Psychiatry*, *7*(5), 381-383.

d) ***Supervision of the data collection process***: A rigorous supervision process was instituted to ensure that data collectors collect quality data. Each data collection team had a supervisor providing onsite support, and reporting any challenges to the overall team leader.

2.10. Study limitations

While the study aimed at assessing the effects of COVID-19 on the wellbeing of children, the evolving nature of dynamics around preventive measures instituted was a limitation to the study. The data collection was undertaken in July /August 2020 when some of the standard operating procedures has been relaxed such as movements and yet the study was sought experiences of children and care givers specifically for the months of April, May June 2020 when the country was in total lock down. The time lag between the time of interview and required retrospective experiences left a 'window' for likely errors in capture of data for the designated study time scope. Therefore, readers of this report should focus the context of the results to the period of total lockdown, where no movement, and other measures were strictly enforced as this was the period that had the most devastating effects of COVID-19 on the wellbeing of children.

The other study limitation was the small geographical scope of only four districts out of 135 districts countrywide as of July 2020. While the sample selected was representative at district level and data was triangulated at various levels, it is factual that the findings do not give a national picture of COVID-19 effects on children across the country as sections of the population such as border communities, refugee host communities and refugee settlements were not accessible due to travel restrictions. Nonetheless, these findings offer accurate evidence on the effects of COVID-19 on child wellbeing, with potential to serve as a building block for further interrogation of both short and long-term effects of COVID-19 on the wellbeing of children in Uganda.

3. Study Findings

The study findings are presented in alignment to the three study objectives.

3.1 Nature of Violence against Children (VAC) in the wake of covid-19 pandemic in Uganda and associated perpetrators.

The scope of findings presented in this section directly aligns to the study objective that sought to establish the types of violence experienced by children; perpetrators of VAC and their relationship with child survivors; other factors perpetuating VAC notably children witnessing VAC; as well as reporting VAC and trends in cases reported, particularly during the three months of COVID-19 lockdown. It is important to note that the nature of Violence Against Children (VAC) cases assessed in this study broadly fall within the categories of physical, emotional and sexual.

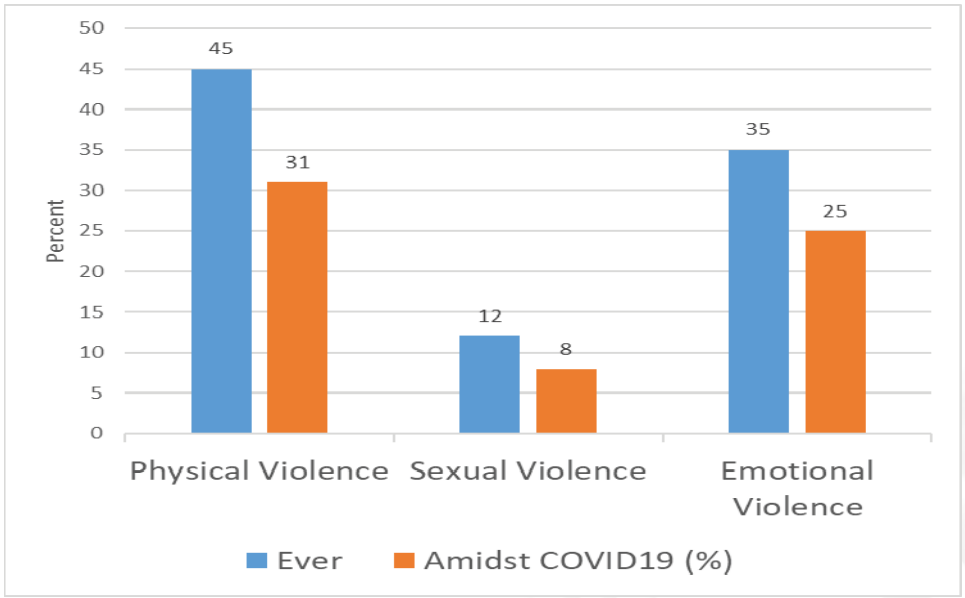
Prevalence of violence against children

Violence against children during COVID-19 lockdown period were unacceptably high. Physical violence was more prevalent followed by emotional violence and sexual violence. Three in ten children (31 %) experienced physical violence in the three months of COVID19 lockdown. Physical violence was more prevalent among boys (34%) compared to girls (29%).

One in ten children (8%) experienced sexual violence in the three months of COVID19 lockdown. More girls (11%) experienced sexual violence compared to boys (2%) in the three months of COVID19 lockdown.

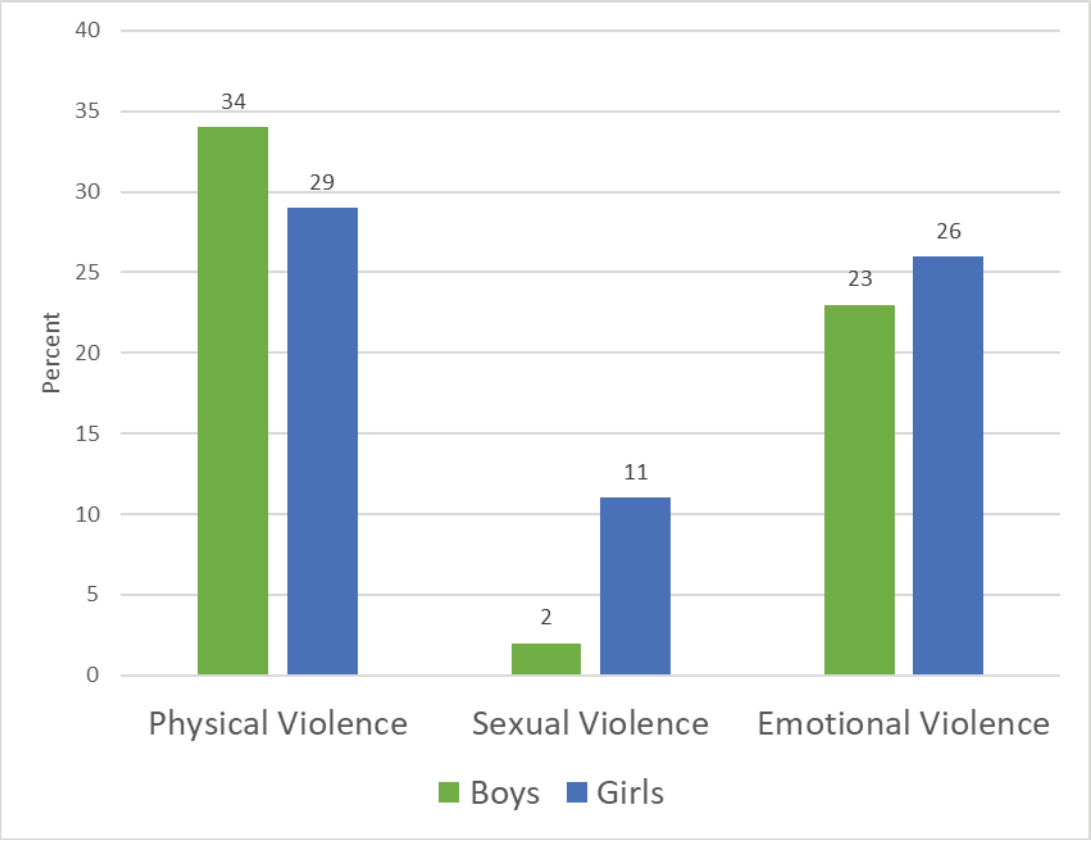
Three in ten children (25%) experienced emotional violence in the three months of COVID19 lockdown. Emotional violence was equally high among boys (23%) and girls (26%).

Figure 1: Prevalence of violence against children



Source: primary data n=644

Figure 2: Prevalence of physical, sexual and emotional violence during COVID-19 lockdown



Source: primary data n=644

3.1.1 Physical violence

3.1.1.1 Prevalence of physical violence during COVID-19 lock down

The study adopted the definition of physical violence from the Uganda National Violence against Children Survey.[34] A child was considered to have experienced physical violence if they reported experiencing one or more of the following: punched, kicked, whipped, or beaten with an object; chocked, smothered, tried to drown or burned intentionally, and; threatened with a knife, gun or other weapon.

Forty-five percent (45%) of the children who participated in the study reported having ever experienced some form of physical violence from their parent, adult caregiver or other adult relative in their lifetime. Of this same category, thirty-one percent (31%) reported experiencing physical violence during the three months of the COVID-19 lockdown.

Among those who reported having experienced physical violence in the past three months, majority (69.5%) were in Gulu while Kampala registered the least number of at 46.4%. There were also differences between girls and boys. Slightly more boys (56.0%) compared to girls (52.1%) mentioned having experienced physical violence in the three months under consideration.

[34] Ministry of Gender, Labour and Social Development. Violence against Children in Uganda: Findings from a National Survey, 2015. Kampala, Uganda: UNICEF, 2015.

Table 5: Proportion of children who reported some form of physical violence from adult caregiver (n=644)

	District				Sex		
	Lyantonde	*Luuka*	*Gulu*	*Kampala*	*Male*	*Female*	*Total*
Yes	51.7%	51.5%	69.5%	46.4%	56.0%	52.1%	53.8%
No	48.3%	48.5%	30.5%	53.6%	44.0%	47.9%	46.2%

About eight in every ten children who experienced physical violence from their parents in the three months were violated on more than one occasion. About two in every ten children (19.7%) said they experienced physical violence once in the three months.

Table 6: Frequency of occurrence of some of physical violence children reported from their parents, or adult caregivers, 3 months before the survey (n=157)

	Frequency	*Percent*
Once	19.7%	
Few times	58.6%	
Many times	21.7%	

3.1.1.2 Perpetrators of physical violence

Within the home, about seven in every ten children who reported abuse from an adult parent or caregiver mentioned biological fathers/mothers (65.6%) as the perpetrators of abuse. About two in every ten children mentioned a sibling (7.6%). Other perpetrators of abuse mentioned include adult uncles/aunties (7%).

Table 7: Relationship of the abuser to the child (n=157)

Perpetrator	Percent
Father/Mother	65.6%
Step Father/Mother	4.5%
Adult Brother/Sister	5.1%
Adult Step Brother/Sister	0.6%
Brother/Sister	7.6%
Uncle/Aunt	7.0%
Other relative	9.6%

The finding that parents are leading perpetrators of physical violence in the home setting correlates with earlier evidence in the National VAC Survey Report 2018. Nevertheless, the COVID-19 dimension to the reported high frequency of physical abuse can be potentially linked to the lock down where movements were restricted and all family members (children and parents inclusive) confined at home for most of the time. This trend of physical abuse of children is further confirmed by the UCHL report of May 2020, where 99% of the cases reported UCHL happened in households by children's own caregivers. A cross section of parents who participated in the study acknowledged that the lock down experience of spending long hours at home with children was unfamiliar to them and partly contributed to tension that could have resulted in occasional physical violence against Children.

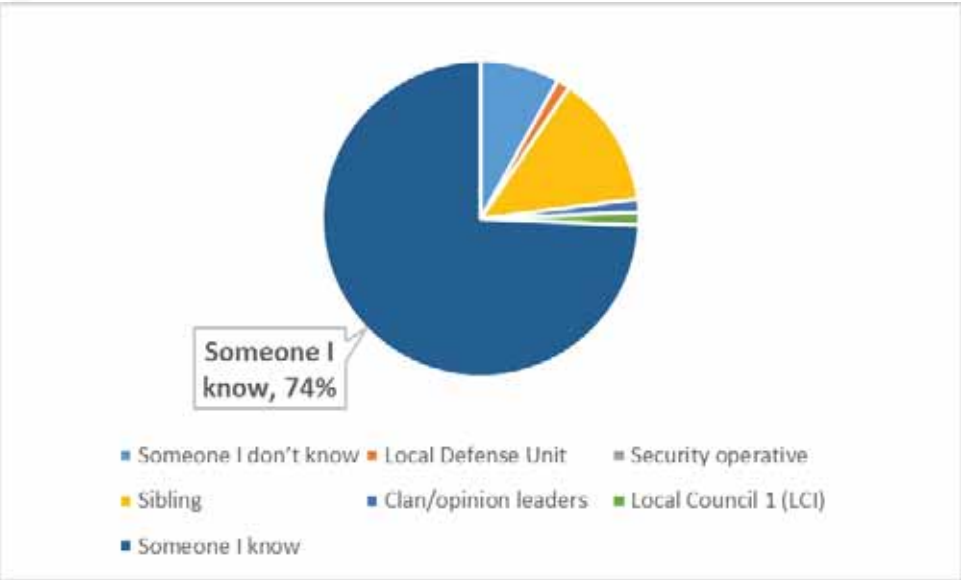
> ***R5:*** *What I see as the other factor is we are not used to staying together with children all the time. But now, we are together as a family the man, woman and the children are all there. The children have been staying at school and we never knew how they really eat. They used to have break and lunch from school and would come back for only super. Therefore, having a man, woman and the children at home all together has not been a normal thing for us. So I take it as a major factor of child abuse (**FGD Participant, FGD with Men caregivers, Luuka**).*

Indeed, some child respondents observed that the violence experienced from their parents was a form of anger displacement. The case in point was an 11 year old boy from Kooki Lyantonde Town Council who said most parents whose source of income had been affected by COVID-19 had turned their anger to children, cursing and beating them. In his own words, the child too expressed his frustration.

> *"First of all, we are all at home. We were used to going to school, morning to evening. Right now, we are staying at home, one month, two months, and four months. Parents have no money, no food, no water and it is frustrating (…) they (parents) start cursing their children **like "why did you come from school, why don't you go back"** they start putting the blame on the children. It is very dangerous because a parent gets all the anger for COVID and puts it on you.*

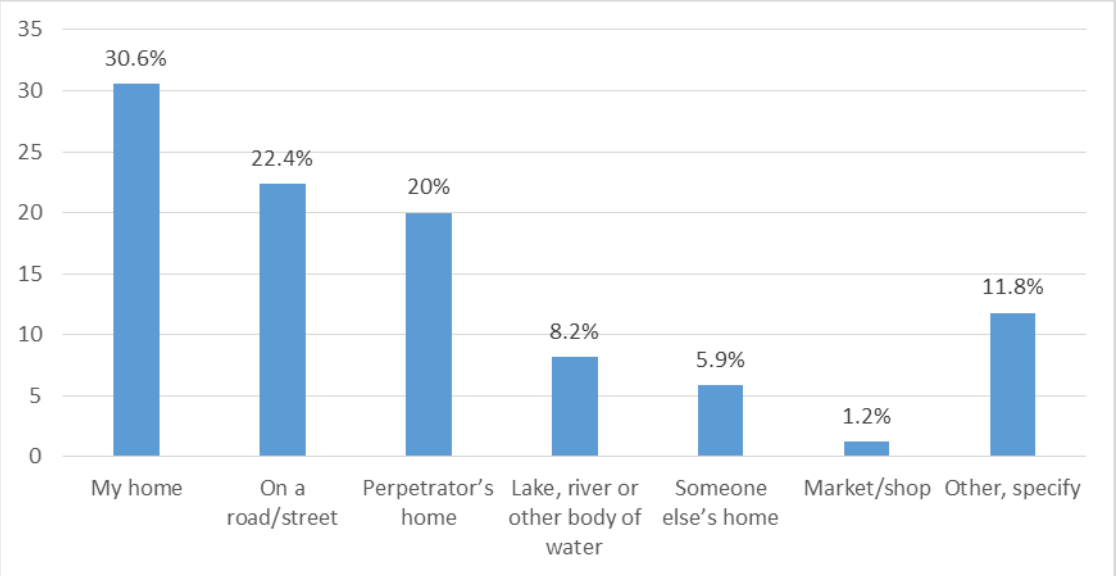
Beyond the immediate family, almost eight in every ten children (75%) who said they experienced physical violence from among the community mentioned someone known to the child. Two in every ten children mentioned a sibling (18.4%) as the perpetrator of physical violence. Other perpetrators of physical VAC mentioned by children from the community were people in positions of responsibility such as local defense unit, clan leaders and local council officials (LCs).

Figure 3: Perpetrators of physical violence against children in the community, 3 months before the survey (n=91)



In terms of common places where physical abuse took place, about three in every ten children mentioned their own homes (30.6%) while two in every ten mentioned the perpetrators' home (20%). In addition, two in every ten children mentioned the road side/street (22.4%) while others mentioned that they experienced physical violence as they went to collect water or around the water body (8.2%). Other places mentioned include on the way to collecting fire wood, football playground, grazing goats, perpetrators place of work/saloon or some other hidden place in the community.

Figure 4: Places/settings mentioned by children where physical violence by adult community members happened (n=85)



Overall, these findings point to a correlation between familial social relations, environments; and physical violence against children. Other localities that featured prominently as hotspots for physical violence against children were pathways to water sources and firewood collection. In urban and peri-urban settings, children cited members of gangs such as kifesi in Kampala among perpetrators of physical violence against children. This latter evidence corroborates with the perspective of parents and caregivers some of whom observed that since closure of schools, children had joined with peer groups in their communities with some peer groups expanding into networks. As such children kept moving around their communities in company of peers more frequently which predisposed them to organized gangs. Indeed, children's contact with expanded peer networks and unmonitored movements put them at risk of abuse as this study learnt of a child who was gang raped.

3.1.1.3 Children witnessing physical violence

The confinement of children within the home setting presented a risk of exposure to witnessing abuse in homes and neighborhoods, which in itself breeds violent behavior in children. Children's response to the study questions on witnessing physical violence at family and home environment between parents, and between parents and siblings; or in the broader community between adults in the capacity of parents and or witnessing anyone get attacked by another person indicated that children repeatedly witness violent behavior both at home and in the community.

One in every ten children reported witnessing violence among their parents; and of these, 4.5% witnessed physical violence among parents at least once, 3.7% witnessed it a few times and about 1.4% witnessed violence many times. In addition, almost four in every ten children witnessed or heard their parents punch, kick or beat up their siblings; and four in ten children witnessed at least a person being attacked outside their home environment.

