

# Documentation of Experiences of Girls during COVID-19 Pandemic

Kyaka II Refugee Settlement  
Kyegegwa District

January 2022





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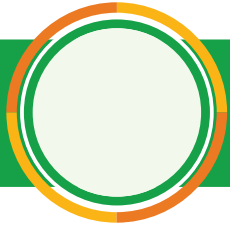
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## List of Abbreviations and Acronyms

<b>ACFODE</b>	Action for Development
<b>COVID-19</b>	Coronavirus Disease of 2019
<b>GBV</b>	Gender-Based Violence
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>WHO</b>	World Health Organisation
<b>NGO</b>	Non-Governmental Organisation
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>VCP</b>	Volunteer Cooperation Program
<b>SOPs</b>	Standard Operating Procedures





# EXECUTIVE SUMMARY

## Introduction

The COVID-19 pandemic has adversely affected the whole world. Refugees and local communities in Uganda have not been spared the effects of the pandemic. However, the effects on teenage girls and women have been far-reaching.

ACFODE, in partnership with Crossroads International, conducted a documentation of the experiences of girls during the COVID-19 pandemic in Kyaka II Refugee Settlement and a refugee host community in Kyegegwa district. The documentation was undertaken in the form of a rapid assessment involving girls and young women as the primary focus.

The purpose of the documentation exercise was to assess the level of awareness among girls regarding COVID-19 risks, mitigation and adaptation and to establish best practices and the coping capacities of girls during the COVID-19 pandemic. The documentation was intended to obtain useful information that would consequently inform both COVID-19 response and future programming for ACFODE and other development partners.

## Methodology

The documentation process used both quantitative and qualitative methods of data collection. A mini-survey covered adolescent girls aged 12-17. Focus group discussions (FGDs) focused on adolescent boys aged 12-17 and adult women and men. The documentation covered two villages in each of the three selected zones in the refugee settlement and one village in the host community.

## Experiences of Girls during the COVID-19 Pandemic

Generally, COVID-19 had socio-economic effects on both the refugee and refugee hosting communities. However, refugees were affected most as they do not have safety nets like the local people who have land and grow their own food.

The documentation study established that COVID-19 affected girls and women more than it affected boys and men. Teenage girls were affected more than any other group in the communities that were selected for the study. In each village covered there were a number of teenage girls that got pregnant during the COVID-19 lockdown. The study

established that teenage pregnancies during the COVID-19 pandemic were more common than they had been before the pandemic. This was mainly attributed to the closure of schools and the lack of guidance and support by parents at household level and by community members generally.

The study also established that some parents encouraged their daughters to exchange sex for money to support families and some of these girls got pregnant as a result. In some cases, girls were forced into early marriages as a means of reducing the burden on families or with the expectation that they would benefit from the payment of bride price which would provide some income to the family.

Girls and women suffered from different forms of violence. The most common form of violence against girls was sexual violence through defilement and forced marriage. Adult women suffered domestic violence most. Access to family planning services was also limited and this resulted in unwanted pregnancies. It was established that positive parenting to guide children was mostly lacking.

It is concluded that generally the COVID-19 pandemic negatively impacted everyone. However, girls and women were more affected; but girls were even more disproportionately affected than any other category of the population. Girls living in the refugee settlement faced more challenges.

## Recommendations

A number of recommendations have been provided. Most of the recommendations were suggested by the participants in the study and key stakeholders that participated in a dissemination workshop. The recommendations include: the need for increased sensitisation of girls and women to their potential, abilities, freedoms and rights; sensitisation of all community members regarding SGBV; strengthening parenting skills, psychological support to teenage mothers and the need for role-modelling. Economic empowerment and inter-generational dialogue is emphasised. The need to train para-social workers for supporting communities to address SGBV-related issues and to support economic empowerment of girls was highlighted. Sharing of good practices has been encouraged.

In addition to prevention measures against SGBV, tracing and punishing perpetrators of SGBV, especially those responsible for

teenage pregnancies, was seen as a key deterrent.



# SECTION ONE

## INTRODUCTION AND BACKGROUND

### 1.1 Introduction

The COVID-19 pandemic has adversely affected the whole world. In Uganda, the effects of the pandemic on girls have been far-reaching. Schools were closed for almost two years and only recently opened on 10 January 2022. Without the support system of teachers and school administrators, many girls were left vulnerable to teenage pregnancy, mental health issues, child marriage and SGVB, among other devastating effects.

As a result of the obvious impact of the COVID-19 pandemic, Crossroads decided to put in place a special project fund to support its partner organisations in Africa to respond to the needs of populations and mitigate the COVID-19 crisis. This was at the beginning of the implementation of

its Volunteer Cooperation Program (VCP) which started in 2020. Thus, Crossroads provided financial support to Action for Development (ACFODE) to undertake a documentation of the experiences of girls during COVID-19 pandemic in Kyaka 11 Refugee Settlement, Kyegegwa district.

