Assessment of the Impact of COVID-19 on Low-income Families, Children, Adolescents, and Young Mothers in Uganda, Kenya, Tanzania and Ethiopia

CRVPF Regional Report

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Acronyms

CBO	Community Based Organization
CHWs	Community Health Workers
CFPU	Child and Family Protection Unit
COVID-19	Corona Virus Disease- 2019
CRVPF	Children Rights and Violence Prevention Fund
FGD	Focus Group Discussion
GBV	Gender Based Violence
HF	Health Facility
KII	Key Informant Interview
NGO	Non-Government Organization
PSSN	Productive Social Safety Net
SACCO	Savings and Credit Cooperative Organization
SC	Sub County
SGBV	Sexual Gender Based Violence
SOP	Standard Operating Procedures
SPIAC-B	Social Protection Inter Agency Committee- Board
SPSS	Statistical Package for the Social Scientists
VHT	Village Health Team
VSLA	Village Savings and Loans Association
WHO	World Health Organization

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About CRVPF

Children's Rights and Violence Prevention Fund (CRVPF) is a child rights and social justice regional intermediary organization based in Uganda with a mission to provide grants and capacity development support to community organizations operating in four countries in East Africa: Uganda, Tanzania, Ethiopia, and Kenya. CRVPF supports community institutions that work with children, adolescent girls, boys, and their families, communities, and schools to advance the rights and prevent violence, sexual abuse, and sexual exploitation of children. To foster a protective and nurturing environment for healthy child development. CRVPF uses a cluster partnership model, the model encourages 2-5 community organizations and local NGOs to work together in a cluster partnership using one grant to address children and adolescent needs in a particular geographic area.

CRVPF provides an initial short-term Planning and Learning Grant to cluster partners. The aim is to give partners time and space to know each other's strategies, develop closer working relationships, identify a common project area, conduct a joint situational analysis, listen to children, adolescent girls and boys, and families. The process will help to develop a multi-year child rights/protection proposal for CRVPF grant support. This allows for the local development of preventive strategies and foster child protection environments responding systematically to specific risks and building on local assets.

Executive Summary

Background: The COVID-19 has become a global pandemic threatening the health and development of the people globally and claiming millions lives. The World Health organization declared that COVID pandemic is a Public Health Emergency of international concerns. COVID 19 pandemic has affected all segment of population, the impact on poor, vulnerable and socially excluded population is particularly notable. CRVPF currently faces a dearth of data. It has anecdotal information from a regional assessment that was conducted in Uganda, Tanzania, Ethiopia and Kenya in 2020. The results of this assessment indicated that families with several dependent children, elderly persons and those headed by children were unable to; provide food, pay rent, cover medical support or purchase medicines. These families were sliding into absolute poverty. In addition, current reports show that gender-based violence increased during the lockdown; and the impact of COVID -19 on girls, boys and young women is particularly significant. Children essentially lost years of schooling and poor children did not have the means to connect to online learning and; it was suspected that the rate of child marriage has increased. All this information however is anecdotal. CRVPF thus needed evidence generated in a more systematic way in order for it to appropriately adapt its grant making programming to respond to COVID-19.

Purpose of the Assessment: To assess the impact of COVID-19 on vulnerable families and its contribution or influence on gender-based violence, on children missing school, teenage pregnancies, sexual abuse and sexual exploitation. The research was also intended to assess the impact of COVID on small businesses owned by adolescent girls, boys and young mothers across CRVPF's partners' operational areas in Uganda, Tanzania, Kenya and Ethiopia.

Methods: The assessment was conducted in 9 districts (3 in Uganda, 2 in Kenya, 2 in Tanzania and 2 in Ethiopia) where CRVPF's partners are implementing activities. These were Kampala, Lira and Lamwo in Uganda; Nairobi and Kilifi in Kenya; Dar es Salaam and Arusha in Tanzania; and Adama and Addis Ababa in Ethiopia. A participatory mixed research design was adopted given the need for qualitative and quantitative data. We adopted a sequential mixed methods approach where we first collected qualitative data to inform and refine the quantitative data collection tools. Quantitative data was collected using three questionnaires namely; a household questionnaire administered to the household heads or their representatives, a children's questionnaire administered to children aged 12-17 years, and a business owner questionnaire administered to male and female business owners aged 15 - 24 years. Qualitative data was obtained through **interviews** with key informants and **Focus Group Discussions** with Children aged 12-17 years in and out of School, Youth aged 18-24 years, Adults aged above 24 years, Young mothers that own businesses, and members of the Traders associations. The final sample consisted of **2,451** (45 Key informants, 276 FGD participants, 719 children, 724 Household heads and 678 small business owners.