Table 8: Proportion of children witnessing violence against their parents, siblings and other community members over the three months

Category	*Response*	*Percent*
How many times did you see or hear your parent punched, kicked or beaten up by your other parent, or their boyfriend or girlfriend? (n=644)	Never	90.1%
	Once	4.5%
	Few	3.7%
	Many	1.4%
	Don't know	0.3%
How many times did you see or hear a parent punch, kick, or beat your brothers or sisters? (n=644)	Never	65.4%
	Once	6.8%
	Few	19.1%
	Many	7.8%
	I have no brothers or sisters	0.5%
	Don't know	0.5%
Outside of your home and family environment, how many times did you see anyone get attacked? (n=644)	Never	61.0%
	Once	13.2%
	Few	14.8%
	Many	10.6%
	don't know	0.5%

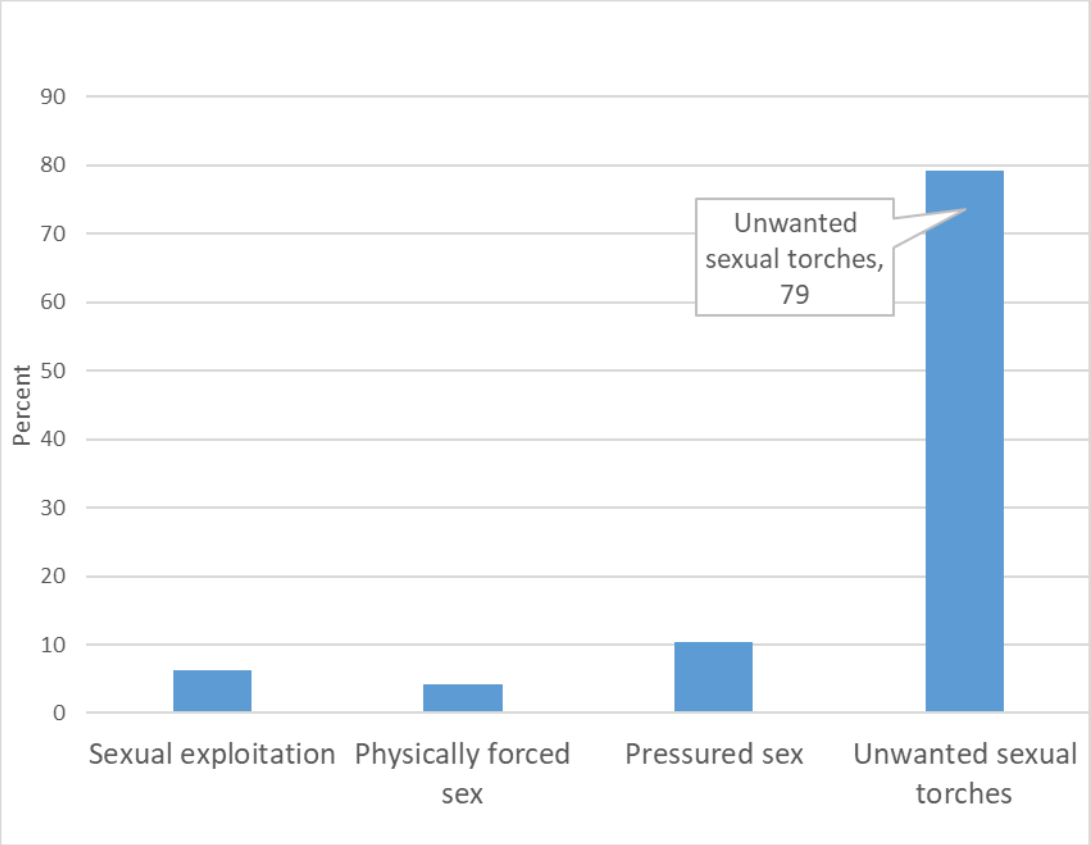
3.1.2 Sexual violence against children during COVID-19

In this study, sexual violence was defined based on the definition in the National Violence Against Children (VAC) in Uganda Survey[35]. The National VAC Survey defined sexual violence broadly to mean sexual abuse and sexual exploitation. Sexual abuse encompasses abusive sexual touching, attempted forced or pressured sex, physically forced sex and pressured sex. Sexual exploitation on the other hand is about "sex with someone because this person provided (the child) with material support or help in any other way" including such things as giving gifts, food, school fees or money[36]. Overall, sexual violence includes all those acts of "completed non-consensual sex acts, attempted non-consensual sex acts, and abusive sexual contact"[37]. The study questions covered the broad scope of sexual violence including abusive sexual touching, attempted forced or pressured sex, physically forced sex, pressured sex and sexual exploitation.

[35] Ministry of Gender, Labour and Social Development. Violence against Children in Uganda: Findings from a National Survey, 2015. Kampala, Uganda: UNICEF, 2015.
[36] As above, page x.
[37] As above, page x

From this survey, the prevalence of sexual violence within the three months of COVID-19 related lockdown was 8%. More girls (11%) experienced sexual violence compared to boys (2%) in the three months of COVID19 lockdown. Abusive/unwanted sexual torching was most common form of sexual violence reported by the participants.

Figure 5: forms of sexual violence reported during the three months of COVID-19 lockdown



3.1.2.1 Abusive Sexual Touching

Abusive sexual touching was defined to include fondling, pinching, grabbing, or touching a child on or around their sexual body parts. Study findings show that during the three months of COVID-19 total lockdown, some children experienced abusive sexual touches that involved touching in a sexual manner against a child's will although perpetrators did not force them into sex. Eight in every ten children that reported sexual abuse in past three months was a victim of unwanted sexual torches.

3.1.2.2 Attempted Forced Sex

Attempted forced sex includes aspects such as someone trying to physically force a child to have sex or even having pressured the child through harassments, threats and even tricks. Approximately, 4 percent experienced attempted forced sex during the three months of COVID-19 lockdown. However, none of the interviewed children reported succumbing to the forced and or pressured sex.

3.1.2.3 Pressured Sex

Pressured sex was defined as forced sex through threats and harassment. Study findings show that 10 percent of the children reported experiencing pressured sex or sexual harassment in the 'three months of COVID-19 lockdown.

3.1.2.4 Sexual Exploitation

In this study material support embraced aspects of helping or giving gifts such as food, school fees or money with the intention of having sex with the child. Children's response to the question as to whether they had ever had sex with someone because that person provided them with materials support or help in any other way shows that an estimated 6% of the children reported experiencing sexual exploitation during the three months under study consideration. The results suggest that COVID-19 control measures were in part responsible for children's susceptibility to sexual exploitation. Parents and other stakeholders' perspectives concurred with this school of thought as they pointed out food and financial favors as common commodities extended to children in exchange for sex.

3.1.2.5 Perpetrators of sexual violence during COVID-19

Generally, the study findings point to children accomplices, both adults and peers as the commonest perpetrators of sexual violence among children. About a quarter of the child respondents singled out neighbors (23.7%) and people known to them such as schoolmates (13.2%), friends (15.8%), and their partners (7.9%) as their abusers through sexual touching. Similarly, among those who experienced pressured sex, majority of the abusers were people close to them either as close friends (60%), close uncles/aunties (20%) and neighbors (20%).

In a nutshell, similar to physical violence, perpetrators of sexual violence are mainly people close to the children. The COVID-19 three months lockdown therefore exacerbated perpetrators access to children because of the proximity created by confinement in the home/ family environment.

Table 9 Perpetrators of sexual violence against children in the three months

Perpetrator	***Abusive Sexual Touching***	***Attempted Forced or Pressured Sex***	***Physically Forced Sex***
Romantic partner	7.9	-	40%
Uncle/auntie	-	-	20%
Classmate/schoolmate	13.2	-	-
Neighbor	23.7	20%	20%
Friend	15.8	40%	-
Stranger	18.4	25%	20%
Other	21.1	15%	-

Outside the home environment, sexual abuse of children within community settings was perpetrated by gangs. In urban settings such as Kampala City criminal gangs such as kifesi[38] were reportedly active during COVID-19 lock down. For example, Jane (not real names) a

[38] Self-proclaimed gang consisting of young boys largely involved in theft, and other cases of violence.

seventeen-year-old girl from Kibuye, Kampala City confided in the study team how she was defiled at night by a gang of boys as she went to buy medicine for her sick brother. Jane, who lost her father in February 2020 faced double jeopardy during the lock down; firstly, assuming the role of household head in caretaking her brothers as the government declaration of COVID-19 lock down coincided with the time her mother had travelled to the village and could not return until the lifting of movements ban, and secondly the gang rape. Below is an excerpt of her story.

> *My father died in February 2020. He left us with our mother. I am the eldest of the five children. Our mother traveled to the village a few days before lock down. When travel restrictions were announced, she had not returned. So we stayed alone during lock down and I remember at one time we did not even have what to eat. I was the one left to take care of them. The good thing is that our father had built for us a house, so we had where to stay. One day during this COVID-19, it was around 10:30pm. My brother, our last born, fell sick. He wasn't feeling well much of the day, but I thought he would get well. Unfortunately, his condition worsened at night, he was finding breathing difficult and he had high fever and headache. He has always had that problem; cold weather treats him badly. So I decided to buy him some paracetamol. On the way to the clinic, I found a group of bayaye (gang). I first feared to pass because they were many. I thought of going back but I had left my brother in a very bad condition. I decided to proceed. When I passed they did not say anything to me. I went and bought the medicine. On my way back, that gang was still there. All of a sudden, they pounced on me and started pulling me here and there. They were about 5 boys. Then one held me and raped me. I was screaming loudly for help. After a while, I think they feared and they ran away. In the morning, I went to our neighbour and I told my friend everything. She then told her mother and her mother called me and I repeated the whole story. She told me that there is nothing we can do other than taking me to the hospital. At the hospital, they checked me and told me that I was fine had no disease. They gave me tablets which lasted me about a week. I never told my mother when she returned.*

3.2 Reporting violence against children during COVID-19 lock down

3.2.1 Reporting physical violence

3.2.1.1. Community based VAC response structures

Study findings show that reporting of physical violence was only undertaken by a proportion of children that had experienced the violence. Approximately five in every ten children (53.3%) who experienced physical violence either from an adult family or community member did not report or tell anyone about it. Analysis of reasons for children's' non-disclosure of physical of abuse ranks fear highly as 11.3% of the children did not report because they feared to get in trouble, while 9.4% did not report because of fear of being abandoned. Others cited being dependent on the perpetrator; and direct threats from the perpetrators too prevented them from reporting.

Among those who reported, about four in every ten children told a family member (40%) and one in every ten (10%) told an LCI official/courts. These findings present a new dimension to the complexity around children's reporting of violence that is perpetrated from within the

child's family and community because while family members and local leaders are the most accessible to child survivors of violence; their own role in perpetrating violence during the three months lock down left children with no safe structures within easy reach to report to, as restricted movements hindered their reach out to police as the other nearest structure.

3.2.1.2 Reasons for failure to report physical violence

The low reporting of physical violence was a result of a combination of factors, such as fear of the consequences (28.3%); underrating physical violence as a minor problem (26.4%) and self-condemnation / one's own fault (18.8%). It is no surprise therefore that no single child respondent pointed out restricted movement or lack of access to offices that handle child rights violations as barriers to reporting of the physical violence experienced. Nevertheless, this does not rule out COVID-19 restrictive measures as a probable hindrance to children's' reporting of physical violence considering that fear to report could have been triggered by the confinement at home with their abusers whereby reporting could attract more violence.

Figure 6 Reasons why children did not report cases of physical violence (n=65)

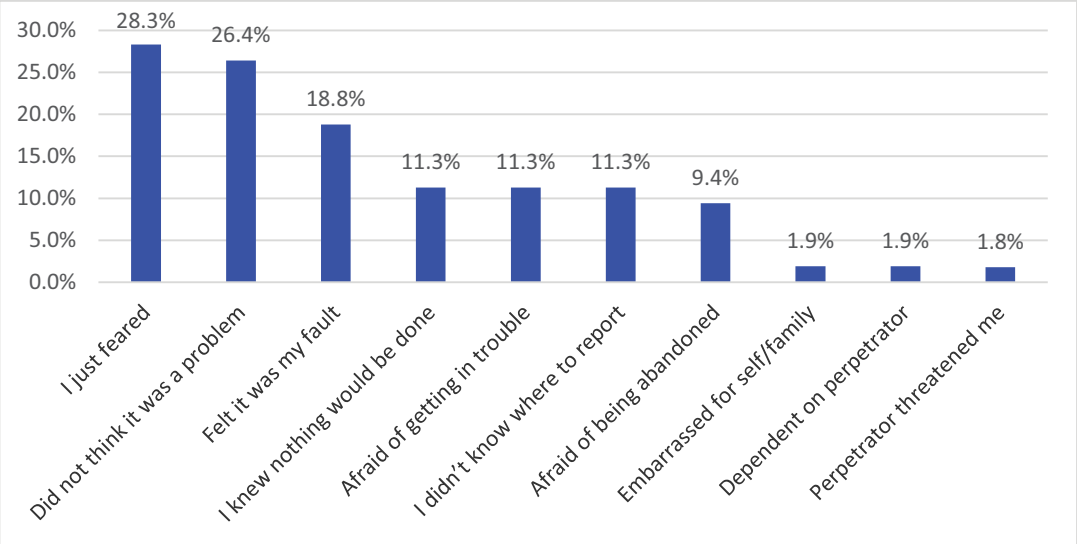


Table 10: Reporting the incidents of physical VAC in the past three months (n=92)**

Response	Percent
I did not report anywhere	53.3%
Family member	40.0%
Local Leaders (LCI Courts)	6.7%
Other	2.2%

: Multiple responses

Analysis of services rendered to children that reported physical violence to a family member indicates that four in ten children (41%) were simply ignored. In reality, family members did not provide any services but took other forms action such as confronting identified perpetrators (15.6%); and dialogue for amicable resolution (7.7%). Overall, services by family and community members to child survivors of physical violence did not come out explicitly as some respondents gave generic responses, for example, the case was handled well (30.8%).

Table 11: How reported cases of physical abuse are managed (n=39)

Response	Percent
Handled the problem/case well	30.8%
Referred me to another office	2.8%
I was ignored	41.0%
Solved amicably	7.7%
Was warned against violence	2.6%
Confronted the perpetrator	15.6%

3.2.2 Reporting sexual violence against children

3.2.2.1 Community based VAC response structures

Study findings show very low reporting among child survivors of sexual violence; with the few who did report specifically informing persons socially close to them notably family member, LC officials, as well as friends and neighbors who were within their reach.

Table 12: Proportion of children reporting cases of sexual abuse**

	Abusive sexual touching (n=64)	Attempted Forced or Pressured Sex (n=43)
I did not report anywhere	68.2%	52.4%
Family member	27.3%	38.1%
Local Leaders (LCI Courts)	4.6%	-
Other	-	14.2%

: Multiple responses

Case management for reported cases involved counseling and referrals. However, in some instances cases reported received no action. There was no mention of reported cases sanctioned for prosecution by courts of law. It is therefore likely that the three months total lockdown that restricted movements and imposed closure of business premises including offices partly contributed to the low reporting of sexual violations of children which would have been ordinarily captured in the mainstream justice system. Instead, some cases were either ignored or informally handled with some children merely cautioned to watch out.

Table 13: Response from agency/entity where sexual violence was reported **

What was done when case reported	*Abusive sexual touching(n=20)*	*Attempted Forced or Pressured Sex (n=20)*
Handled the problem/case well	42.9%	40.0%
Referred the case to another level	4.8%	-
There is nothing that was done/was ignored	33.3%	20.0%
I was counselled and told to be careful and avoid situations that might lead to abuse	14.3%	20.0%
Confronted the perpetrator	4.8%	10.0%
Advised to ignore the issue	-	10.0%

: Multiple response

3.2.2.2 Reasons for failure to report sexual violence

Similar to findings on physical violence, the most outstanding reason for non-reporting of sexual violence by child survivors was fear. The fear dimensions as shared by child respondents include fear to get into trouble, fear resulting into self-blame, and fear of inaction on reported case. The fear level is worsened by the fact that perpetrators of sexual violence are within children's day to day environment, and some of them are the source of children's basic needs such as food. Overall, this points to the limited empowerment among children to stand up for their rights and report violations.

Table 14: Reasons for failure to report sexual violence cases**

Reasons for not reporting sexual violence case	*Abusive sexual touching (n=44)*	*Attempted sex (n=20)*
I didn't know where to report	10.0%	-
I just feared	40.0%	42.9
I knew nothing would be done	10.0%	14.3
Did not think it was a problem	50.0%	-
Felt it was my fault	10.0%	-
Afraid of getting in trouble	-	57.1%

**: Multiple responses

The low reporting pattern during the three months lockdown was further confirmed by different stakeholders who participated in the study. Stakeholders indicated that children were intimidated to levels that scared them from reporting abuse.

> *Some of them (children) fear to be stigmatized. The perpetrators scare them that "if you do this, I will do this to you". So the child is there, helpless, intimidated, and you know at the level of being a child, unless you are helped by someone, you may fail to get out of the problem.* ***(Interview with the PSWO, Luuka district)***

Intimidation featured prominently as a key barrier to children's reporting of violence especially in situations where the perpetrator was within the home /community environment where children were confined during the three months of COVID-19 lock down.

> *I think as you recall basically once the shutdown was announced, it meant that children were out of school and in the communities some of them in the same spaces with their abusers, and so, reporting became complicated (****KII, UNICEF)***

Stakeholders further observed that sometimes restricted movements due to COVID-19 control measures affected the process of reporting.

> *Basically, people did not report VAC cases as it was before the outbreak of COVID-19, which may be because of restricted movements to the offices that provide VAC protection services as well as the lack of money to buy airtime to communicate to respective authorities regarding cases in communities* ***(KII, PSWO)***

Consequently, restricted movements implies that some cases would be reported late to the relevant authorities which affected evidence preservation in a state required for the prosecution process.

*People reported to police but this was possible for only these staying near police posts but those staying in distances of more than may be 30km from the nearest police station did not report VAC cases during COVID. Actually, some cases were reported after easing the lockdown by allowing taxis and buses to carry passengers which was rather too late for probation or even police to carry out investigations or even some examinations especially medical care for cases of sexual violence. (**KII, PSWO**)*

The non-inclusion of the social service workforce for children among the essential workforce during the three months of COVID-19 lockdown was also voiced as a key factor that hindered children's reporting of violence as the known offices that provide children services were also closed.

*Again, some offices were restricted and not open during COVID-19, so some people did not bother to report knowing that the office bearers were working from home and they might not be attended to. (**KII, PSWO**)*

It is worth noting that while the general trend of reporting of children physical and sexual violence was hindered by COVID-19 preventive measures, as soon as the lock down measures were relaxed, there was a consistent rise in the number of cases reported. This trend was observed from the Uganda Child Helpline (UCHL) data the months after April 2020. The UCHL toll free service (116) is an important child protection system as it provides a relatively safe reporting mechanism where case management is assured, and as such demystifies existent barriers to reporting like inaction, and fear among child survivors of violence. For instance, the UCHL September 2020 report provides information on reasons why UCHL is contacted, and one of the reasons given as, "callers stated that they had contacted UCHL because they were afraid their cases might be compromised or had allegedly been compromised (missing case files, missing perpetrators, negotiations and bribery claims)"[39].