### 1.2 Background

COVID-19 is believed to have originated from Wuhan, China in December 2019. The disease spread to other parts of the world within just a few weeks. Egypt registered the first coronavirus case in Africa on 14 December 2020. On 18 March 2020, Uganda declared a lockdown and suspension of mass gatherings and a mandatory quarantine. Schools were closed; borders were closed to travellers (including entry of asylum seekers to

Uganda); a nationwide curfew was instituted; markets and shops selling non-food items were closed; public transportation was halted and private transportation was accessible only with prior authorisation by a designated institution of government. The first case of COVID-19 was registered in Uganda on 20 March 2020.

These measures were followed by a series of standard operating procedures (SOPs) to guide the operations of institutions that were deemed essential, such as banks, funeral homes, garbage collection companies, water and electricity distributors, the roads maintenance agencies and the tax collection authority. However, even these were directed to encamp their essential staff or obtain special exemption from the government to enable them to continue operating during the lockdown. Uganda's lockdown was generally considered one of the most severe in sub-Saharan Africa (Socioeconomic Impact of COVID-19 in Uganda, August 2020).

It is against this background that Uganda continues to experience the effects of the COVID-19 pandemic with increasing high poverty rates, and an economy largely composed of the informal sector. The pandemic has also brought to the fore Uganda's challenges in dealing with poverty and the vulnerability of girls and

women. Refugees in Uganda have not been spared the effects of the COVID-19 pandemic.

ACFODE, in partnership with Crossroads International, under the VCP, Partnership and Capacity Building Fund, has conducted a documentation of the experiences of girls during the COVID-19 pandemic in Kyaka II Refugee Settlement, Kyegegwa district. The documentation was undertaken in the form of a rapid assessment involving girls and young women as a key focus and boys, men and adult women to give their perspectives on the effects of COVID-19 on girls and young women. This report, therefore, presents the findings of this rapid assessment.

### 1.3 Purpose of the Documentation Exercise

The purpose of the documentation exercise was to: (i) assess the level of awareness (attitudinal and practices) among girls regarding COVID-19 risks, mitigation and adaptation; (ii) establish best practices and the coping capacities of girls during the COVID-19 pandemic. The documentation was intended to obtain useful information that would consequently inform both COVID-19 response and future programming for ACFODE and other development partners.



# SECTION TWO

## METHODOLOGY

### 2.1 Approach

The documentation process used both quantitative and qualitative methods of data collection. A mini-survey covered adolescent girls of ages 12-17. Focus group discussions (FGDs) focused on adolescent boys 12-17; women and men 18-25 years and older women of ages 25 and above.

### 2.2 Methods of Data Collection

Four key methods of data collection were used: (i) review of literature; (ii) mini-survey;; (iii) key informant interviews (KIs); and (iv) FGDs. As a first step, the documentation team reviewed the current literature on the experiences of girls in refugee

situations, particularly in Uganda refugee settlements, and the effects of COVID-19 on different categories of society, including refugees. Information gathered through the literature review has been included in the background section as well as in the findings.

A mini-survey was conducted to establish the experiences of girls amidst the COVID-19 pandemic. A short pre-coded questionnaire was designed to capture girls' experiences and was administered to girls of ages 12-17.

Key informant interviews were held with staff of the Office of the Prime Minister (OPM) and ALIGHT, the implementing partner in Kyaka II Refugee Settlement.

Interviews were also held with the leadership of local government at district level, including the Gender Officer, the Probation Officer and the District Planner.

Participants in the FGDs included adolescent boys (12-17) and women and

men of 18-25 and 25+ years. Interviews with women and men were held separately. The numbers covered are indicated in the table below:

**Table 1: Respondents covered by mini-survey, FGDs and KIIs**

Method	Type of respondents	Number of respondents	Gender	
			Female	Male
Mini-survey	Girls (12 - 17)	70	70	00
	Young women (18-25)	78	78	00
	Boys (12 – 17 )	30	00	30
FGDs*	Young men (18-25)	47	00	47
	Adult women 25+	68	00	68
	Adult men 25+	54	54	00
KII	OPM, local government, CSO	6	3	3
<b>Total</b>		<b>313</b>	<b>230</b>	<b>83</b>

The documentation covered two villages in three zones in the refugee settlement and one village in the host community. The areas covered were Itambabiniga,

Sweswe and Kakoni in the refugee community and Kakoni village in the host community.





# SECTION THREE

## EXPERIENCES OF GIRLS DURING COVID-19

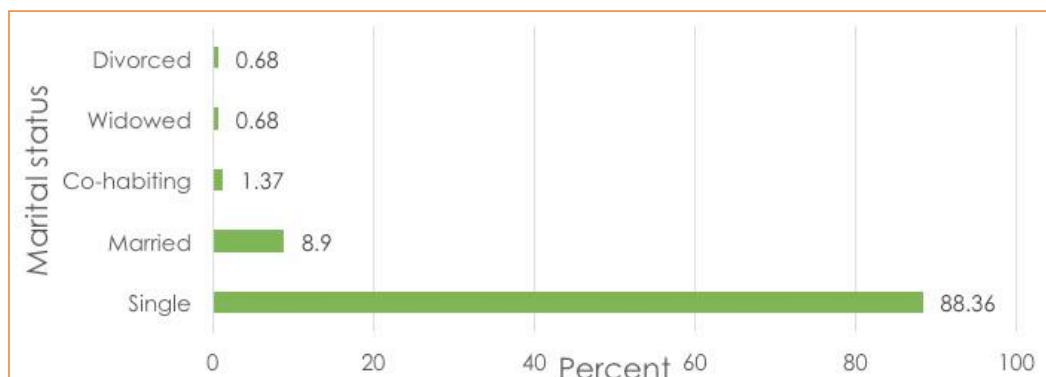
This section presents the experiences of girls and young women during the COVID-19 pandemic and its effects on their lives. It also captures information on the perspectives of boys and men on how COVID-19 affected girls and women

in relation to other community members. The section is informed by data gathered from the mini-quantitative survey with girls and young women, and FGDs with adolescent boys, adult women and men in the selected communities.

## 3.1 Demographic Characteristics of Girls and Young Women Respondents

### (i) Marital status

**Figure 1: Marital status of respondents**



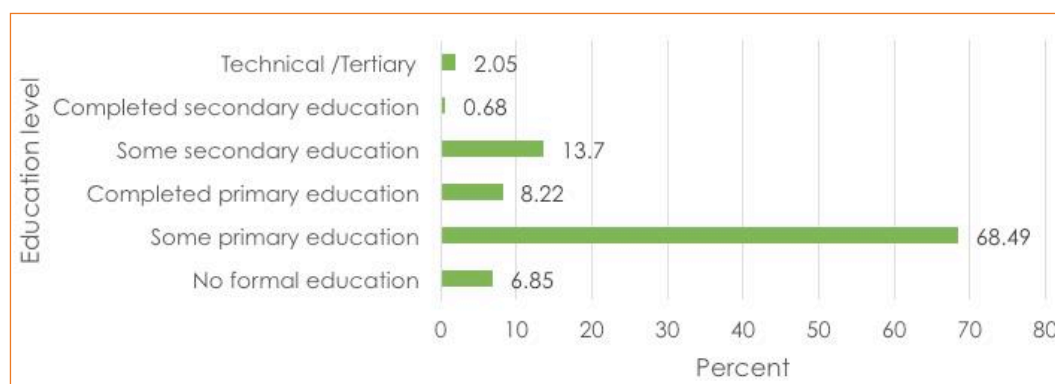
**Source:** Action for Development mini-survey of experiences of adolescent girls with COVID-19 pandemic, December 2021

In terms of marital status, the majority (88.36%) of the girls and young women were single, 8.9% were married, and the divorced and widowed shared the same

percentage (0.68%). This parameter was important for establishing how the pandemic affected the different categories of adolescent girls and young women.

### (ii) Education level

**Figure 2: Education level of respondents**



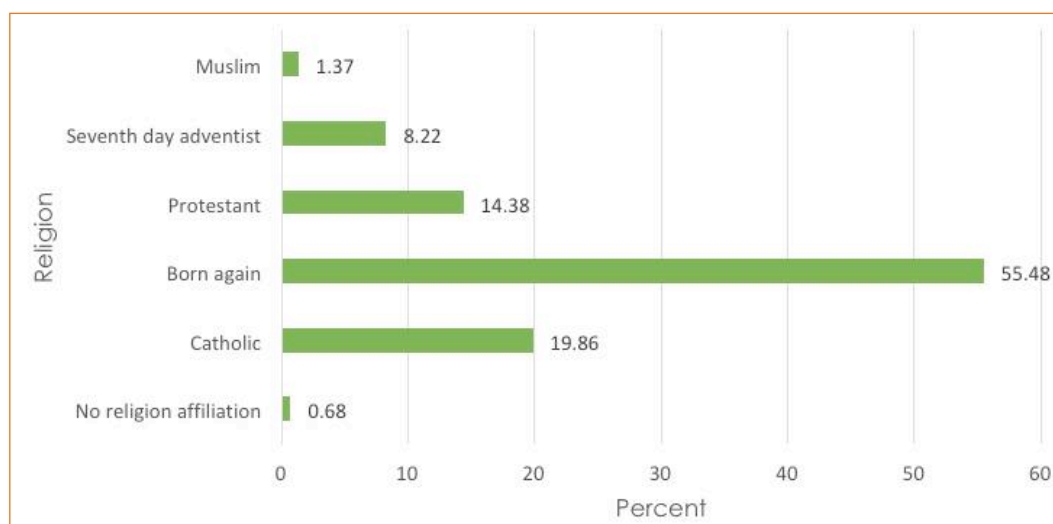
**Source:** Action for Development mini-survey of experiences of adolescent girls with COVID-19 pandemic, December 2021

The majority of the girls and young women respondents (68.49%) had primary-level education. The questions did not distinguish the level of primary education attained but only required an indication as to whether the respondents had

attended primary school. Only 0.68% had completed secondary education and stopped at that level, and 2.05% had done a technical course or had received tertiary-level education.