3.3 Reporting of VAC to the Uganda Child Help Line (UCHL)

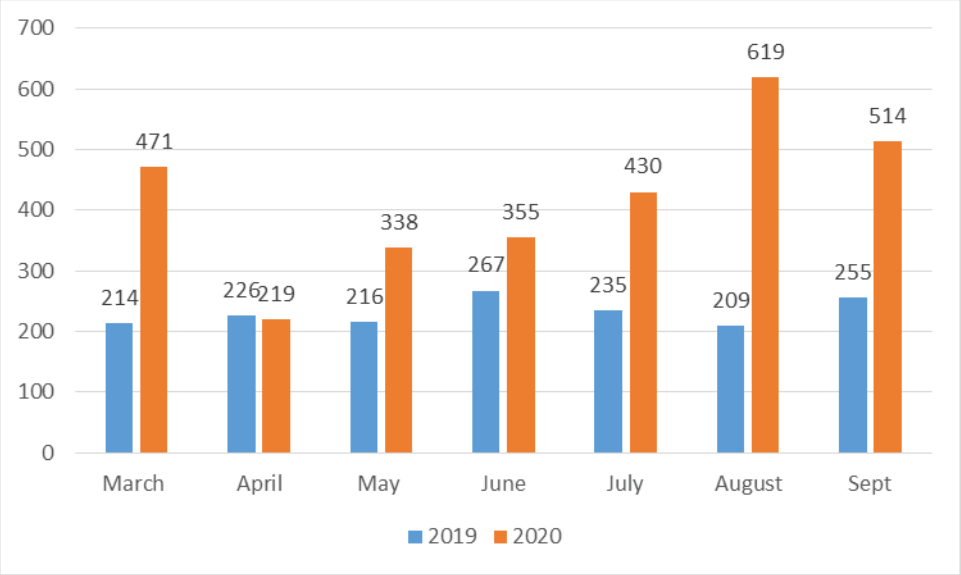
3.3.1 Number of cases reported at UCHL

Analysis of data from the Uganda Child Helpline (UCHL)/Sauti 116 shows significant variations in terms of cases reported before and during COVID-19 lockdown. Similar to other services considered non-essential at the commencement of the COVID-19 lockdown, UCHL too cease operations and the helpline call centre system shutdown, and this meant blockage of the national reporting system on child rights violations. Consequently, a comparative analysis of cases reported to UCHL between the months of March 2020 and April 2020 shows a sharp decline from 471 to 219 respectively. The reopening of UCHL after stakeholders' advocacy a few weeks into the lockdown, provided relief to stuck children cases hence data on cases for the Month of May 2020 indicated a rise to 338. The trend of reported cases continued upward and by August 2020 the total cumulative number of cases reported through UCHL stood at 619 between April and August, 2020).

[39] Ministry of Gender Labour and Social Development (MGLSD), 2020. The Uganda Child Line (UCHL) Report for the month of September 2020.

Overall, UCHL remains a critical child protection mechanism as trends on child rights violations are easier to track. For instance, in May 2019, a total of 216 cases were reported to the UCHL compared to 338 cases reported in May 2020 which was higher by122 VAC cases or an increment of 36%. This same upward trend in number of cases reported applied to subsequent months of June, July, August and September 2020 as presented in see figure below.

Figure 7: Comparative analysis of cases reported to UCHL over 7 months timeline



: Source: MGLSD, Uganda Child Help Line Reports for March-September, 2020

Beyond numbers, the UCHL data system provided information on the types and trends of VAC; and three broad forms of VAC stand out, i.e., child neglect, physical and sexual abuse. In the period spanning May to September 2020, there was a notable increase in the number of cases involving child neglect, physical and sexual abuse. For instance, the number of reported child neglect cases in May 2020 was 110, however, in September,2020 a total of 170 child neglect cases were reported. Similarly, sexual abuse cases increased from 115 in May 2020 to 190 in September 2020. When compared with cases reported in the same months in 2019, results depict an upward trend over most of the months with a tenfold increase in some cases. For instance, in the month of August, 2019, a total of 105 cases of child neglect were registered as compared to 231 cases in 2020. Similarly 37 cases of physical abuse were registered in August 2019 as compared to 144 in August 2020; and Fifty six (56) cases were registered as sexual violence cases in August 2019 compared to 213 cases in 2020. The above upward trend in number of VAC cases in 2020 is an indication of the huge negative impact COVID-19 had on the wellbeing of children

Table 15 Number of cases reported at the UCHL between March and September 2019 and 2020

Month/ Year	*March*		*April*		*May*		*June*		*July*		*August*		*Sept*	
	2019	*2020*	*2019*	*2020*	*2019*	*2020*	*2019*	*2020*	*2019*	*2020*	*2019*	*2020*	*2019*	*2020*
Child exploitation	5	10	6	6	8	6	12	13	4	14	6	10	4	19
Child neglect	**129**	**248**	**122**	**89**	**113**	**110**	**161**	**129**	**129**	**151**	**105**	**231**	**136**	**170**
Child trafficking	4	2	2	3	1	2	1	5	-	2	3	4	2	8
Emotional abuse	1	2	2	5	1	8	1	-	1	5	1	11	3	9
Murder	2	5	-	2	-	2	3	3	1	4	1	6	-	7
OCSA	1	**	3	-	-	-	1	-	-	-	-	-	-	-
Physical abuse	**29**	**109**	**34**	**53**	**33**	**95**	**33**	**71**	**28**	**82**	**37**	**144**	**31**	**111**
Sexual abuse	**43**	**95**	**57**	**61**	**60**	**115**	**55**	**135**	**72**	**172**	**56**	**213**	**79**	**190**
Total	***214***	***471***	***226***	***219***	***216***	***338***	***267***	***355***	***235***	***430***	***209***	***619***	***255***	***514***

*****: Source: MGLSD, Uganda Child Help Line Reports for March-September, 2020***

In order to gain in-depth understanding of the effect COVID-19 had on child well-being, the study further interrogated three categories of VAC, i.e., child neglect, physical and sexual abuse, by analysis evidence on two comparable months in 2019 and 2020, i.e., April to September.

3.3.2 Child neglect cases reported to the UCHL before and during COVID-19

Child neglect equally registered an increment in cases reported to UCHL for the year 2020 when COVID-19 was at its height in comparison to the year 2019. UCHL data for the months of April to August 2020 shows an upward trend in cases with a decline only commencing in September 2020. For instance, child maintenance cases consistently rose from 68 in April 2020, and peaked in August at 191 before the curve started to decline to 141 cases in September 2020; and similarly child abandonment cases grew from 9 in April to 30 cases in August, and then a decline to 21 in September 2020.

Table 16: Number of child neglect cases reported at the UCHL between April and September 2020/2019

	April		May		June		July		August		September	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Child Abandonment	**9**	**9**	**4**	**15**	**8**	**16**	**13**	**19**	**11**	**30**	**6**	**21**
Child Maintenance	**68**	**68**	**74**	**83**	**89**	**96**	**76**	**122**	**59**	**191**	**68**	**141**
Denial of Education	**34**	**11**	**32**	**7**	**60**	**9**	**37**	**4**	**34**	**1**	**61**	**5**
Child malnutrition	1		-	4	-	2	3	-	-	3	-	1
General	3	1	3	1	4	4	-	6	1	6	1	2
Total	**115**	**89**	**113**	**110**	**161**	**127**	**129**	**151**	**105**	**231**	**136**	**170**

*****: Source: MGLSD, Uganda Child Help Line Reports for April-September, 2020***

3.3.3 Physical violence cases reported to UCHL before and during COVID-19

Whereas different forms of physical violence against children such as beating, burning, and corporal punishment are reported to UCHL, data in UCHL case management system shows that between April and September 2020, the highest form of physical violence was beating. UCHL recorded an increase in cases of child battering (beating) from 46 in April to 127 in August, before the reporting curve started declining to 92 cases in September 2020. Other physical violence cases such as burning only sharply increased between April and June, 2020.

Table 17: Number of physical violence cases reported between April and September 2020/2019

Case/ months	***April***		***May***		***June***		***July***		***August***		***September***	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Beating	**29**	**46**	**25**	**86**	**31**	**55**	**22**	**63**	**34**	**127**	**24**	**92**
Burning	**4**	**2**	**5**	**2**	**-**	**10**	**3**	**6**	**1**	**11**	**4**	**7**
Corporal Punishment	1	4	3	3	-	3	3	10	2	4	2	7
Biting	-		-		1		-		-		-	
General	-	1	-	4	1	3	-	3	-	2	1	5
Total	**34**	**53**	**33**	**95**	**33**	**71**	**28**	**82**	**37**	**144**	**31**	**111**

*****: Source: MGLSD, Uganda Child Help Line Reports for April-September, 2020***

A comparative analysis of physical violence on children reported to UCHL in the same cohort of months (April-September, 2019); indicates that child beating was the commonest physical violation, except that in 2020 the numbers were much higher, a confirmation that COVID-19 lockdown provided a conducive environment for exacerbation of child beating.

3.3.4 Sexual violence cases reported to the UCHL before and during COVID-19

Case management data in the UCHL system shows attempted defilement, defilement, early and forced marriage, sodomy, teenage pregnancy, abusive sexual touches/bad touches and exposure to pornographic images as the types of sexual violence cases reported to UCHL. An analysis of reporting trends shows that overall sexual violence cases increased consistently during the lock down months from 61 cases in April to 213 in August then a decline commenced In September, 2020 with190 cases. Further analysis of sexual violence trends by type shows that while there was an upward trend in cases reported across defilement, teenage pregnancy and forced marriage, the magnitude varied by type. Defilement cases for example, more than doubled during the lock down from 32 cases reported in April, 2020 to over 113 cases reported in September 2020.

Table 18: Sexual violence cases reported between April and September 2020/2019

Cases/months	April		May		June		July		August		September	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Attempted Defilement	1	2	-	4	2	1	1	5	1	4	-	4
Defilement	**33**	**32**	**33**	**68**	**28**	**87**	**39**	**83**	**37**	**108**	**42**	**113**
Early/Forced Marriage	**11**	**13**	**11**	**24**	**8**	**32**	**12**	**50**	**11**	**73**	**19**	**47**
Sodomy	2	1	-	1	1	1	2	1	-	1	1	2
Teenage Pregnancy	***8***	***12***	***15***	***16***	***15***	***14***	***18***	***29***	***7***	***24***	***17***	***23***
Bad touches/indecent assault	-	-	1	1	1	1	-	2	-	3	-	-
Exposure to porn images	1	1	-	1	-	-	-	2	-	-	-	1
General	1		-		-		-		-		-	
Total	**57**	**61**	**60**	**115**	**55**	**136**	**72**	**172**	**56**	**213**	**79**	**190**

*****: Source: MGLSD, Uganda Child Help Line Reports for April-September, 2020***

In comparison to sexual violence cases reported in the same cohort of months in 2019; defilement, forced marriage and teenage pregnancy rank highest as the most common reported cases. Therefore, similar to physical abuse, the COVID-19 lockdown exacerbated sexual violence among children.

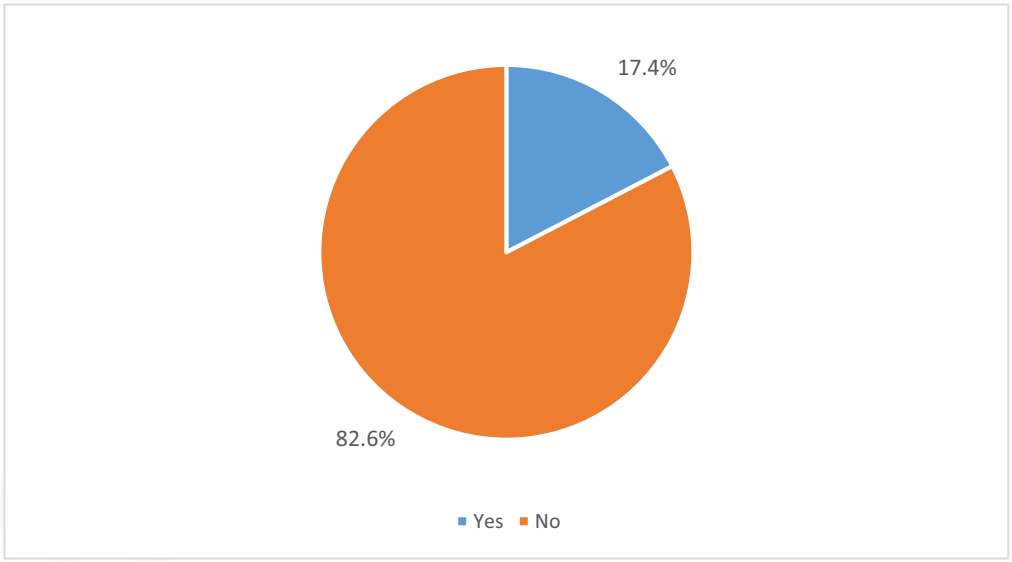
4. The effect of COVID-19 pandemic on children's access to and utilization of Violence against Children preventive and response services in Uganda.

Findings under this study objective covers the level of awareness on VAC including information sources; the role of children and caregivers in awareness raising on VAC; as well as VAC services and children's access to services during the three months of COVID-19 lockdown.

4.1. Awareness of actions taken to prevent VAC during COVID-19

Cognizant that access to services is largely influenced by prior knowledge on availability of services, the study inquired into awareness creation on VAC in communities during the three months of COVID-19 lockdown. The study findings show that only 17.4% of children that participated in the study were aware of any awareness creation activities while a significant proportion (82.6%) had no knowledge of any VAC awareness activities undertaken in their communities.

Figure 8: Proportion of children aware of any actions undertaken in the community to prevent VAC during COVID-19 (n=644)



4.2 Parents awareness of the need to protect children

While the study did not measure the level of awareness on child protection issues, a cross section of stakeholders who participated in the study attested to the growing interest among parents and caregivers in the wellbeing of their children, despite inherent limitations in fulfilling their roles. This level of concern was attributed to increased awareness and information in the media about VAC, which has parents to appreciate the need to protect their children from harm.

> *And, there's a lot information from parents, they are all scared about having their children home and they are keener at protecting them. Initially, there were some parents who were saying, "no, the children should be at school". But now that they*

*see that the schools have not opened, they are now focusing on, "how can I protect my child not to get pregnant, not to get HIV, not to get all these things that are happening or not to be defiled?". So, they are trying to make sure that the children are not moving. (**KII, World Vision**)*

Considering that during the three months COVID-19 lockdown period, the media in its different forms was the key communication tool, it confirms that the media remains an essential channel for information and advocacy in prevention of VAC.

Besides showing concern on the need to protect their children, findings point to the hidden opportunity within the COVID-19 lockdown that some parents and caregivers took advantage of to bond with their children.

*Leave alone the insurmountable negative effects, one of the positive effects has been that, children have taken time. COVID-19 provided opportunity for them to stay with parents, and parents have been able to nurture, to promote moral, cultural responsibilities among the children. They have also taught them things that are not taught in school, like cooking, domestic chores, because if children spend a lot of time in school, it will make children miss to learn some local languages. And also children to appreciate what is family life is all about. (**KII, UYDEL**)*

4.3 Awareness about child protection platforms and structures

4.3.1 Awareness of the Child Help Line (UCHL)

Children responses on awareness about the Uganda child helpline being the centre where child abuse is reported, indicated that only about a quarter (26.9%) had heard about the child helpline while a significant majority (73.1%) had never heard of the child helpline. Overall, there were no disparities in awareness levels by sex across all districts of study. The only difference in awareness that featured was by geographical location whereby Central Uganda (Kampala and Lyantonde) as compared to North (Gulu) and Eastern (Luuka) had more children aware of the Child helpline. Awareness level by specific districts was as follows: Kampala (35.5%), Lyantonde (37.5%), Luuka (21.5%) and Gulu (12.9%).These differences could be attributed to the levels of access to information, considering that Kampala and Lyantonde by virtue of their location have higher chances of accessing information from multiple media outlets as compared to Gulu and Luuka.

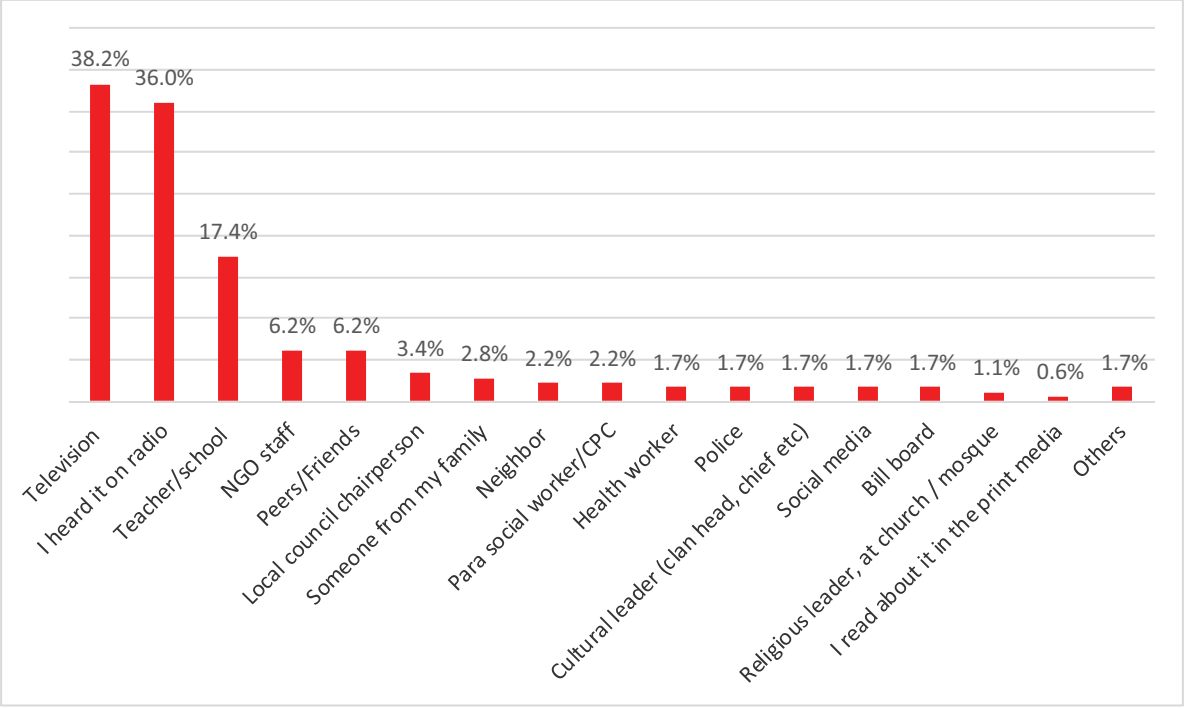
Table 19: Proportion of children ever heard of the child helpline by sex and district (n=644)

	District				Sex		Total
	Lyantonde	Luuka	Gulu	Kampala	Male	Female	
Yes	60 (37.5%)	31 (21.5%)	22 (12.9%)	60(35.5%)	70(27.2%)	103(26.6%)	173 (26.9%
No	100(62.5%)	113(78.5%)	149(87.1%)	109(64.5%)	187(72.8%)	284(73.4%)	471(73.1%)

Further analysis showed that children had heard about the child help line from multiple sources notably television (38.2%), radio (36.0%), teachers (17.4%), NGO staff (6.2%), and peers/friends (6.2%). Indeed this evidence was affirmed by CSOs and district local government staff who participated in the study affirming that the media particularly radio was widely used to popularize the child helpline. The management of Uganda helpline too

attested to a deliberate attempt taken to engage schools, and this partly explains the prominence of teachers as one of the key sources of information to children about the UCHL.