## (ii) Religious affiliation

**Figure 3: Religious affiliation of respondents**



**Source:** Action for Development mini-survey of experiences of adolescent girls with COVID-19 pandemic, December 2021

In terms of religious affiliation, slightly more than half (55.48%) of these girls and young women were affiliated to the born-again Christian communities, 19.86% were affiliated to the Catholic faith, 14.38 were Protestants and 1.37% were of the Muslim faith. Participation in religious activities is regarded as a key aspect in building social cohesion. This was considered a relevant aspect in the study as religious activities were limited due to the COVID-19 lockdown.

## 3.2 Socio-economic Effects of COVID-19 Kyaka II Community

The respondents were asked about how they understood COVID-19. Various responses were registered. All respondents understood that COVID-19 was a global pandemic and described it as the most dangerous that the world had ever seen. They understood the magnitude of the health effects of COVID-19 and

some, through the FGDs, shared the experience of having friends and kin who got sick or died from the coronavirus disease. Generally, most of the refugee respondents had known someone who had fallen sick or died of COVID-19. Most participants from the host community said they had experienced far-reaching effects of the disease, including sickness and death. However, both refugees and host community members felt that the greatest effect was on the economy because the lockdown did not allow people to move to transact business. They stated that the closure of weekly markets over a long period of time affected businesses in their respective communities. They pointed out that all businesses within and around Kyaka II Refugee Settlement had closed, making access to economic services difficult while subjecting most families to food shortages since many depended on small-scale businesses for their livelihood.

In a study undertaken by Bukuluki (April 2020), it was noted that “[t]he lockdown directives did not exonerate small enterprises and led to income insecurity.” Businesses that depended on gathering in large numbers like markets were ordered to stop during the lockdown.

Most of those from the refugee community who participated in the FGDs were of the view that the pandemic had affected refugees greatly. They stated that poverty greatly increased among the refugees whose cash rations were cut from Uganda

shillings 19,000 (\$6) to 13,000 (\$4) per person per month. They noted that refugees do not have safety nets like the local people who have land and grow their own food. The reduction in cash rations contributed to increased poverty and poor standards of living among refugees.

Another economic effect of the COVID-19 pandemic was the increase in transport costs. Public transport was required to carry passengers at only half-capacity. Because of this restriction, transport owners doubled the fares in order to stay afloat. This cost was passed on to the passengers. The FGD participants asserted that this affected them and other members of the communities because transport fares increased and yet income sources were limited. This made it harder for people to move and it affected business transactions. It was noted that even after the lockdown was lifted, transport fares did not go down.

Another effect of COVID 19 noted was isolation and depression among community members. The participants pointed out that anybody who got a higher temperature than normal, had flu or cough was isolated. This caused fear and depression among the members of the community. They felt that stigmatisation may have accelerated the death of some of the patients who got infected with the virus. The restrictions on social gatherings such as funerals and attendance of religious functions had a negative impact

since people in the village were not able to gather together in churches, mosques, at parties and funerals to celebrate or mourn together as a sign of oneness and unity. Some of the respondents asserted that the COVID-19 pandemic and the fear of getting infected had caused a lot of stress in the community.

Both refugees and local persons from host communities were not short of myths and conspiracy theories about the COVID-19 pandemic. They remarked that there were different explanations of the pandemic, its

causes and remedies in the communities. However, most respondents revealed that they tended to rely more on the communication from the President about the pandemic rather than believing the myths that circulated in the community during the lockdown.

The pandemic made it difficult for members of the communities to access other services, especially health services. Bukuluki, in his April 2020 report, highlighted the challenge faced by humanitarian workers during the COVID-19 lockdown:

For instance, personnel working for most CSOs did not receive special travel permits and the closure of public transport posed an enormous challenge for humanitarian workers, who face increasing travel restrictions. (Uganda Network of Young People Living with HIV & AIDS, 2020)

The responses on the general effects of COVID-19 from various villages were not very different.

Both refugees and members of the local communities agreed that coronavirus and the lockdown restrictions contributed to the 'destruction of children's morality'. They said that since the lockdown did not spare schools and other teaching-learning centres, forcing all children to stay at home for a long period of time (close to

two years), it put a lot of strain on families. Many parents concentrated on looking for means of survival for their children and did not pay close attention to the conduct of their children. This resulted in a lot of challenges.

A lot of fighting was reported to have happened among children left alone at home; some children learnt the habit of stealing and disrespect for parents and other adults,