Figure 9 Source of information about child help line (n=225)**



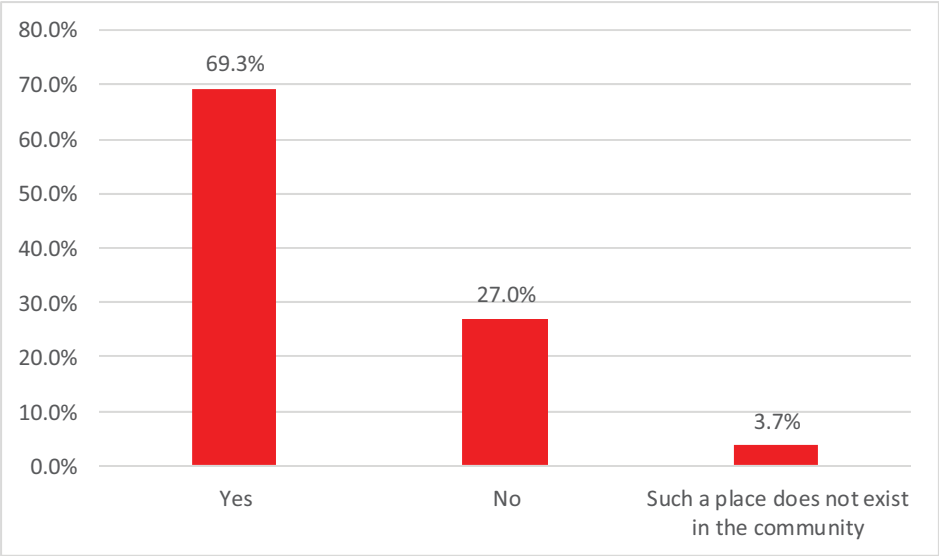
****: Multiple responses allowed**

Despite the relatively good awareness level among children about the Uganda Child Helpline, during the three months of COVID-19 lockdown, only 1% of the children who participated in the study had called the child helpline to report a case related to emotional abuse.

4.3.2 Awareness of existence of child protection services providers/ structures

The level of Children awareness on where to go for support in incidences of violence was relatively high. A significant proportion (69.3%) knew of a place in their communities where children can go for support if they experience any form of violence, although close to a quarter (27.0%) did not know, and a minority 3.7% had no knowledge of the existence of such a place in their communities.

Figure 10 Proportion of children who know a place in their communities that provides support services to abused children (n=644)



Children's response to an inquiry as to whether they knew VAC service providers including institution(s) that manage place(s) where children can go for support, reveals that majority knew the LCI (45.1%), Police (29.4%) and NGOs (1%); where services provided include among others counseling (54.2%), legal representation (65.2%) as well as treatment and HIV testing. The probable reason for this knowledge trend is proximity, hence affirming family and community structures as the most appropriate channels in provision of child protection services as stipulated in national policy frameworks on children. Nevertheless, this does not downplay the role played by NGOs but rather points to the need for closer collaboration between NGOs and community structures in VAC prevention and response.

Table 20: Which services are provided at this place (n=423)

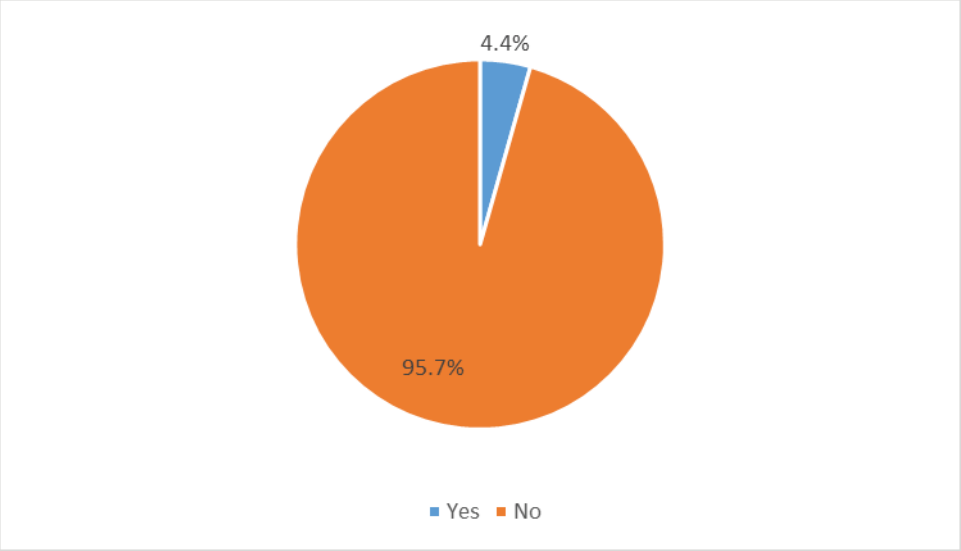
Response	Percent (**)
Counseling	54.2%
Treatment	4.5%
HIV testing	1.2%
PEP	0.9%
Legal representation	65.2%

: Multiple response allowed

4.4 Child participation in VAC prevention during COVID-19

Children were asked if they had participated in any activities aimed at preventing VAC in their communities in the past three months; with participation defined as any activity aimed at creating awareness about VAC or sensitization, either as an individual or a group, without including actions on reporting VAC cases. Study findings show that only 4.4% had participated in any such activity though no details on type of awareness activities were provided.

Figure 11: Proportion of children who participated in activities aimed at preventing VAC in past three months (n=644)



Besides mainstream media, in some communities local innovations like the use of public address systems were adopted to pass on messages on VAC prevention including where to report in the event that VAC and or other forms of violence occurred.

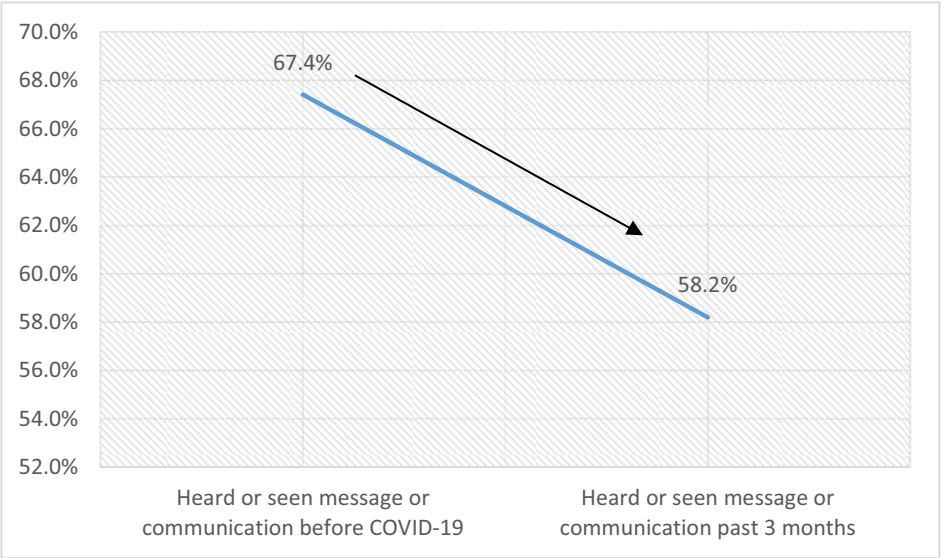
> *We also have community announcers especially in Lyantonde town council where this public system helps community members to know where to report in case of a VAC case in their area. (**KII, District Probation and Social Welfare Officer, Lyantonde district**).*

Overall, considering that PSWOs, CDOs and police held community outreaches using loud speakers to share information on what to do when a child is abused and urged the community to report cases of VAC; on this basis, the study team generated an informed opinion that some children are likely to have participated in the outreaches.

4.5 Children access to VAC related information

Children's responses to an inquiry as to whether they had seen or heard any communication or message about violence prevention before the onset of COVID-19 indicated that 67.4% had heard or seen a message / communication on VAC before COVID-19. However, the proportion of children who had heard or seen any messages or communication on VAC in the three months of COVID-19 lock down reduced by nine percentage points to 58.2%. This implies that while adults (including parents and caregivers) had full access to VAC information through the media during the three months of COVID-19 lockdown; this was not true for children.

Figure 12: Proportion of children that received messages about VAC before and during COVID-19 period (n=644)



Regarding source of information for children that had heard or seen any message or communication on VAC in the three months of COVID-19 lockdown, six in every ten children (55.9%) mentioned radio while five in every ten children (49.6%) mentioned television as their main source of information. On VAC messages heard or seen; a significant proportion indicated hearing and or seeing messages on where to report VAC cases. In specificity, five in every ten children (50.0%) heard or saw messages about where to report abuse, two in every ten children (23.6%) who to tell when abused, two in ten children (21.1%) where to seek services when abused, and 47.8% how to avoid situations that might lead to abuse.

Table 21: Children access to information about prevention of VAC in the past three months (n=375)**

Category	Percent
Source of information on prevention of VAC for children	
Health worker	1.8%
Para social worker	1.6%
Child protection committee	0.3%
LCI chairperson	6.8%
Police	0.8%
NGO staff (specify NGO)	1.0%
Television	49.6%
Radio	55.9%
Poster/Sign posts	5.0%
Drama / Videos	0.3%
Printed booklets/fliers	0.8%
Facebook	1.3%
WhatsApp	1.6%
What was information about (n=375)**	
I don't remember	13.7%
Where to report when abused	50.0%
Who tell when abused	23.6%
Where to seek services when abused	21.1%
How to avoid situations that might lead to abuse	47.8%

: Multiple response allowed

The media as a key source of information on VAC prevention is no surprise since the entire population was in lockdown for three consecutive months (April, May and June) hence positioning the media as a key tool in communication. Indeed, during this period Government Ministries, Departments and Agencies in collaboration with child focused institutions featured VAC articles, announcements, talk shows through radio and Television. Overall, most of the actors largely relied on the use of media for communication.

> *Most of the prevention work, I would say, has been media based. Announcements, adverts, talking, but also like the zoom meetings we have with the service providers. But in actual giving a service to young girls and boys, has been very poor because of; one, the standard operating procedures, which limited people visiting homes. Second, prevention has been very poor because service providers are not in there working places. Many of us were considered non-essential. You remember that time? So we did most of the work via media (**KII, UYDEL**)*

> *The media has been very effective during the COVID-19 and they have clearly revealed and exposed the child protection issues that are happening. They are able to bring all these videos about child protection, documenting these issues (…) so the publicity has been quite higher during the COVID-19 period (…) the media has played a strong role in the last two to three months, they have been documenting these issues so well (**KII, World Vision**).*

During COVID-19 we sensitized the communities on the possibility of occurrence of VAC and how all stakeholders' right from parents, neighborhoods and authorities can address VAC. This has been especially by using mega phone, radio talk shows and town speakers. For instance, my office has at least 45 minutes per week on a radio talk show to address issue of family and children and VAC was one of the key elements we talked about during COVID-19. At one point, I remember when I was hosted at one of the radio stations I reminded parents or caretakers to use the child protection toll free number that is, 116 to quickly report cases of VAC during COVID-19. ***(KII, District Probation and Social Welfare Officer, Lyantonde district)***

4.6 Children's access to and utilization of VAC services

Despite the fact that a significant proportion of children (69.3%) had knowledge of a place in the community that provides VAC response services, access to services by child survivors of VAC remains a challenge.

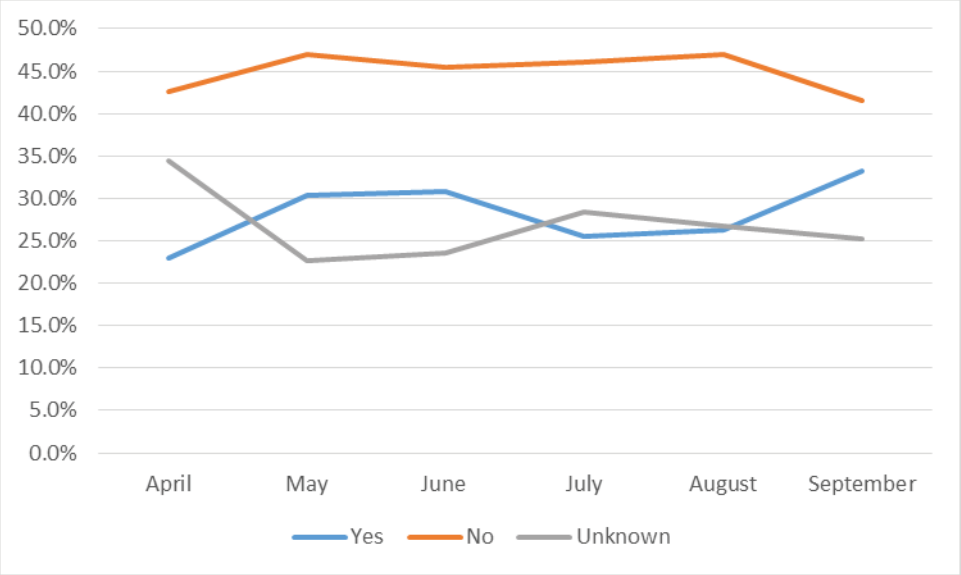
Table 22: Proportion of children who accessed services (n=548)

Response	*Percent*
Yes	12.5%
No	86.7%
Don't remember	0.7%

For example, an analysis of data on access to HIV testing services (HTS) by child survivors of sexual violence during COVID-19 lockdown indicates exacerbation of an endemic challenge which persisted for six months. During the period of April 2020 to September 2020, the proportion of sexual violence cases reported to the UCHL[40] that lacked access to HTS services were consistently higher than cases that accessed HTS services. Further Analysis of this variable as plotted in the graph below confirms this trend on the basis of monthly comparative data. For instance, in April 2020, 22.9% of the survivors of sexual violence accessed HTS services against 42.6% who had no access; in August 2020, the proportion of those who accessed HTS services improved to only 26.3% in comparison to an increase to 47% for child survivors of violence who had no access HTS services. Children attributed their failure to access VAC response services to restricted movement including transport unavailability and limited knowledge on the existence of such services in their communities and surrounding areas.

[40] MGLSD, UCHL Reports, April to September 2020

Figure 13 Proportion of survivors of Sexual Violence that accessed HTS services between April and September 2020**

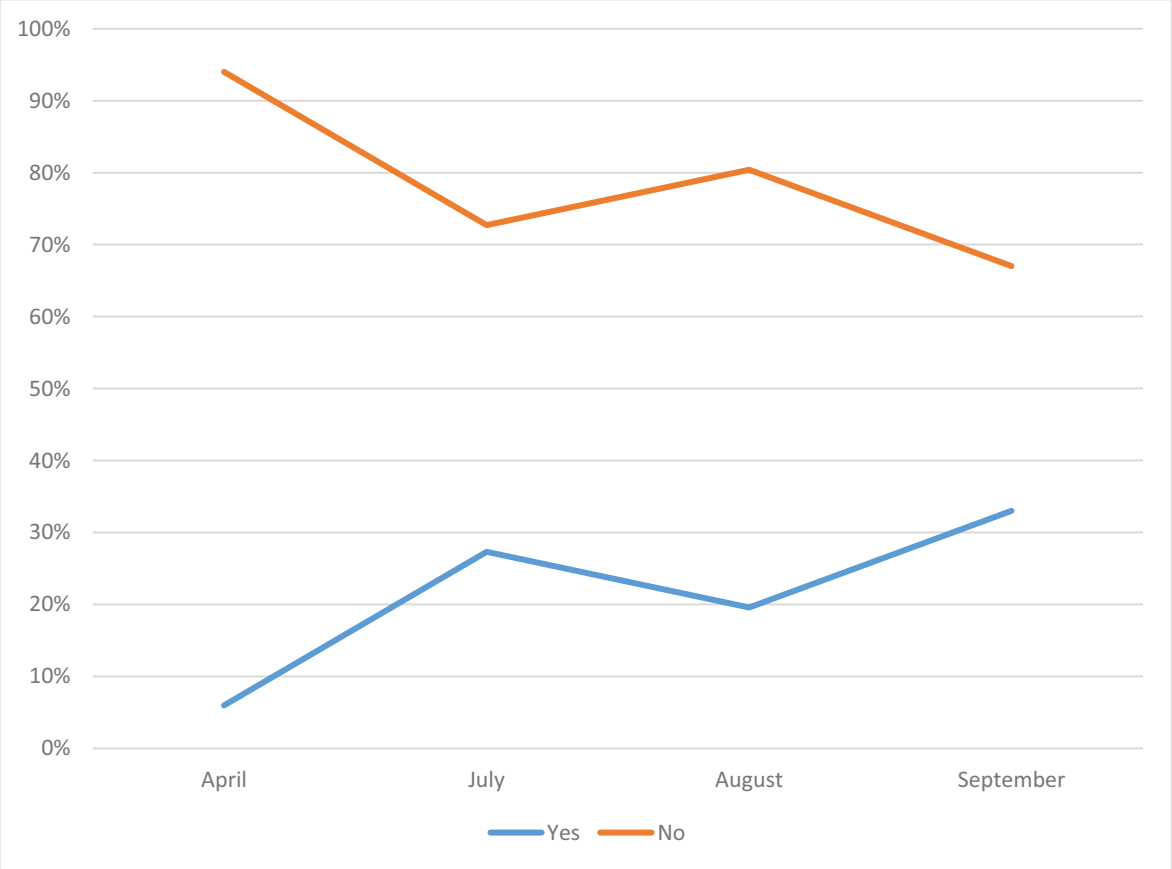


: Source: MGLSD, Uganda Child Help Line Reports for April-September, 2020

Similarly, analysis of data on access to post-exposure prophylaxis (PEP) services by child survivors of violence, reveals significant shortfalls. The results trend shows that of all the children who are sexually violated and are tested for HIV, only a few receive PEP services. This is confirmed by data for the month of August 2020, whereby out of 56 child survivors who accessed HTS services, only 11 (19.6%) received PEP[41]; and in September 2020, out of those that accessed the HTS, only 21 (33%) survivors were received PEP[42]. Some of the barriers identified regarding access to PEP services include "late reporting, ignorance by some child care givers about the need for PEP, and or its availability as a free service in government health facilities[43]. Consequently, some child survivors of sexual violence are living with HIV. For instance, in June 2020, five (5) child survivors of sexual violence, who lacked access to PEP services were later tested and diagnosed as exposed to HIV.[44]

[41] MGLS, UCHL Report for August 2020
[42] MGLSD, UCHL Report for September 2020
[4343] MGLSD, UCHL Report for August 2020
[44] MGLSD, UCHL Report for June 2020

Figure 14 Access to PEP Services among survivors of sexual violence April, July, August and September 2020**



***: Source; MGLSD, Uganda Child Help Line Reports, April, July, August and September 2020*

5. Emerging evidence to inform child protection Policy and Practice

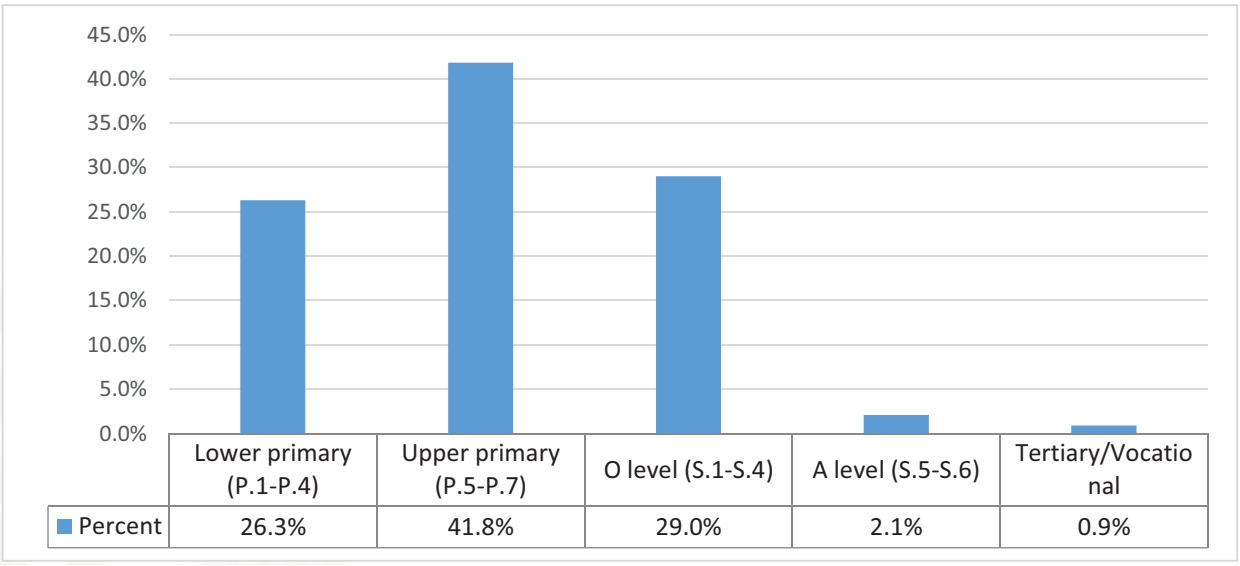
Aware that COVID-19 effects are inevitably both short and long term, exploration of different aspects with a likely link to this pandemic was important to inform policy and practice. Therefore, under this study objective, vast information was collected across different dimensions of child wellbeing in context of COVID-19 pandemic notably child participation in education and learning opportunities; living and caregiving arrangements; access to food; children's knowledge about COVID-19 ; and the role of child rights actors in COVID-19 prevention.

5.1 Children participation in education/learning opportunities during COVID-19

5.1.1 Proportion of children in school at the time of school closure

Global evidence suggests that school closure occasioned by COVID-19 is estimated to have impacted some 1.5 billion children worldwide (World Health Organization 2020b) and about 15 Million children in Uganda since March 2020. This study established that effect of school closures on child wellbeing in Uganda was profound, as almost all (95%) of the children who participated in the study were in school at the time the government imposed the COVID-19 lockdown. Majority of the children were in upper primary and lower secondary. This points to the magnitude of children negatively impacted by COVID-19 as a result of school closures.

Figure 15: Proportion of children in school and classes attended at the time of school closure by government (n=613)



	Lower primary (P.1-P.4)	Upper primary (P.5-P.7)	O level (S.1-S.4)	A level (S.5-S.6)	Tertiary/Vocational
Percent	26.3%	41.8%	29.0%	2.1%	0.9%

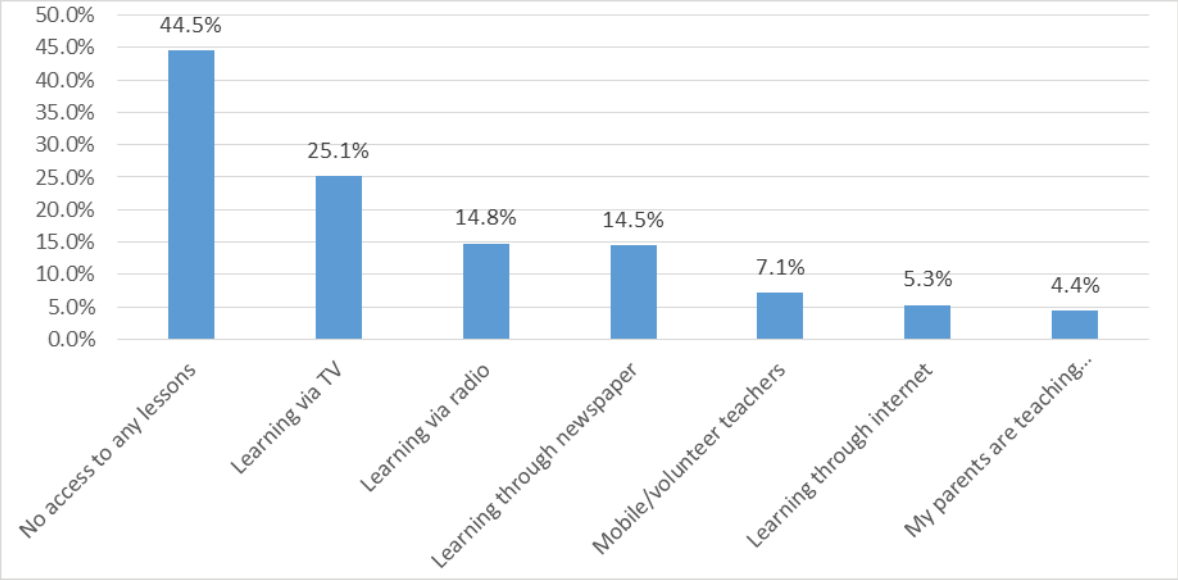
5.1.2 Proportion of children accessing existing learning/education opportunities

Virtual learning following schools closure at the onset of COVID-19 lockdown was promoted by the government of Uganda Ministry of Education and Sports (MoES) firstly by issuance of a harmonized learning framework. The framework defined the roles of MoES as including among others; avail learner self-study materials on all core subjects at both primary and secondary levels, provide materials to learners through print media; schedule and facilitate

e-lessons delivered through radio and television. In addition to MoES e-learning strategy, individual schools at their own discretion also set up customized virtual lessons through online platforms such as Microsoft teams and zoom. Afterwards, the government also mooted the idea of procuring and distributing radio sets to facilitate children learning by targeting every homestead in Uganda, particularly those that had no radios. This was in anticipation that children would continue to access learning and education opportunities for the entire period there were out of school. What is plausible, however, is that the planning for e-learning underestimated the time for this stop gap measure as lasting a short timeframe but in reality the plan needed to cover a whole academic year as all learners with the exception of candidate classes remained home until the end of year (2020).

Within the above context, this study, sought to establish the extent to which children accessed and participated in learning through established e-learning platforms and opportunities during the COVID-19 lock down period. Findings show that among the children who were attending school pre-COVID-19, almost four in every ten children (44.5%) had no access to any form of learning and therefore did not access any of the e-learning mechanisms instituted by MoES during the lockdown/school closure. Among those who had access to the platforms, about two in every ten children (25.1%) were learning through television, and an estimated 14.8% through the radio. Other modes of learning accessed by learners were through phones or on internet (5.3%), newspapers (14.5%), and mobile teachers (7.1%); while 4.4% of the children others indicated that their parents taught them from home. Overall, access to learning by children during the COVID-19 lockdown period, had no variation either by gender or locality.

Figure 16: Platforms mentioned by children as available for learning during school closure (n=613)**



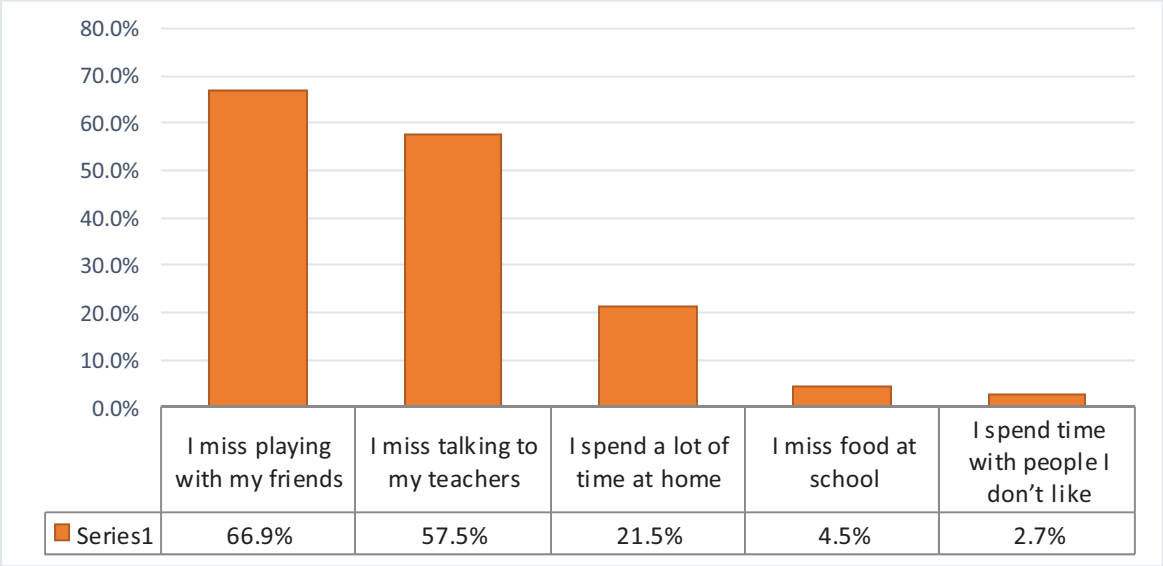
**: Multiple responses captured

5.1.3. How school closure has affected children: views and perspectives

Despite government efforts to ensure that learning continues with minimal disruption, study findings as in figure 6 above shows that only a few children were able to access the e-learning platforms while a significant proportion of leaners had no access. Worse still,

beyond those that missed lessons/attending classes; a significant (66.9%) of children that participated in the study indicated that they missed playing with their friends; and an estimated 57.5% said they miss talking to their teachers. In addition, up to 21.5% of the children perceived the effect of school closure due to COVID-19 to have impacted them in terms of spending more time at home; with one in every ten children (2.7%) stating that closure of schools meant spending time with people they did not like. While the number of children that highlighted spending more hours at home and sometimes with people they did not like was small, it points to of existence unfriendly home environments, which are conducive grounds to for perpetuate VAC and or hinders reporting of abuse where it occurs.

Figure 17: Proportion of children who say school closure has affected them (n=613)**



: Multiple responses

5.1.4 Prospect for schooling post COVID-19

An inquiry into prospects for all children returning to school in Post COVID-19 period established that 2% of the child respondents were uncertain about their chances of resuming school once schools reopen.

Table 23: When schools reopen, do you hope to continue school? (n=613)

Response	*Percent*
Yes	98.5%
No	0.7%
Can't tell	0.8%

Whereas 2% seems a negligible proportion, evidence from qualitative discussions point to a potential rise in the number of children likely to drop out of school due to a myriad of factors. In particular, parents expressed concern about their income flow due to significant disruption to their businesses, jobs and employment. Some were uncertain when they will be able to recover their livelihood sources. Parents who had lost stable flow of income were not certain about supporting their children to resume studies when schools reopen. It is therefore evident that disruptions in income flow, business, and employment as a result of

COVID-19 lockdown measures has a direct bearing on children's schooling in the post COVID-19 era.

> *R5: We pray God helps us. A person with 6 children was able to pay fees before COVID. But now parents have no money to feed them and take them back to school. If they opened schools now, very many children will not report back (**FGD Male Caregivers, Kyamuyonga Lyantonde district**)*

The constrained livelihoods as highlighted by parents is an indication of tougher times ahead for parents in decision making amidst competing priorities. There is a high likelihood that the need to secure resources for survival will take precedence over all other needs including children's education.

The situation will be further aggravated by low interest in education by some children as established through this study that a segment of children particularly those who were now earning through petty and casual work had lost interest in school and education, all together.

> *R3: I encountered a challenge when I went to the village, recently. Some children have lost interest in going back to school. They have spent almost a whole year without going to school. Some have started working and earning money, their attitude towards schooling has really changed. Parents are wondering how they are going to manage that. In fact, even telling these children to revise their books now is a challenge because the interest is no longer there. (**FGD Male Caregivers, Kyamuyonga Lyantonde district**)*

Children's loss of interest in school is partly attributed to the uncertainty created by COVID-19, with some children suffering stress in absence of schools reopening calendar.

> *For a child who was going to school, and now confined at home with no hope of going back to school, its difficult for them. Some of them are not even sure whether they'll be able to go back to school when schools resume. Some don't even know whether the parent can be able to afford to take care of their basic necessities or scholastic materials to resume school. So, there have been those cases who are really uncertain of the future. That is creating stress for the children (…). They are not certain whether they will be able to go back to classes and see the teachers face to face, due to the unemployment of the care givers or the guardians. (**KII, UYDEL**)*

The gender perspective to the effects of COVID -19 on children's education was voiced by some parents. There was particular concern that COVID-19 had amplified vulnerabilities faced by girl children with some already married off and others trafficked. Uncertainty about re-entry into school for girls that had become pregnant; and the stigma associated also featured as key factors likely to exacerbate the drop out of girls from school.

> *R3: I think after this season (COVID-19) most girls are going to drop out of school. They face a lot of challenges. They admire this and that, so they can easily be swept*

off. Also the growth rate of girls is fast by the time they go back to school they will be bigger for the classes they will repeat. They are like 'big fish in a small pond'. So controlling these girls is a challenge but it will even be worse when they open schools (…) and if you tell them to repeat any class, the interest for studies disappears ***(FGD Participant, MEN Kyamuyonga Lyantonde)***

R4: (…) with COVID-19, young girls are conceiving and this has come from this COVID lock down. In this season of COVID-19, girls have become pregnant, and they have been impregnated by the youth from these villages.
R5: It is also because today young girls are spending a lot of time in the community and are exposed to a lot of things. Parents have lost hope whether children will ever go back to schools ***(FGD Men, Ikumbya, Luuka district)***

Support services particularly to teenage girls who conceived during the lockdown were not readily available; a factor that worried some parents and increased uncertainty about return to school for such children when schools re-open.

R2: A child gets pregnant, yet you cannot even have hope that once the child gives birth, you will have the necessary support to get her back to school. We do not even know when this COVID period will be over. Because if she was to be pregnant, and you ask the head master to allow her back to school so that once her due date of delivery has come, she could come home give birth, leave me with the child and then do her exams. However, we do not know ***(FGD Female participant, Busiiro, Luuka district****)*

The blended approach of virtual / home schooling introduced by the Government through Ministry of Education and Sports, as a stop gap learning measure did not match learning standards of formal schooling as children lacked skilled supervisors to fit in the role played by teachers in a school setting. For instance, some children who accessed 'self-study' learning materials, needed help in order to comprehend the content yet some parents are illiterate while others though literate lack skills on how to engage the child"[45]. In addition, the differences between home and school settings was a challenge for some children in adjusting from the learning routine applied in school to a customized learning routine at home[46].

The closure of schools also meant that children were missing out a key ingredient in their protection against violence since schools are a key source of information about VAC prevention. Apparently, school closure not only created a gap in children's access to information on VAC prevention but also on available services.

*Most of the children get to know of this information (about VAC prevention) when they are at school through their teachers. (****Interview with the PSWO, Luuka district****)*

[45] Interview with Probation and Social Welfare Officer, Gulu district
[46] Interview with a member of Scientific Advisory Committee to the Minister of Health

Service providers of children services notably Child rights focused civil society organizations / NGOs who work through schools as a platform for empowering children faced a limitation on how to reach the children with information.

The above findings concur with evidence from similar studies conducted elsewhere as they all predict a significant fall in school attendance in the period following post school closures. A simulation study conducted using data from 157 countries globally revealed that three, five and seven months of school closure could lead to fall in the "global level of schooling and learning" resulting in a loss of between 0.3 and 0.9 years of schooling adjusted for quality, bringing down the effective years of basic schooling that students achieve during their lifetime from 7.9 years to between 7.0 and 7.6 years" (Azevedo, Hasan, Goldemberg, Iqbal, & Geven, 2020). The simulation study further predicts that close to 7 million students from primary up to secondary education could drop out due to the income shock of the pandemic alone (Azevedo, Hasan, Goldemberg, Iqbal, & Geven, 2020). In liberalized societies, schools double as social services and enterprises hence the income flow of private school proprietors, teachers and other administrative staff of all cadre was disrupted, and negatively impacted their households including children. This is evidence that closure of schools has far reaching effects in society.

5.1.5 Access to and use of phones and internet by children

The study established that a relatively significant proportion of children (30.0%) had access to phones with more than a half having internet connectivity (54.9%). Further analysis of findings indicated higher access to phones by children in Kampala (47.9%) as compared to Luuka district where only 18.1% of the children had access. Overall, in terms of phone access by location, more children in urban areas (37.3%) had access to a phone compared to children in rural areas (20.9%); and with minimal gender disparity at (28.7%) for girls and (31.9%) for boys.

Further analysis of findings in terms of time spent by children on phone shows that among those who have access to a phone, at least six in every ten children spend more than one hour of their time on phone and about 3.8% of all the children with access to a phone with internet spend the whole day on phone, 8.5% spend about half a day on phone on a typical day, and a half of the children (50.0%) spend between one and five hours using a phone on a typical day.

Table 24 Proportion of children with access to phones and internet connection

Category	Response	Percent
Do you have access to a phone?	Yes	30.0%
	No	70.0%
Do you have access to a phone that has internet connectivity?	Yes	54.9%
	No	45.1%
How much time do you spend using a phone on a typical day?	All day long	3.8%
	About 6 hours	8.5%
	About 3-5 hours	23.6%
	About 1-2 hours	26.4%
	Less than 1 hour	37.7%
What do you usually do while on the phone? (n=180)**	Reading materials from my school	
	Attending online classes	26.8%
	Chatting or conversing with my friends	13.4%
		54.5%
	Watching movies	16.1%
	Using social media	3.6%
	Playing games	26.8%
	Listening to music and radio	4.5%
	Searching the internet	9.8%
	Other	5.4%

****: Multiple responses**

In recognition that emerging global evidence suggests that children with access to phones, and particularly phones connected to internet, are at higher risk of abuse this study sought to establish exposure to abuse and risks of abuse through phone for Uganda children during the COVID-19 lockdown.

Study findings show that during the period of school closure due to COVID-19; parents allowed children to access phones, often as a tool to aid online learning. While for others, giving phones to their children was a mechanism for keeping them busy. However, the study further established that beyond parents, children also had access to phones through friends and other familiar people within the children's home and community environment.

As regards what children do when on phone, five in every ten children said they converse with their friends (51.3%); while three in every ten children said they use phones to access reading materials from their schools (26.5%). In addition, about 14.2% children spend time on phone watching movies, 25.7% spend time playing games while others simply use phones to access social media platforms such as WhatsApp and Facebook (3.5%) or simply searching the internet (9.7%). These results point to high levels of exposure / risk of child abuse online through uncensored content of games and movies as well as chats on social media.

Table 25: How children spend time on phone (n=173)**

Response	Percent
Chatting or conversing with my friends	51.3%
Reading materials from my school	26.5%
Playing games	25.7%
Watching movies	14.2%
Attending online classes	13.3%
Searching the internet	9.7%
Listening to music and radio	5.3%
Using social media	3.5%
Other `	2.7%

: multiple responses

Global evidence suggests that online abuse has remained a contentious issue as contexts under which it occurs are quite dynamic. Therefore, while various forms of online sexual abuse such as cyber bullying and sexting are receiving great attention, it has been noted that these forms of online violence against children are simply a continuation of what happens offline (Kardefelt-Winther & Maternowska, 2020)[47]. Moreover, Kardefelt-Winther & Maternowska (2020) argue that the unique challenges that come with online violence should be approached within the broad violence prevention efforts than treating online violence as distinct phenomena. That notwithstanding, actual or potential online harm and sexual abuse of children has generally been identified as a consequence of increased access to internet through phones and others forms of technology (EUROPOL, 2020). Consequently, it is observed that some adult offenders take advantage of COVID-19 induced children's time online to initiate contact with children via social media as it has been proven that the more time children spend online, the easier it becomes to establish contact, expose and exploit them through sexual content (EUROPOL, 2020)[48].