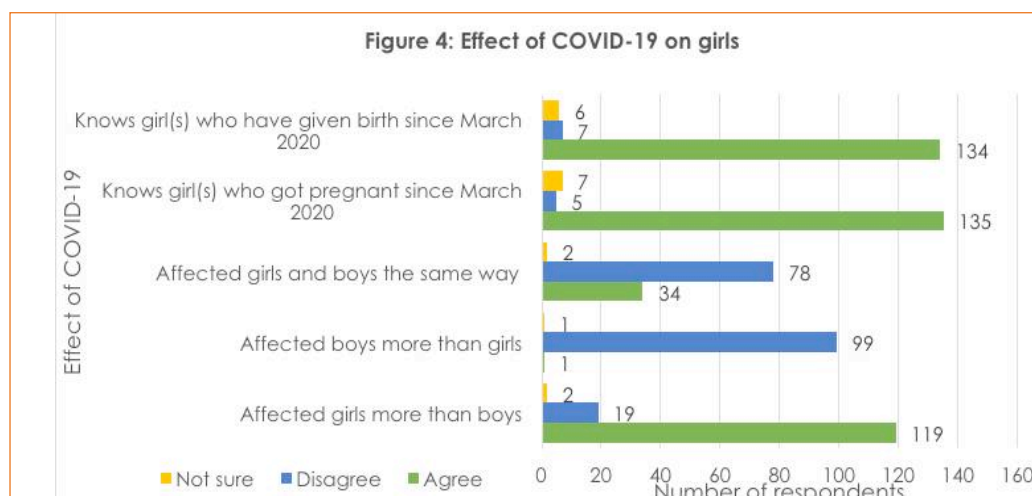
### 3.2.3 Effect of the COVID-19 pandemic on girls

The tool for the survey had a number of statements which required a response involving 'Agree'/'Disagree'/'Not sure'. There were seven statements, as indicated in Box 1:

#### Box 1: Agree/Disagree Statements

1. The COVID-19 pandemic has affected girls more than it has affected boys.
2. The COVID-19 pandemic has affected boys more than it has affected girls.
3. The COVID-19 pandemic has affected girls in the same way it has affected boys.
4. I know a girl or girls who have got pregnant since COVID-19 lockdown of March 2020.
5. I do not know any girl/girls who have got pregnant since the COVID-19 lockdown of March 2020.
6. I know a girl or girls who has/have given birth since the COVID-19 lockdown of March 2020.
7. I do not know any girl/girls who have given birth since the COVID-19 lockdown of March 2020.

Figure 4 illustrates the responses to the questions.



Pertaining to the level of the effect of COVID-19 on girls and boys, 119 girls agreed that COVID-19 affected them and other girls more than it affected boys.

Only 34 agreed that COVID-19 affected girls and boys the same way and only 19 disagreed with the statement.



In relation to pregnancy, 135 girls agreed that they knew a girl or girls who had got pregnant since March 2020 and a good number (134) of them agreed that they knew girl(s) who had given birth since March 2020. These findings confirm the view that girls have been disproportionately affected by the pandemic and the main effect was pregnancy. Information from the FGDs confirmed this finding. During an FGD in Ruchinga village, the participants indicated that teenage pregnancies during the COVID-19 pandemic were more common than had been before. This was mainly attributed to the closure of schools. The respondents also stated that joining bad peer groups exposed children to all sorts of bad manners, including sex with each other, which resulted in teenage pregnancies.

Most respondents in focus groups asserted that the coronavirus pandemic affected girls and women more than any other groups. They agreed that the pandemic affected all people in one way or the other, but that it was mainly girls and women that suffered violence of all forms.

Some FGD participants indicated that some parents encouraged their daughters to exchange sex for money to support families. It was also revealed that some girls exchanged sex for items like perfume, lotions, clothes, phones, airtime etc. A UN

Women assessment in 2020 noted that “[w]ith no livelihood options and lack of social support, sexual violence and commercial sexual exploitation of refugee women and adolescents are almost inevitable” (UN Women, 2020). A UNHCR report had also indicated that the closure of informal trade had contributed to female refugees taking up survival sex to support their families (UNHCR, 2020).

The study established that in some cases, girls were forced into early marriages as a means of reducing the burden on families. For other families, it was the expectation that they would benefit from the payment of bride price which would provide income to the family.

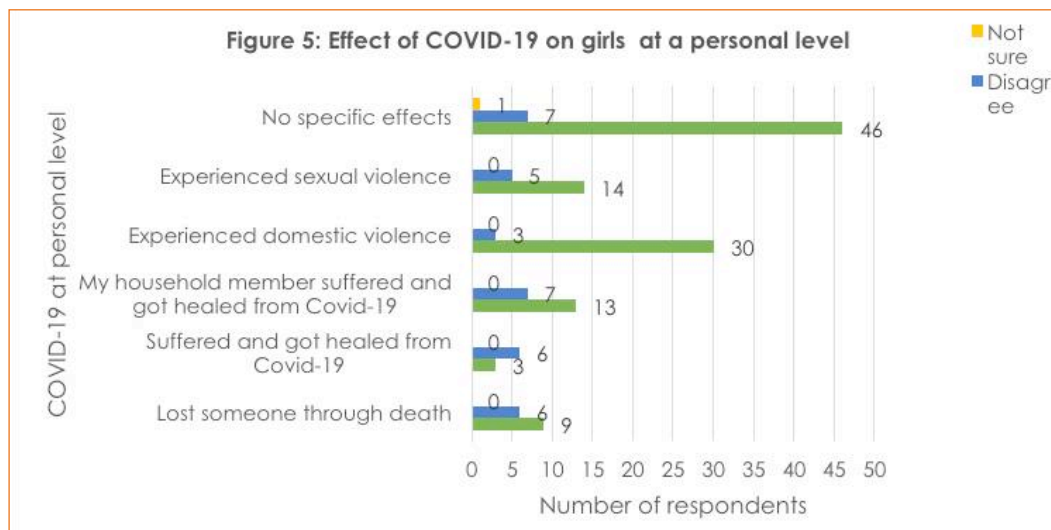
Discussions with different refugee communities indicated that because some of the girls had lost hope of going back to school, they chose to become mothers. It was revealed that the perpetrators of sexual violence were mainly adult men.