Indeed, some of the perspectives shared by CSOs and parents who participated in the study corroborate with global evidence especially on access to phones with internet connectivity as a pre-disposing risk factor to online child abuse since children took advantage of unsupervised phone usage in the pretext of learning during the COVID-19 lockdown to routinely get online.

> *There has been increased use of telephones by children, especially for the children whose parents have money and they can afford to buy data for their phones. So what has happened is that parents have had to surrender their phones to the children as one way of occupying them. (**KII, UYDEL**)*

[47] Kardefelt-Winther, D., & Maternowska, C. (2020). Addressing violence against children online and offline. *Nature human behaviour*, *4*(3), 227-230.

[48] EUROPOL (2020). Catching the virus: cybercrime, disinformation and the COVID-19 pandemic. Accessed on 13/09/2020 from https://www.europol.europa.eu/publications-documents/catching-virus-cybercrime-disinformation-and-covid-19-pandemic.

Older children, particularly those in higher classes had more access to internet which elevated the potential of exposure to illicit content.

> *Adolescents who are about 16, 17 or 15 years often have access to internet and even visit internet cafes. First of all, there are people who are predators using, you know, the telephone using online internet to show children how beautiful they are, but also inducing them slowly. Some children have been asked to post their photos; others have been asked to participate in online sex; there is what is called sexting. (**KII, UYDEL**)*

The Uganda child help line report 2020 confirms an upward trend in online sexual abuse in Uganda. More evidence on this emerging vice in the country periodically features in media reports. The Uganda Child Help Line (UCHL) Report for August 2020 confirms that online abuse of children is a reality in Uganda with the internet facilitating platforms "for abusers and criminals to distribute, trade, possess, and view child sexual abuse and exploitation material"[49]. The report further shows on line child sexual abuse cases were being investigated[50]. UCHL through its case management system is already providing response services to child survivors of on-line abuse by providing information, counseling and guidance to some children affected by online sexual abuse.

5.2 Living and caregiving arrangements during COVID-19

5.2.1 Living arrangements during COVID-19

Often times, where and with whom children live potentially influences their mental health and general wellbeing. Within this study scope, children were asked about their households, their parents, and caregivers with the aim of exploring three broad issues namely availability of parents, current caregiver, and the number of people in their households as a determinant of living arrangements based on household size.

Findings from the study reveal that among the children who participated in the study, 15.7% were orphans; 1.7% were total orphans, 3.3% had only a father alive and 10.7% had only mother alive. At the time of this study, for children who had their parents alive; (55.8%) lived with both parents, (23.2%) lived with only the mother, and (5.9%) lived with only the father, while 15.2% were not living with either of their parents.

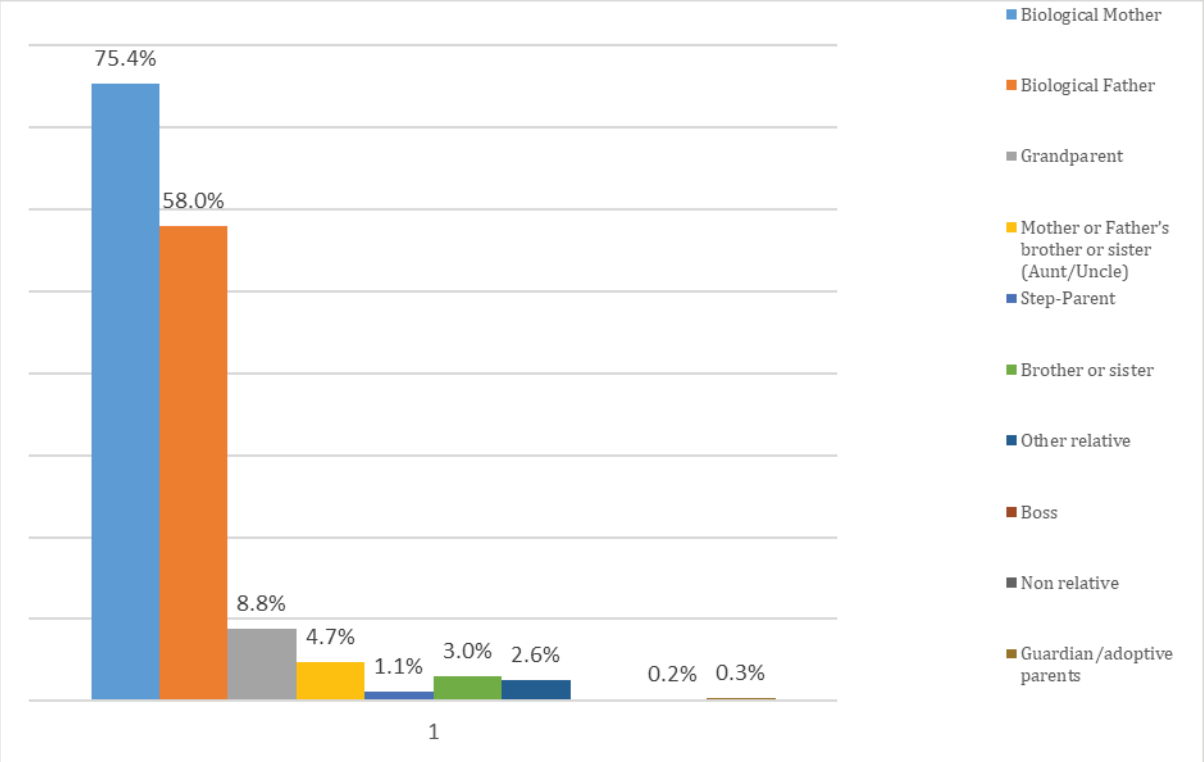
Table 26: Living arrangements for children during COVID-19

Category	*Response*	*Percent*
Proportion of orphan (children without either parents or both)(n=644)		15.7%
Proportion of children who currently live with any of your biological parents (n=633)	Yes, with both parents Yes, with father only Yes, with mother only None	55.8% 5.9% 23.2% 15.2%

[49] Uganda Child Help Line Report, August 2020, page 15.
[50] As above

Study findings further reveal that biological parents remain core in children living arrangements including times of crises like COVID-19 Pandemic. For instance, evidence shows that the two people who directly cared[51] for children during COVID-19 period were biological mothers and fathers. Eight in every ten children (75.4%) mentioned their biological mothers, followed by those who mentioned biological fathers (58%). In addition, grandparents too featured among the key caregivers of children during COVID-19 as voiced by a cross section of children (8.8%).

Figure 18: Persons mentioned as directly responsible for caring for children during COVID-19



Number of household members before and during COVID-19

Study findings show that on average a household with children has a total of seven members. In comparison to Uganda's mean household composition/average household size at 4.7 (Uganda Bureau of Statistics, UBOS, 2016)[52], these results show that some children lived in crowded homes during COVID-19.

[51] The word care was used to mean a person who provides for their everyday needs including food, clothing, and any other basic needs and also provides emotional care for the child. It was broadly defined to include such people who may include parents, households and other adult care givers and *Not* necessarily household heads.

[52] Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda.

Table 27: Children perception of household membership during COVID-19

Category	Response	Percent
Has the number of people you stay with increased, reduced or the same during the period following closure of schools?	The same Increased Reduced	68.5% 17.6% 14.0%
Were you staying with the same people before COVID-19?	Yes No	77.8% 22.2%
Average household members per household	7 members	

Indeed, an inquiry into change in household pattern in terms of numbers confirmed that there was a relative increase in the number of people per household over the three months of COVID-19 lockdown. An estimated 17.6% of the children who participated in the study had the number of members in their household increase, while a significant 68.5% said the numbers had remained the same. On the other hand, 14% indicated that the number of household members had reduced. Further analysis of findings show that almost a quarter (22.2%) of the children who participated in the study lived in new care arrangements within the three months of COVID-19 lock down. The above findings point to the level of family life disruption as a result of COVID-19 notably forced migration for some family members including children to live in new care arrangements, and inversely opening up of homes especially in rural areas to new persons. While the shifts in living arrangements may have been necessary for survival reasons, this resulted in overcrowding in some households, a risk factor not only to COVID-19 infection but also VAC.

> *Parents were challenged and because of many children, some of us were forced to send them to villages to stay with grandparents yet they are not used to them which affects them emotionally. (**FGD, Female Caregiver, Kooki Parish, Lyantonde**)*

5.3 Access to food during COVID-19

The study explored access to food as a basic need that children are entitled to for their wellbeing. Findings show that almost three in every ten children (28.6%) had a reduction in the number of meals or times they eat per day as compared to the period before COVID-19 lock down. The trend of reduced meals frequency was more evident in urban locations (30.8%) than rural (25.8%). Out of the children that participated in the study, only 13.8% had their meals frequency rise during the three months of COVID-19 lockdown in comparison to the period before. Family economic crises is an outstanding aftermath of the COVID-19 restrictions in Uganda that has interfered with children's access to basic needs including food, both in amount and frequency.

Table 28: Food access

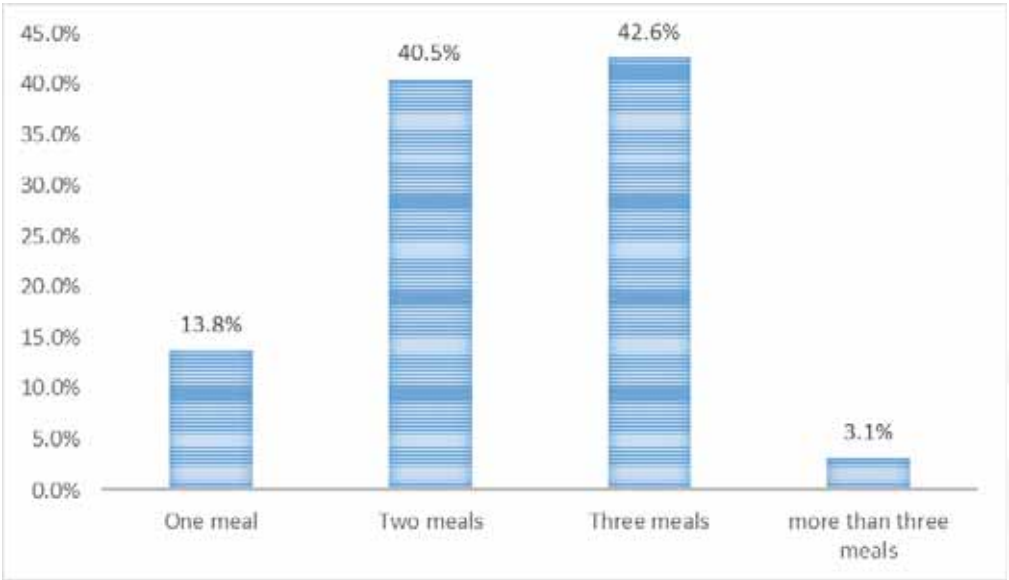
Response	Percent
In the last 3 months, would you say you have eaten your favorite food less or more or about the same time as before? (n=644)	
Yes, same as before or about same	35.4%
Yes, more than before	22.5%
Less than before	42.1%
If less than before, what do you think has caused that? (n=271**)?	
Our family can no longer afford the food	78.1%
We are now many at home	3.9%
I don't know	5.0%
Other	19.1%
In the last 3 months, would you say that the number of meals or times you eat in a day has increased, about the same or reduced? (n=644)	
About the same as before	57.3%
Increased more than before	13.8%
Reduced compared to before	28.6%
Other	0.3%
If less than before, what do you think has caused that? (n=176**)	
Our family can no longer afford the food	85.2%
We are now many at home	10.2%
I don't know	4.5%

**: Responses captured as multiple responses

5.3.1 Number of times children accessed meals

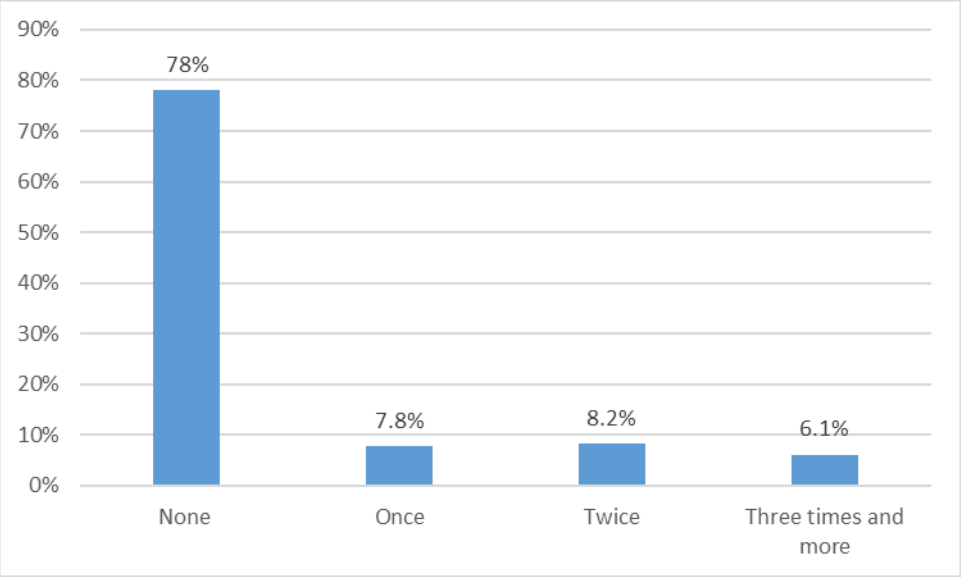
In terms of meals frequency, a significant proportion of children (86.2%) had two or more meals a day while 13.8% had on average a single meal per day.

Figure 19 Average number of meals children eat in a day in the past three months



Worse still, a significant proportion of children who participated in the study ((22%) indicated going to bed hungry at least once a week.

Figure 20: Number of times children went to bed hungry at least once, a week before the survey



The reasons for some children going to bed hungry were mainly lack of enough food and denial of food. At least seven in every ten children (71.8%) did not have access to enough food at home, and relatedly, one in every ten children attributed this to lack of money to buy food stuffs (5.9%). The high numbers of children whose households did not have enough food implies that lack of access to enough food was the key causal factor for children's' going to bed hungry.

Table 29: Reasons mentioned for going to bed hungry (n=135)

Response	Percent
I was denied food	2.9%
We did not have enough food in the house	71.8%
We did not have money to buy food stuffs	5.9%
Sickness	17.7%
I can't recall	1.4%

Food scarcity during the COVID-19 lockdown was also echoed by parents and caregivers as the most significant challenge that many families and households faced.

> R1: I am a widow (...) I do not have a job, I am struggling. I do not have what to eat (...) Sometimes we go without food for a day, sometimes if we ate in the evening, during the day we do not eat.
>
> R3: This period (COVID-19) has caused us a lot of misery. There is no money and food for our children to eat. We used to have something for our children to eat in the morning, afternoon and evening (before COVID-19). Now, we do not have enough, a day can go without a child having something to eat. Now, because of this COVID, the children have even become sick. ***(FGD Female caregivers Busiiro, Luuka district)***

The loss of family source of livelihoods at the peak of COVID-19 lockdown since people had no access to work, and earn was partly responsible for the food shortage suffered by some households.

> R3. This lockdown situation has really been challenging to us as parents (...) finding food for my children has been so hard.
>
> R2. I also agree with my fellow participants. Finding food for our children is not easy. Most of us in this community are fishermen or trading in fish, (...) COVID-19 came in and all fishing activities were restricted. *(**FGD Male caregivers, Ggaba, Makindye division, Kampala**)*

Food shortage at household level was exacerbated by school closures that resulted in all children staying home and had to feed, yet when in school, children's daily feeding at household level is either low or off the budget. This is illustrated by the respondent below:

> ***R3.** The problem we are seeing with this corona is that before COVID-19, children would spend most time at school. They would go and come back at about 5pm. So from morning to 5 O'clock, you would have struggled and got something to eat so that by the time they come back, food was available. But now there is no school. You have to cook twice, yet you have nothing, children have to eat, its like the number of people have increased. **(FGD Female participant, Omel, Gulu district)***

Study findings further show that four in every ten children (42.1%) who participated in the study ate their favorite food less often during COVID-19 lockdown than before, and inversely an estimated 22.5% accessed their favorite food more often than before COVID-19 period. Nine in every ten children (90.9%) cited family non affordability as the main reason for failure to eat their favorite food. Kampala had the highest number of children (60.4%) that ate their favorite food less often than before COVID-19 period as compared with Gulu at 28.7%. This dynamic is likely result of food access variance between urban, peri-urban, and rural settings with the urban largely dependent on purchase compared to peri urban and rural where food is more available, relatively cheaper, and sometimes solicited from own farms or gardens. While the study did not investigate the nutritional content of the foods households consumed during COVID-19 lockdown period, it is plausible that households were eating less nutritious foods especially in urban areas where relief food supplied by government was basically Maize flour and beans, which predisposed children to nutrition deficiency diseases.

Limited access to food during the three months of COVID-19 lockdown presented unprecedented challenges with ripple effects on children. In some extreme cases, children were forced into child marriage, prostitution, and situations of untold suffering.
Some of the respondents had this to say:

> *R2. There is some lady of 16 years who got pregnant. She was in S.2 but during this lockdown her parents couldn't manage to provide food. So she ended up being misled by some guy who impregnated her and after ran away. This really hurts me as a neighbor, (...) it really hurts me.*
>
> *R3. I have also seen a woman in this community who told her daughter that "I can no longer keep on feeding you like these small children; you have to find ways of contributing to the family's food**."** When I looked at this young girl, she had just*

*joined secondary, there was hardly any way she could raise money apart from dating men. She started moving out of home and would return late on a daily basis for 3 consecutive days. After sometime, she never returned home. She is now probably married to the man who gave her food (**FGD Male caregivers, Ggaba, Makindye division, Kampala**)*

Food scarcity was also used by traffickers to hoodwink unsuspecting parents into giving away their children on promises of food supply. Such stories featured during interviews with stakeholders.

*(…) there was a case. A man went to Jinja and trafficked two girls. He told the parents of these two girls that "I am giving you food such that I take these children to Kampala to work for me". When the children came, he turned these two girls into sex slaves. Because the parents were desperate, they even thanked him for giving them food. It was that easy. But we were alerted by Police and worked with the police and took back the girls to their home (…). Even when we reached the home, we found their other siblings feeding on a jackfruit. They had nothing to eat. So, this man used that as an advantage to easily attract these girls from the village. (**KII, UYDEL**)*

The emergency of limited access to food as a critical concern during the period of COVID-19 lockdown is no surprise as the government program for relief food distribution did not reach all households. Study findings show that a significant proportion (64.1%) of children who participated in the study were from families that did not receive government food supplies. Among the children in Kampala who participated in this study, a significant proportion (74.6%) had their households receive food supplies from government, although over a quarter (25.4%) of the children's households did not access government food supplies. This implies that access to food was a critical challenge even for districts like Kampala that were prioritized by government for relief food distribution.

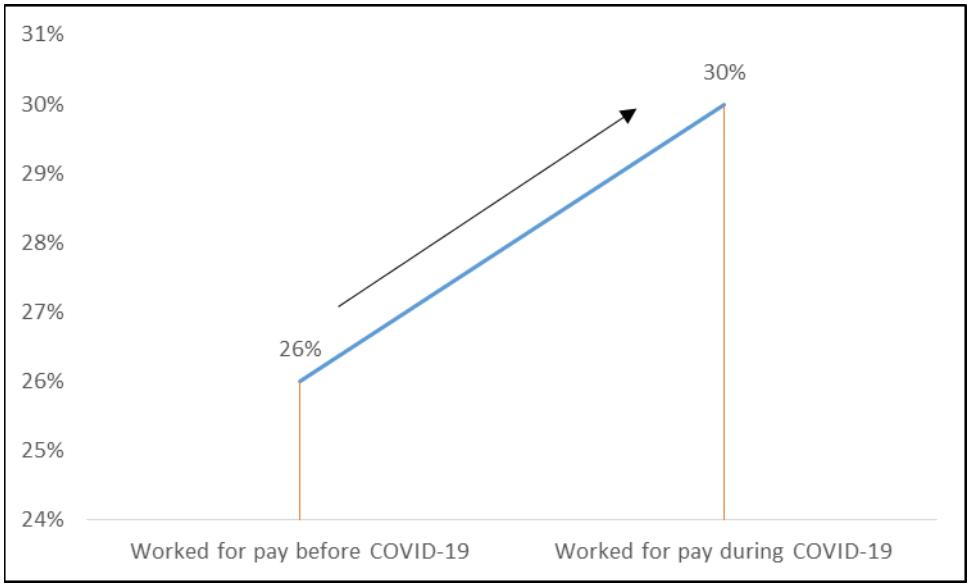
Whereas non state actors such as NGOs and churches too especially in Kampala metropolitan area intervened with some donations to households including food items and other essentials like masks, this was on small scale and hardly had any significant impact. For instance, at the time of the study, Uganda Youth Development Link (UYDEL) had provided food to about 60 families with another 100 families being considered to receive food items. Overall, study findings show that an estimated 6% of households for children that participated in the study received support from an NGO.

5.4 Proportion of children in paid labour during COVID-19

An inquiry into children work for money or any other form of payment before and after schools closure due to COVID-19 established that about a quarter (26%) of all the children that participated in the study had worked for money or other form of compensation before COVID-19 lockdown. On the other hand, the proportion of children who had worked for the same purpose after schools closure due to COVID-19 increased by four percentage points to 30%. It is therefore clear that one of the effects of COVID-19 particularly closure of schools is

that children have been exposed to hazardous work, particularly work to earn money and other forms of payment.

Figure 21: Proportion of children engaged in paid work before and during COVID-19 lock down



Further analysis of study findings on Children work point to some disparities by location and gender. For instance, there were more children in Kampala (40.8%) who worked for money or pay as compared to children in Lyantonde (21.9%), which can be attributed to the difference in availability of work opportunities in the two districts. In terms of gender, there were more males (40.9%) as compared to females (22.7%) who had worked for money or pay in the three months of COVID-19 lockdown.

Table 30: Proportion of children who worked for payment during COVID-19 lock downs by sex and district

	District				***Sex***	
	Lyantonde	Luuka	Gulu	Kampala	Male	Female
Yes	21.9%	27.1%	29.2%	40.8%	40.9%	22.7%
No	78.1%	72.9%	70.8%	59.2%	59.1%	77.3%

It is evident from study findings that COVID-19 was a push factor of children into the labour market. Children involvement in work for pay is attributed to the need to supplement household income following loss of employment and income by some parents and adult caregivers. Children from poor households were particularly vulnerable to get into work for money as the burden to fend for family survival was more pronounced among their parents and or caregivers. Emerging evidence from male participants in this study affirms that failure by men as household heads[53] to provide for their families has left them helpless, hence children came in to fill the gap.

[53] Uganda being a largely patriarchal society, men or males are generally perceived as providers. Discussions on parents' incapacitation to fend for their families appeared to be more directed to men than females.

*Before they eased lock down, for people to start working, you know these men were just at home, jobless, just there. So at the end of the day, the woman may demand for something and the man is unable (….) So most of the families have engaged these children in these petty business like selling tomatoes, pancakes, sweet bananas. These children walk long distances, to the extent that they are even forced to do things which are not worth their ages. (**KII, PSWO Luuka District**)*

Indeed, parents who participated in the study attested that COVID-19 had incapacitated them, with men particularly emasculated in fending for their families. Worse still, the spiral effect of the economic pressure exerted on families spilled over to children who in turn resorted to odd jobs for an income irrespective of their potentially hazardous and exploitative nature. These perspectives were shared by male caregivers in Kampala who participated in the study.

R6. When you fail to provide for your family, children start loitering around to beg from their peers in the neighborhood (…) Some parents started sending their children to look for community members having items or products for hawking. They wanted their children to also contribute to meeting the household's needs with the money they earn from mobile hawking.

*R5. My elder brother's son has also been engaging in scrap collection (to meet the needs of the family) (**FGD Male caregivers, Makindye division, Kampala**)*

Beyond family survival needs, it is observed that averagely older children aged 15 years and above, also resorted to paid work in order to meet personal needs. The level of despair among this category of children led some into intimate relationships that they were wiling to sustain at all costs. Male caregivers in Luuka district were more candid about this;

R4: Some children are taking advantage of COVID 19 season to work in the sugarcane plantation to be able to buy bread and also boys need money to give the girls

R6: They are looking for a source of livelihood if they ask for money from you and fail they will go to the plantation to get Shs.10,000 or Shs.6,000 to survive (**FGD Men, Budhuba Luuka district**)

While children involvement in paid work may have provided economic relief to some families, study findings show that the negative effects on child wellbeing are immense. For instance, boys in paid work use their earnings to lure girls into sexual relationships with ripple effects including unwanted pregnancies. Indeed, male caregivers in Luuka district observed with concern that children being out of school for long has led them to engage in other activities, some of which potentially expose them to violence.

R6: The fellow boys who cut the sugarcane when girls go to pick water they share Shs.1.000 for chapatti and then pregnancies set in. These don't commonly happen when they are at school.

*R1: The boys buy for the girls chapattis. When girls get money then that makes them happy (and they end up having unprotected sex). (**FGD Men, Budhuba Luuka district**)*

In some extreme cases, children's engagement in paid work has led them into illicit activities with some of them accused of theft and other forms of crime, potentially exposing them to come into contact with the law.

> *R4. I have witnessed one case. My friend's sons aged 15, 17 and 18 years started engaging in the collection and selling of scrap during this lockdown. As time went on they started stealing people's metallic windows and doors. When community members started complaining about these children, their father strongly disagreed with them and said that "my children can't steal, they are not thieves." With the aid of the village defense secretary, community members set up some intelligence and they were able to arrest these children in the act of stealing. But they apologized and were forgiven. After sometime they stole the saucepans and other items we were using for cooking at our school. Community members wanted to stone them to death but their father pleaded for mercy. They made them sign a document that if they were ever caught in the act of stealing again, community members will deal with them in whatever way they want. When we caught them for the third time, we had to expel them from our community with the help of the LC.I office. Their father took them to the village. (**FGD male caregivers, Makindye division, Kampala**)*

It is evident form study findings that children involvement in paid work during the three months of COVID-19 lock down had a direct correlation with schools closure and parents inability to provide basic needs at the time. Therefore, the longer it takes to reopen schools, the greater shall be the effects on child wellbeing.

6. Children's knowledge on COVID-19

6.1 Awareness level on COVID-19 signs and symptoms

Children's' access to information about COVID-19 aligns with the United Nations Convention on the Rights of the Child (UNCRC) Article 13 which provides for children's right to get and share information, as well as express their beliefs and thoughts as long as the information is not damaging to themselves or to others.

Therefore, under this study, children's knowledge and awareness about COVID-19 was investigated and study findings showed that about 99.8% of all children who participated in the study had some knowledge about COVID-19 except for one respondent (0.2%) who had never heard about COVID-19.

However, despite the high number of children who indicated having knowledge on COVID-19, in reality the knowledge level was quite minimal. Overall, about two in every ten children (19.3%) had no knowledge of any signs and symptoms of COVID-19. Among those who knew the signs and symptoms of COVID-19, about eight in every ten (77.2%) mentioned dry cough; seven in ten children (74.1%) mentioned sore throat; five in every ten children (56.7%) mentioned fever; and 32.6% mentioned flu. These findings point to the need for more awareness creation on the signs and symptoms of COVID-19 pandemic until it is completely wiped out from the country.

Table 31 ***Awareness of signs and symptoms of COVID-19 (n=2,079)*****

Signs and symptoms	*Percent of cases*
I don't know	19.3%
Fever	56.7%
Dry cough	77.2%
Tiredness	13.1%
Loss of appetite	3.3%
Difficulty breathing	27.5%
Sore throat	74.1%
Flu	32.6%
Headache	8.1%
Diarrhea	0.6%
Body aches, joint pains	1.1%

**: Multiple response allowed

6.2 Knowledge about COVID-19 prevention

The study further established from children their knowledge of COVID-19 prevention and control measures. Findings show that a significant number of children had some knowledge on COVID-19 prevention and control measures as about eight in every ten children (84.3%) mentioned avoid close contact or keeping physical distance between and among people especially in public spaces; eight in every ten (78.4%) mentioned wearing a face mask; and about seven in every ten (75.7%) mentioned washing hands with soap. Nevertheless, there

was still a segment of children estimated at 1.7% who had no idea on COVID-19 preventive measures.

Table 32: How can one avoid catching or spreading COVID-19 (n=1981) **

Response	*Percent of cases*
I don't know	1.7%
Wash hands with soap	75.7%
Use hand sanitizer	32.3%
Avoid close contact/keep a physical distance	84.3%
Avoid touching your eyes, nose and mouths with unwashed hands	18.7%
Disinfect surfaces	2.1%
Wear a face mask	78.4%
Proper nutrition	0.8%
Avoid coughing in public and use elbow when coughing	3.2%
Seek early treatment for COVID-19 like symptoms	1.7%

: Multiple response allowed

6.3 Source of information about COVID-19

Findings on children source of information about COVID-19 indicate the media as they major source. Among children that participated in the study, nine in every ten children access information through the media, particularly through radio (50.5%) and Television (37.3%). A few also mentioned access to information from their parents or adult caregivers at homes and in communities, which all point to the media as a key source of information on COVID-19 for majority of the children.

Table 33: Main source of information about COVID-19 (n=643)

Source of information	Percent
Nothing	0.5%
Radio	50.5%
TV	37.3%
Newspapers	0.5%
Friends/peers	1.1%
Parents/caregivers/adult people at home	4.8%
Local leaders Including LCs	1.1%
LDUs	0.2%
Other	4.0%

7. The role of child rights actors VAC prevention during COVID-19

During COVID-19 lock down several actors made attempts to provide services to children. While this study did not map the exact services availed to children, it emerged from stakeholder interviews that a range of services were and are still being provided to prevent and respond to VAC.

7.1 Awareness creation

Sensitization has been ongoing with a focus on giving information on location of response services for child survivors of violence including popularization of Uganda child help line (SAUTI) 116.

> *We have been using radios with support from other partners who gave us air time, so we have been telling them please when you are experiencing violence, please call this number, please go to police. So that has just been the initiative we had* ***(KII, PSWO Gulu)***

> *Given the restrictions on movement and transport, we emphasized the use of media platforms most especially radio where we would call of members to make use of our personal numbers to report cases and maybe sometimes call management of their favorite radio station and report with hope that this media house will inform either police or probation for us to follow up the case. (****KII, PSWO Lyantonde****)*

7.2 Involvement on the district COVID-19 Task Force

While, the social service workforce was not initially considered part of the essential workers within the context of COVID-19 response, later, some districts co-opted the office of community development in the district COVID-19 task forces. Consequently the community based services department used the taskforce as a platform to reach out to children under quarantine or whose parents were under quarantine with psycho social support services.

> *We were incorporated on the psychosocial team. We have been able to go to the quarantine center because we were told, they were having a lot of trauma. We have also been able to visit families whose parents maybe were picked as suspects and quarantined. Children were not doing well, we have been able to talk to the communities around so that the people suspected or even recovered from COVID-19 don not get discriminated and their children (****KII, PSWO Gulu district****)*

Relatedly, some actors made deliberate efforts to reach out to children whose parents were under quarantine to provide them psychosocial support as a mitigation measure to the emotional distress suffered, as well as seek community support to such children, without stigmatization. For example, World Vision, in partnership with UNICEF established a framework within which they supported families in distress including provision of children services through community outreaches.

I can give you an example of a project we are doing with UNICEF, and its specific to COVID-19 child protection to COVID-19 specific to quarantine treatment centers. And then, we also do some community outreaches especially to those families that have somebody who is quarantined or at a treatment center. So, we have two social workers working there. More advanced psycho-social support, we're providing counselling for the children, psycho-social support. And we do regular monitoring to see that they are actually ok in the community, we talk to the neighbors not to discriminate or stigmatize this child. ***(KII, World Vision).***

Relatedly, these efforts were extended to children whose parents were under quarantine by providing a foster carer in instances where no other caregiver was available. Additionally, a communication link between children and their parents in quarantine centers was maintained to sustain the child – parent bond.

And also doing home visits, and also linking the child with a foster parent or foster caregiver, in case the child has no caregiver. But also making sure that the child who's back at home, can easily be able to communicate with the parent who is at the quarantine center. So, that the linkage and the bond continues with that child even when the parents are not there. So, for the 14days, the child still communicates ***(KII, World Vision).***

7.3 Relief services

Besides psychosocial support services, some actors also provided relief and remedial services for families particularly food as a measure to reduce on families economic stress.

*And then we also realized there were some households who didn't have food especially where children are, especially families that were undergoing violence so we would mobilize also some food and take to these families. (****KII, PSWO Gulu district****)*

Indeed, several CSO actors confirmed supplying food items to some households during the three months of COVID-19 lockdown, particularly targeting families and children that were already beneficiaries on existing programs run by these organizations.

The other response measure has been on food supply. UYDEL has provided food to the families/household. We gave out 10kgs of posho and 3kgs of beans. We reached out to 60 families in the first phase and in our second phase, we are going to reach out 100 families. ***(KII, UYDEL)***

7.4 Barriers to Child rights actors provision of VAC services during COVID-19

7.4.1 Perception of COVID-19 exclusively a health issue

COVID-19 and its unprecedented infection rate was purely perceived as a public health concern necessitating a largely biomedical response system. However, later on as the pandemic effects unfolded, it was evident that the skewed response to COVID-19 pandemic from a purely health lens could not handle the overwhelming multi-dimensional negative impact the on the population including children. It was at such a point that Social services

such as the Uganda Child Help Line which had been shut down for close to a month was reinstated to provide child care and protection preventive and response services. While the helpline re-opened, the ban on movements for the rest of the population and employer organizations remained in force which created a lot of uncertainty and curtailed service provision to children.

> *And so, it affected on the children's health, because they can't access meals. And then there were also cases of children dying, because, obviously, when the lockdown was implemented or when there was lockdown, parents couldn't transport the children to the hospitals. You've also had about pregnant women dying because of access, they couldn't access transport to go to the health Centre* ***(KII, World Vision****)*

Whereas the intent of the lock down was genuine as a preventive measure to COVID-19; the complete shift of focus to COVID-19 without considerable regard to other previously existing concerns such as VAC undermined the place of child protection as a strand of Child wellbeing. Therefore, it is no surprise that during the three months of COVID-19 lockdown, cases of VAC skyrocketed.

> *To be sincere on this VAC was not taken as an issue affecting communities that is why I told you that even my office was previously not included as essential staff not member of COVID-19 task force. So, there was no way people would report when they were not sure of where to report. (****KII, PSWO****)*

It is important to note that whereas later in the COVID-19 response, some district local governments recognized the need to bring on board other departments to serve on the COVID-19 district task force, there was no clear plan instituted in response to VAC cases brought to the attention of COVID-19 district task forces. Therefore, enduring scarcity of resources for VAC prevention and response notwithstanding, the surge in VAC cases during COVID-19 lock down confirms that COVID-19 exacerbated VAC.

> *I have faced a challenge because while I am part of the district COVID-19 task force, I had no dedicated budget for VAC and domestic violence. I have tried to lobby the task force to put aside a budget to respond the VAC cases most especially transport means to rescue the violated child but in vain. It is really a big challenge but maybe they will soon realize it and take action. (****KII, PSWO****)*

The funding limitation for VAC interventions was experienced by duty bearers and service providers across sectors and levels with hard to reach areas affected most as they hardly received child protection services during the COVID-19 lock down period due to financial and transport difficulties.

Nevertheless, over time, communities have some to realize the impact COVID-19 had in aggravating VAC, and have started identifying VAC as a priority issue within their existing myriad of issues to address.

*And probably, the whole COVID-19 issue, started more as a health aspect. They did not look at other sectors as a priority sectors, especially child protection now as a priority sector. But I think with the months that are going by, we're actually seeing that, the communities see child protection as an issue. I can give an example, I think, early this month, we had community conversations and we're trying to come with a strategy, a child protection strategy. And within the strategy, we're asking the communities, the priority sectors that they want as world vision to concentrate on. You can't believe that the majority, are now saying that they want child protection as a priority sector, because they see, you know, there's need for a child protection. I can't give statistics but all we know is that, children are pregnant. (**KII, World Vision**)*

7.4.2 Non responsive child protection systems during COVID-19

The glaring gaps in child protection response at the height of COVID-19 in the country exposed the low side of existing child protection coordination mechanisms at all levels. The case in point was closure of UCHL operations a central government child protection system with no single voice challenging the decision until a month later when VAC cases were increasingly reported by the media. The solo approach by organizations that provided child protection services at the time is equally an eye opener to the limited function of the numerous existing information systems with data on children offer in guiding planning and intervening in child protection.

Right now we have the OVC, MIS, we have the child helpline, we have the GBV data base, we have the remand home management information system. Each collection data on its own, there not communicating to each other and it's difficult to say what the consolidated picture of children actually is. (KII, UNICEF)

As a result, a lot of interventions were implemented in an adhoc manner and largely turned out ineffective. For instance, at the district level, some of the officers particularly district probation and social welfare officers were totally dependent on the little support from the CSOs. This state of affairs led one key informant to visualize that, if there was a functional coordinated child protection system that converges parents, Para social workers, community members, CSOs and government structures, then it would have meant that even though children were at home during the COVID 19 outbreak, the protection system would have guaranteed children's safety to some level" (KII, UNICEF).

Other actors in the child protection sub sector voiced similar perspectives.