On a positive note, it was pointed out during some of the FGDs (Kakoni cell, refugee host community) that the COVID-19 lockdowns provided an opportunity for children, mainly girls, to learn to do domestic chores like cooking, digging, fetching water, peeling, cleaning, washing and sweeping.

### 3.2.6 The nature of the effects of COVID-19 on girls

Through a set of questions, the study sought to establish the effect of the pandemic on girls at a personal level. Figure 5 presents

the perceptions of girls on how the pandemic affected them.



Girls (12-17) were asked how the pandemic affected them at a personal level. Thirty girls agreed that they experienced domestic violence, 14 experienced sexual violence, 13 agreed that a member of their household suffered and got healed of COVID-19, three agreed that they

suffered and got healed of COVID-19 and only nine agreed that they had lost someone through death.

In Sweswe-Kitonzi village a young woman said she got pregnant during the pandemic. She was in Primary Four before COVID-19.

Yes, I am fifteen and I was at level four at school before coronavirus. I got pregnant. Now my baby is eight months old (she shows the baby she is carrying). I also have my friend who is fourteen and she was also impregnated.

Another young girl said:

I am also fifteen years and as you see, I am breastfeeding my six-month-old baby. I am not married but someone deceived me that he was going to marry me and after impregnating me he ran away. I now stay with my mother.

Women in FGDs also revealed that two girls in the same household aged 17 and 15 had become pregnant during the pandemic. One had given birth already and one was still expecting but both of them were unmarried at the time of the documentation exercise.

In terms of the level of violence against girls and women during the COVID-19 period, 112 girls and young women agreed that there was increased violence against women and girls, 19 agreed that the level of violence against women and girls remained the same during and after COVID-19 period, and only 10 agreed that there was a reduced incidence of violence against women and girls.

Adolescent boys in a focus groups were asked whether they knew of some girls who had been affected during the pandemic and how they had been affected and the following responses were obtained. In Itambabiniga, one respondent (12-17) said that he knew two girls who were raped during the pandemic. During the same FGD, another participant indicated that four girls aged 14, 16, 17 and 18 also got pregnant in the same village. In Sweswe-Kitonzi village, a boys' FGD reported that many girls got pregnant during the pandemic and most of the girls that got pregnant were later abandoned by the men responsible for the pregnancies.

Some girls were forced into marriages by their parents. In Humura village it was reported that two girls aged 15 and

17 were forced by their parents to get married during the lockdown. In Kakoni, in the refugee settlement, a respondent said that he knew a girl who was forced by her parents to marry. She did not want to get married but agreed to because the parents wanted her to get married. Another girl aged 18 had escaped from her home because her parents were mistreating her for refusing to get married. It was also pointed out that there was also a young girl of only 16 years of age who had been forced by her own mother to have sex with men in order to obtain some money for use at home.

### **3.2.8 Coronavirus and violence against girls and women**

Asked whether the pandemic had increased or decreased violence against girls and women, the respondents indicated that a lot of violence of different forms had affected them.

All the members from Ruchinga village in an FGD agreed that the pandemic had contributed to increased violence against girls and women. Members from Itambabiniga also said that the violence against women and girls had increased, as evidenced by the high numbers of teenage pregnancies registered during the lockdown.

The rest of the members from the other villages also agreed that violence against women had increased during the

pandemic. The various forms of violence suffered by women are indicated in Figure 7.

Regarding the common forms of violence against girls and women, 85 girls and young women agreed that domestic violence (physical) was the most common, 80 agreed that it was early marriage, 72 said it was sexual violence, 61 agreed that it was emotional violence and 49 said it was forced marriage.

Discussions in FGDs indicated that women suffered different forms of violence during the pandemic. In Ruchinga village, the participants revealed that some women were denied resources to take care of their families. Sexual violence against girls was the most common, as demonstrated by the number of teenage girls that got pregnant.

In Intambabiniga, women revealed that they suffered physical violence most. They indicated that battering of women by their husbands using sticks and fists was common and sometimes resulted in severe injuries. Emotional violence against women was also revealed to have increased. Figure 7 illustrates the forms of violence suffered by girls and women during the pandemic.

Early marriage of teenage girls was reported by the girls as having been the most common for girls of their age.

### 3.3 Effect of COVID-19 on Adult Women

While this study focused mainly on girls and young women, this section focuses on the effect of the pandemic on adult women. This is considered important because the effects on adult women can also extend to adolescent girls and boys at household and community levels. Women are the majority of caregivers to their growing children and their state of being affects their children either positively or negatively. When women are happy, they create happy families and take good care of their children. When they are unhappy, they are not able to give happiness to their families.

Discussions through focus groups revealed that the pandemic hit women hard generally. It was stated that the restrictions on movement meant that both men and women stayed home and together for longer periods than usual and some conflicts arose because of this 'unfamiliar situation' where men spent a lot of time at home.

Access to family planning services was also limited. This resulted in some women getting unwanted pregnancies. The women revealed that some of their spouses demanded sex any time and yet the women did not have protection against getting pregnant. This was because birth control items were difficult to come by.

On the other hand, some women complained that some men disappeared from home with the little money the family had for upkeep. This was reported mainly by the refugee women met, although it was also said to be true of refugee host communities. Some women carried the burden of catering for their households with very limited resources during the pandemic when some of the men 'fled' their homes. This, the women talked to pointed out, may have also contributed to some women resorting to exchanging sex for food or money to meet their basic

necessities.

Increased domestic violence, as already mentioned, was observed during the pandemic. The participants in FGDs, both women and men, revealed that domestic violence ranged from simple disagreements to serious quarrels and fights which at times resulted in serious injuries or death.

On a positive note, some women affirmed that they enjoyed staying home with their spouses during the lockdown. One participant joyfully said:

I had never had a good time with my husband until the lockdown. Before the lockdown, we were always busy working and would come back home late. During the lockdown, we were all at home and were able to have quality time together with our children. We did everything together. (FGD participant)

Others stated that the pandemic helped them to work harder, realizing that the burden of taking care of their families rested on their shoulders.

### **3.4 The Impact of COVID-19 on Boys and Men**

The study established that boys and men were also affected by the COVID-19 pandemic in different ways.

Some boys were reported to have experienced negative peer influence and got involved in practising bad habits such

as smoking cigarettes and taking drugs like marijuana. There were reports of under-age boys getting married or cohabiting with older women during the lockdown.

There were reports of boys being exposed to pornographic material and blue movies. This was reported mainly through FGDs in the refugee settlement. It was indicated that such exposure contributed to increased sexual violence against girls. In the discussion, one parent shared that her own son had raped a girl and was in prison for the crime.

Child labour was reported to have increased during the pandemic lockdowns.

It was reported that in the refugee settlement, a number of boys had been involved in thefts and robberies. Some were targeting people to steal their money and property at night. Some of these boys were arrested and imprisoned. Increased loitering of young boys in the villages both in the refugee settlement and the host community had been observed.

It was indicated that most of the boys were not doing any productive work and it was difficult to keep them in check.

With regard to the effects of the COVID-19 pandemic on adult men, there was common agreement among the respondents that some men lost their jobs owing to the lockdown and its aftermath. It was pointed out that during the lockdown, some men became redundant and got more involved in drinking alcohol, gambling and such habits that distract them from taking care of their families. Information generated through FGDs with men suggested that some men did this to deal with the stress experienced during the lockdown. Some respondents believed that the stress contributed to domestic violence. One respondent pointed out:

Men who became jobless at the advent of the coronavirus resorted to stealing and spending their time with bad groups. Some chose to start smoking, taking too much alcohol, betting and gambling. All this caused problems in some families.

A male respondent retorted:

Most men here have resorted to gambling and drug abuse and to my surprise, some of them even used up the little money they had saved before the pandemic due to hopelessness. This is not good because their families will break either during or after this pandemic.

Men and boys were also affected by the pandemic differently from women and girls. Some lost their jobs or could not engage in their daily occupations. This meant that the men could not take care of their families and the burden was transferred to the women.

### 3.5 Lessons Learnt from the Experiences of COVID-19

The respondents were asked to share some lessons learnt through the COVID-19 pandemic. Some of the lessons learnt are presented verbatim below:

- The importance of thinking about



the future you want to have. This helps to protect oneself from unwanted pregnancies.

- Learning to survive on less resources.
- Planning to have children you could ably take care of.
- Regular washing of hands to avoid some common diseases. Most people learnt to be hygienic through the regular washing of their hands. Much as it was tiresome to wash all the time and move with sanitisers everywhere, most respondents agreed that the COVID-19 pandemic taught them to be clean and keep good hygiene.
- Learnt to be patient, for example, waiting for schools to open so that they can go back to school.
- There were many uncertainties in life and there is need to stay strong in order to overcome the most difficult situations.
- Cooperation and love within a family were a source of strength and support during moments of difficulty. This was witnessed amidst the struggle for survival during the lockdown.
- Life is full of ups and downs but it is how one handles the situations at hand that either leads to success or failure.

- The need to plan and save for the future.
- The need to be flexible and creative.

### 3.6 Message to Other Girls on How to Cope with the Effects of COVID-19

The girls and young women who participated in the exercise were asked to give positive messages to girls who may be undergoing challenges. The messages given by the girls are listed hereunder:

- Girls need to learn how to make the right decisions and not to go for every man who approaches them. These men want to distract girls from their studies.
- Girls need to think critically about the effects of the coronavirus on their lives and treat the pandemic as an opportunity to learn to make wise decisions for their future.
- Girls and women who experienced violence should always report to the authorities such as local council leaders, religious leaders and other concerned leaders for action.
- Young girls should be patient, keep at home and listen to and respect their parents' advice.
- Girls should learn to respect their bodies.