We work with NGOs which have played a significant role to tackle VAC in Lyantonde like The Remnant Generation, Rural Action for Community Based Organisation-RACOBAO and SALAMA SHIELD FOUNDATION which have greatly helped us to offer custody and shelter to some of the violated children. The police is also very instrumental given that most cases are first recorded there and they involve probation such that violated children get justice. The resident state attorney also helped us to on the legal side of VAC cases during lockdown, the gender office (GBV) at police also is a key actor that fights VAC because they receive most sexually related violence like defilement, the medical personnel help us to undertake medical

*examinations and treatment especially for sexual and physical violence which helps as part of evidence to present in court for legal proceedings. (**KII, PSWO Lyantonde district**)*

Indeed, the necessity of a fully functional child protection coordination mechanism cannot be over emphasized as adhoc collaborative efforts were attempted across all districts during the COVID -19 lockdown. In Gulu for example, the district probation department worked closely with agencies such a World Vision, Save the Children, Care International, Thrive Gulu among others.

*After receiving a case of any nature, we respond by liaising with relevant authorities like police, CID and partner NGOs to rescue the child first and arrest the perpetuator if traceable. This is followed by developing a case plan depending on the type of violence at hand. We have also been responding to 116 calls to rescue children who report or are helped to report their cases direct through the child protection help line. We have also been organizing the transportation of a child who becomes a victim of violence deep in rural areas to a qualified health facility for medical checkup and examination most especially for cases of sexual violence. (**KII, PSWO Lyantonde**)*

8. Study Conclusion

This study has undoubtedly generated new knowledge on the effects of COVID-19 and child wellbeing in Uganda. From the findings above, the researchers make the following conclusions:

1. Children are likely to face more multiple vulnerabilities during pandemics and pandemic related restrictions.

2. Violence against children (especially, physical, sexual and emotional violence) increases during pandemic related restrictions.

3. Violence against children remains gendered with boys suffering more physical violence and more girls suffering sexual violence.

4. Access to child protection services and information was low for all children and their caregivers

9. Findings, Implications and Recommendations

9.1 Implications

This study provides contemporary evidence on the disruptions in child wellbeing caused by the COVID-19 pandemic in Uganda. On the basis of emerging issues as presented in earlier sections of the report, an attempt has been made to highlight likely implications. Put differently, this section answers the question - what does the evidence generated in this report imply in terms of child wellbeing in Uganda?

1. **Children bear the brunt of adults displaced stress in times of crises:** Adult caregivers to children suffered untold social and economic stress exerted by the COVID-19 lockdown. A significant number of parents and other caregivers lost their source of livelihoods; and yet within the same context, schools closed indefinitely, confining children and parents within the home environment, with parents holding the burden of care for all household needs in times of uncertainty, and scarcity. Consequently, stress set in with parents consciously and unconsciously transferring their stress to the children through physical, emotional and other forms of violence against children.

2. **Children services are generalized and not prioritized even in crises**: During the three months of COVID-19 lockdown, children services were generically shut down along with all services considered non-essential within the COVID-19 response without due regard to the unique needs of children by virtue of their vulnerability. Consequently, many children were deprived of essential services such as rescue and support services where violence against children occurred, and emotional support among others. As a coping mechanism within the prevailing circumstances of 'survival for the fittest', many children engaged in petty and odd jobs for money. Unfortunately, some children were endangered through the newly established relationships on odd jobs and support from familial relations extended by disguised perpetrators within the home and community environments.

3. **Disruption in care and living arrangements compromises children's safety & Welfare:** The abrupt closure of schools and the enforcement of a lock down measure while well intended as a preventive measure on COVID-19; created some changes in household living and care patterns with some children relocated to live in new environments as parents and or caretakers could not ably cope with the economic burden imposed by the lock down. Conversely, other households opened up to accommodate new persons. In both instances, children's safety and welfare was compromised as some of the new living environments and or care arrangements were not conducive to the children, with some suffering abuse especially sexual abuse; while others lacked basic needs including food because of the big household number.

4. **School remains an essential space for learning and source of information to children:** Besides serving as a safe space for children, school is a key source of information to children on both academic and non-academic issues. During the COVID-19 lockdown, a significant number of children were left out on continued learning through the government improvised stop gap measure of self-study guides and lessons conducted through radio and Television. Additionally, many children had no information on available VAC response services in their local communities, which is unlikely that in school children would lack information on where to report an incidence of Violence. It is therefore no surprise that the gap in learning time and information left some children with no option but to resort to online interactions using parents phones under the disguise of personal research and study.

5. **Children in adversity and hard to reach areas suffer double jeopardy in times of crises**
   The restrictions imposed during COVID-19 lockdown negatively impacted all children in terms of access to services but with children in hard to reach areas more hit. In the circumstances where the social service workforce for children was not considered among the essential workforce afforded movement permits, even when the workforce heard about cases of child rights violation within their areas of jurisdiction they were limited to respond to only cases within their immediate vicinity in absence of transport. Additionally, children without parental care notably those working and living on streets had no home to go to as per lockdown requirement, which exposed them to harsh treatment in absence of a secure place to live and fend for themselves.

6. **Data and Coordination are paramount in provision of children services**
   Government response to the plight of vulnerable households with relief food items in select districts during COVID-19 lockdown is applauded. However, the absence of clear data on households to be targeted undermined the process which left out some vulnerable households with children without access to relief food. Similarly, relief supplies by some child rights actors in compliment of government efforts was undermined by lack of coordination and a common reference point on numbers of vulnerable households with children, and those already served; which left child rights actors with no option except resort to supporting only children and families previously benefitting from their programs before the onset of COVID-19.

9.2 Recommendations

The recommendations of this study are largely framed within the context of emerging evidence and implications from this study interpreted in relation to COVID-19 and similar future crises on the wellbeing of children. In addition, the recommendations are aligned to the provisions of the national Child Policy (2020) particularly its seven implementation guiding principles namely rights and responsibility based; best interest of the child; family centered; child centered; non-discrimination; child participation; strengths and resilience

based approach; Multi sectoral; life-cycle approach; and prioritize prevention and early intervention. In addition, recommendations formulation involved reference to select good practice from sub-Saharan Africa.
Overall, the presentation style adopted for the recommendations is generic in nature to allow easy adoption by stakeholders across policy and practice; sectors and levels, for customization within existing national policy guidelines, strategies, priority actions, and interventions on child wellbeing.

Recommendation 1: Reposition psychosocial support as an essential service and a standard in child wellbeing programs.
In a study conducted by Fontanesi, et al. (2020) it was noted that the COVID-19 crisis has psychological distress and collateral concerns for parents in lockdown, many of whom had suffered financial challenges. Other global evidence shows similar trends across some countries,*…'there has been reported spikes in domestic, family, and sexual violence as a result of home isolation, closure of schools, restricted movements (Coker et al., 2020)'*,

While evidence from this study equally confirms high levels of violence against children in all its forms perpetrated by adults within their family and community environments; it is important to note that children who suffered trauma during COVID -19 lockdown but received no pyscho-social services unless addressed in the short term may likely result in far reaching effects on the lives of children and quality of Uganda's future population. It is therefore imperative that beyond psychosocial sessions for the purposes of damage control with children exhibiting signs of distress within the community and school settings when schools re-open, government considers repositioning Psycho social support from a cross cutting issue to an essential service in delivery of children services in all contexts; and include it as an assessment area in the Local Government performance framework.

In addition, a certified / accredited training in psycho social support should be instituted in collaboration with academia; and enforced as a requirement for all frontline social service workforce with children in both government and civil society Organizations.

Recommendation 2: Maintain essential children services amidst crises
Within the provisions of the National Child Policy (2020) principle of prioritize prevention and early intervention; essential children services should be defined and earmarked for provision irrespective of the changed context. An online catalogue of children essential services accompanied by a database of service providers across sectors and levels certified annually, is of necessity for assuring un interrupted service provision to children in times of crises. In addition, such a catalogue and database can be an essential reference point in the referral pathway for Uganda Child helpline in management of child rights violations reported from across the country.

Recommendation 3: Map care and living arrangements for children
Periodical mapping of children care and living arrangements should be incorporated within the Annual national demographic health surveys to guide service delivery to children based on mapped patterns. Indeed, maps on children care patterns can also inform government

policy on targeting for households economic strengthening programmes including times of emergencies and crises. Care and living arrangements parts on children would also paint a picture on demographics of children in adversity and their location.

Recommendation 4: Integrate technology based learning in Uganda education system

Experiences from previous epidemics on the African continent suggest that whenever such crises occur, children suffer the most. It was noted for example, that when public health crises force closure of schools and institutions, as was seen with Ebola in West Africa, the existing social protections were shattered, thereby exposing young girls and children to sexual violence that resulted into teenage pregnancy and forced marriages (DFID, 2020; UNDF and Government of Ireland, 2020). Therefore, with the 4th Industrial revolution imminent, Uganda's education system can only assure quality and uninterrupted learning for children by harnessing technology to facilitate children's education and learning with inbuilt safety measures.

Technology based learning is a potential area for Public-Private partnerships with the private sector especially telecommunication companies. For instance, Safaricom Telecommunication Company in Kenya within its evolving thinking and definition of the responsible corporate citizen, developed a child rights policy in 2014 aligned to global and Kenya legal and policy framework on Children. Within the Company's policy actions on corporate engagement through technology were commitments on e-learning for children; and ensure no violation of community and child rights occurs during network roll out. More recently, devastating effects of COVID-19, in 2020 Safaricom established a partnership with UNICEF aimed at supporting poorest and marginalized children access internet at school, are protected from Violence and abuse, and received lifesaving information during crises of different nature. More information on this initiative can be accessed at https://www.unicef.org/kenya/press-releases/unicef-kenya-and-safaricom-announce-landmark-partnership-children

Recommendation 5: Children service grants for children in adversity and hard to reach areas

Global research predicted that COVID-19 has the potential to place children in Sub Saharan Africa at an increased risk of hunger (DFID, 2020). Aware that children in some countries were receiving food at school, school closure therefore heightened the risk of children suffering nutrition and other food related challenges (DFID, 2020).Other studies show that "children are usually worst affected when there is a reduction in household income and food insecurity" (World Health Organization, 2020c). Indeed, reduction in household income and food insecurity have been identified as key consequences of COVID-19 control measures (World Health Organization, 2020c). It is also important to note that hunger as a result of COVID-19 lockdown among families exacerbated an already bad situation of poverty as observed by the World Bank …'while Uganda has achieved remarkable results in reducing poverty vulnerability to external shocks remains a challenge'[54]. The World Bank further notes that for every three Ugandans who get out of poverty, two fall back in, and estimates that over "three million people could fall into poverty"[55]. Moreover, current social protection programs can only reach about 3% of the population leaving a significant majority of the

[54] See, World Bank. Accessed from https://www.worldbank.org/en/country/uganda/overview.
[55] ibid

population vulnerable[56]. Worse still, some of the social protection programs target individuals with no focus on family strengthening.

Despite the aforementioned, there is a window of opportunity within the aspirations of the national child Policy (2020) principles of child-centred and family-centred. Based on these two principles, a vulnerable children grant earmarked for children in adversity and hard to reach areas could be instituted as part of Public financing for children services at the Local government level. Availability of such a fund would assure sustained provision of basic services to children irrespective of the context they find themselves in. In addition, Government programmes on wealth creation need to refocus to target families with children instead individuals; and a deliberate effort made to include hard to reach areas in the targeting criterion to assure inclusiveness. South Africa through its child support grant as part of the boarder social grants for social protection that targets lower income households to assist parents on costs of basic needs for children, offers some lessons. More information on the Child support grant in South Africa can be accessed at https://www.sassa.gov.za/Pages/Child-Support-Grant.aspx

Recommendation 6: National Longitudinal studies on Child wellbeing

Long term studies on child wellbeing based on emerging issues by location and context have been globally proven to show progression in the quality of life of the population cohort studied over a long period of time, with data available at different time/calendar; to guide investment in the wellbeing of the target group. Children constitute more than half of Uganda's population, and while the National Development plan III aspires to harness the demographic dividend of its young population; in absence of in-depth studies on different dimensions of child wellbeing across the life-cycle, this aspiration may not be easy to translate into action. This is a potential collaboration area between government and research /academic institutions. For instance, in Ethiopia, Young Lives - an International Study on Childhood Poverty is a collaborative longitudinal study undertaken with support from the Federal Republic of Ethiopia and Child Research and Practice Forum. Research evidence generated is shred with stakeholders through monthly seminars hosted by the government. More information on the work of young Lives in Ethiopia can be accessed at https://www.younglives-ethiopia.org/about-young-lives-ethiopia

Recommendation 7: Streamline Coordination & Reporting on Child wellbeing

Clear and up-to-date data and information on the situation of children is a necessity to guide investment in child wellbeing. The National Child Policy (2020) and its attendant national plan of action 2020-2025 provides an opportunity for streamlining stakeholders coordination at implementation and reporting across different actors, sectors and levels. The five pillars of the Policy with their aligned strategies and priority actions, provide a good start for reorganizing stakeholder's coordination and reporting mechanisms, building on lessons from coordination and reporting under the previous policy (national Orphans and Other Vulnerable Children Policy 2004). Similarly the Uganda child helpline and the National case management toolkit, as other opportunities for rallying stakeholders for harmonizing data collection and reporting on child wellbeing.

[56] ibid

Nigeria has made good progress on inter-agency collaboration, coordination and data sharing among relevant child protection institutions since the formal inauguration of the Federal level Child Protection Information Management System (CPIMS) by in 2019. The establishment of the CPMIS was accompanied by certified training for government officers across Ministries, Departments and Agencies with operational relevance in child protection data gathering based on a comprehensive Child Protection case management toolkit with 10 pillars for reporting. Inter-agency coordination is organized around networks with network leadership assigned to institutions based on their area of expertise, with periodical interface between networks coordinated by the state through the Federal Ministry of Women Affairs & Social Development.

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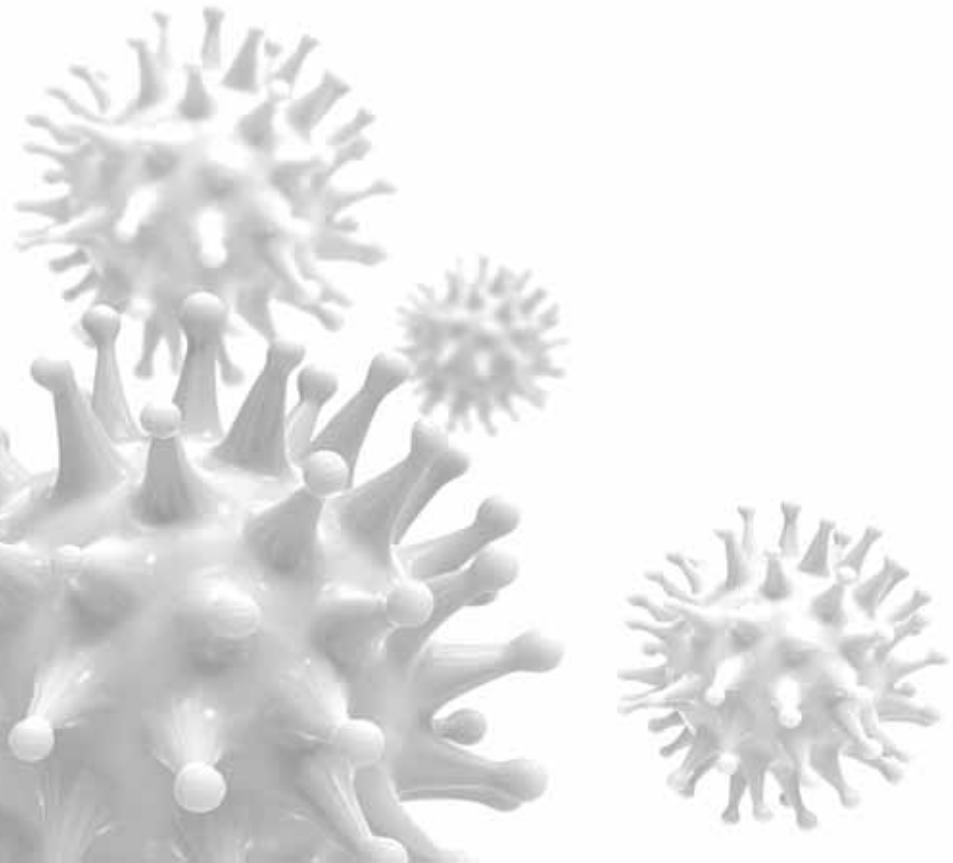

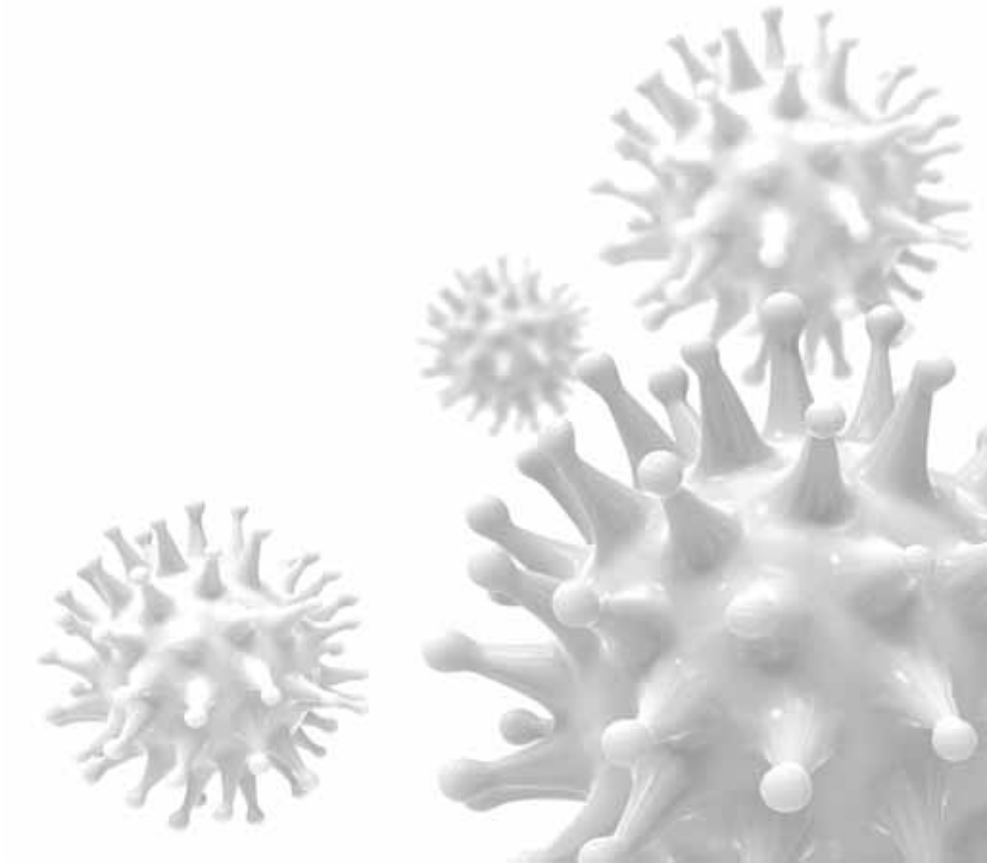

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