- Girls should keep themselves safe even during harsh situations such as those that arose during the coronavirus pandemic.
- Girls should learn to stay away from men and the temptations they present in order to have brighter lives in the future.
- Women should always work hard to live independent lives instead of begging from men or selling their bodies to earn a living.
- Girls and women should not lose hope.

### 3.7 Dissemination Workshop

A dissemination workshop was organised to present the highlights of the documentation exercise to key stakeholders. The workshop was attended by government officials from Kyegegwa district and Kyegegwa sub-county as well as some teachers, representatives of CSOs working in Kyaka II Refugee Settlement and refugee representatives.

The participants in the workshops made some observations and recommendations and these have been integrated into the general observations and recommendations presented in the next section.



# SECTION FOUR

## CONCLUSIONS AND RECOMMENDATIONS

### 4.1 General Observations and Conclusions

#### Observations

- Most parents focus more on the provision of material things to their children than on parenting to guide them.
- Some parents want to get returns from the school fees and care they provide for their children, especially from girl children. That is one of the reasons why some parents force them into early marriages.
- Some girls get spoilt at school where they use teachers' or matrons' phones to communicate and connect with men, who end up making them pregnant.
- Parents are no longer imparting informal education at home to their children so that the children end up receiving only formal education at school. This creates a gap between a parent and their child and the

former may not know what their child's experiences are as they grow.

- Moral decadence in the whole society is a big challenge. Parents have neglected their role of teaching morals to their children and they now attack the responsible community members and teachers who try to discipline their children
- In some boarding schools the security guards also play a role in aiding girls to escape from school at night. The girls bribe the teachers and the guards, and the latter stay alert to ensure that the girls are not caught by the school authorities.
- Some parents do not do 'straight talks' with their children, yet these children are more exposed than their parents and get wrong information from social media, the internet or their peers.

## Conclusions

Generally, the COVID-19 pandemic negatively impacted women and girls. Girls were more affected than any other category of the population. Girls living in the refugee settlement faced more challenges. The assessment has established that a big number of the female teenagers got pregnant during the lockdown. Some women suffered domestic violence and others experienced unwanted pregnancies.

The COVID-19 pandemic has had far-reaching effects on girls, especially those of school-going age. A number of them got pregnant and may not have returned to school when the schools re-opened in January 2022.

Decision-makers, ..... practitioners and communities have a responsibility to address the challenges facing young people, especially adolescent girls.

## Recommendations

1. There is need for increased sensitisation of women and girls, educating them about their potential, abilities, freedoms and rights. This would empower them and build their confidence.
2. Community sensitisation about GBV and its effects on women and girls targeting girls and women, boys and men and community leaders, including religious leaders, should be carried out. There is need for dialogue between leaders, partners and parents on the issues affecting girls. Survivors of SGBV should always be referred to health facilities first in case there is a need for any medical support.
3. Boys and men should be engaged more and provided with counselling, education and information on SGBV.
4. There is need for increased engagement by NGOs with the common people at community level to share information on how to address the problems and challenges of girls (and boys) in the community.
5. Girls and boys should be targeted for sex and family life education. This is important in helping them to learn about their bodies, about life in the family and community and about the potential dangers in their way as they develop. This is important in enabling them to understand how to protect themselves, and where to seek help, support and guidance when they need it.
6. Psychosocial support and counselling services should be strengthened in both the refugee and hosting communities. Teenage girls and young women who have got pregnant during the pandemic should be specifically targeted.
7. Teenage mothers who were in school before the pandemic should be supported to return to school. School matrons need to be supported to play their role of supporting girls and boys in school. Teachers and parents should play their roles so that the matrons are not overwhelmed by the big numbers of children.
8. Economic empowerment projects should be initiated to support the girls and young women who have suffered from the negative effects of the pandemic. Teenage mothers should be equipped with vocational skills to enable them to become self-reliant.

9. Parents should be empowered with parenting skills. Some parents lack these skills and do not know how to support their children. Parents need to embark on their role of parenting and guidance and should not leave the entire burden to the teachers.
10. There is need to have intergeneration dialogues between women and girls to make girls able to talk about their challenges and get support from adult women.
11. There is need for an integrated programme focusing on teenage mothers for entrepreneurial training. Teenage mothers should be equipped with vocational skills, and should benefit from psychosocial support and educational activities.
12. Relevant agencies of government – Community Services, the Police Force and the Judiciary, should put more effort into tracing the perpetrators of SGBV, especially those responsible for teenage pregnancies, and punish them according to the law.
13. Role modelling should be introduced in schools to inspire young children to become like their role models. Role modelling can also be done at community level, where couples/families/households that are role models can be involved in sensitising communities, demonstrating what they do differently to build model families.
14. There is a need to train para-social workers from at least three villages per parish in Kyegegwa sub-county to equip them with knowledge and skills on how to manage SGBV cases and how to handle SGBV survivors.
15. Best practices should be shared so that parents, teachers, partners and decision-makers can adopt some of these and implement them.





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