Findings:

Opportunities and Challenges posed by the COVID-19 pandemic in the CRVPF operational areas

Overall, 98.5% of the household respondents knew about COVID-19. The proportion was highest in Uganda (99.6%), Ethiopia (99.3%), Tanzania (98.7%), and Kenya (96.1%). All countries reported high levels

of awareness, which points to their knowledge of the likely impact of the vice. Respondents reported the impact of COVID-19 on health, household livelihood, economic status/incomes, survival skills, education and safety. COVID-19 had both positive effects (opportunities) and negative effects (challenges) on the target communities. Improved hygiene and sanitation, a reduction in communication diseases, better parenting, diversification of sources of livelihood, adoption of online business marketing came out prominently as the major opportunities posed by COVID-19. On the other hand, increase in mental illness, GBV, food insecurity, loss of household incomes, adoption of unlawful behaviors, school dropout and increased crimes were the major challenges brought about by COVID-19. An assessment of the children's mental health in the Children's survey revealed that 63.7% of the children in Uganda, 69.1% of those in Kenya, 37.4% of those in Tanzania and 53.3% of those in Ethiopia often feel mentally unwell compared to how they were before the outbreak of COVID-19.

Impact of COVID-19 on Children's Schooling

Survey results from the Children indicated that the proportion of children who were studying after COVID-19 is less than that, which was studying before COVID-19. The school dropout rate in Uganda was 18%, Kenya 13.7%, Tanzania 9.2% and Ethiopia 15%. The highest drop out in Uganda could be attributed to the 2 years closure of schools and a reduction in household livelihood /incomes that led to lack of fees. The major reason for drop out in Ethiopia is lack of Interest amongst leaners. Even amongst the children that are still studying many have conceived thoughts about dropping from school especially those in Uganda, Ethiopia and Kenya. This could be due to the closure of schools in these countries that caused a mismatch between children's chronological age and classes being attended.

Impact of COVID-19 on Gender Based Violence

The overall perception amongst households in Uganda, Kenya and Ethiopia is that GBV has increased since the outbreak of COVID-19; yet the perception in Tanzania is that GBV has reduced. Many of the sampled children had witnessed female adolescents being sexually harassed (27.1%), being pregnant (37.6%), that had given birth (35.9%), got married off (23.2%), and heard of an adolescent girl that ran away from home (25.2%). Peer sexual harassment and sexual intercourse were more prevalent amongst children in Uganda and Kenya. Consistent with peer SGBV, adult SGBV is also more prevalent in Uganda, Kenya, and Ethiopia than in Tanzania. Many of the children in these countries had agreed to sexual acts against their will, had had sex in exchange for goods /money /favors and had experienced attempted defilement during the COVID-19 period. Adult respondents to the household survey reported an increase in SGBV in their respective countries during the COVID-19 period. The same countries namely Uganda, Kenya and Ethiopia report to have the highest prevalence of such incidences as reported by the children. Even with such high incidences, the majority of the affected children in these countries did not seek help because they lacked someone to confide in.

Impact of COVID-19 on the livelihood of children, adolescent girls, boys and young mothers in low-income families in the CRVPF operational areas

On average, 31.6% of the household had a member that had lost a job due to COVID-19 outbreak. Majority of household members that lost jobs were in business (39.3%) and formal employment (31.4%). The major reasons for losing jobs were; being laid off because business closed (52.4%), lost capital to continue with business (33.6%), laid off because business scaled down (21.0%). The majority of the household respondents from all countries reported a decrease in overall household incomes due to COVID-19. Those in Uganda and Ethiopia perceived this impact to be substantial and those from Kenya and Tanzania perceived it to be moderate. This difference is explained by the differences in the samples.

The Ugandan sample included refugees that were already vulnerable even before COVID-19 yet the Ethiopian sample included more widows and separated/divorces individuals that lack partner support. Due to either loss or reduced incomes, 21.9% of the sampled households had changed housing. More than half of the respondents reported challenges accessing transport (76.5%) when they needed it and food supply (62%). Access to health services, family planning commodities, and accommodation was also constrained. Difficulties in accessing these services culminated from the banning of public transport and loss of incomes /jobs. Thus, due to COVID-19 access to health services and other basic services was further constrained.

Impact on Food security

Results from the household survey revealed that Uganda had the highest proportion of households experiencing food insecurity even before the outbreak of COVID-19. With the outbreak of COVID-19, the proportion of food insecure households in all countries increased. Though still, Uganda reports the highest proportion of households that became food insecure **after** the outbreak of COVID-19 (16.4%) followed by Kenya (14.0%), then Tanzania (11.6%), and Ethiopia (6.7%). The major reason for not having enough food in all the countries is 'Lack of money to buy enough food**.** Due to lack of enough food, households reduced on both the quantity and quality of basic food items consumed. During this assessment, only 42% of the sampled households could afford at least **three** meals a day implying that more than half of the households eat less than **three** meals a day.

Impact of COVID-19 on small businesses owned by adolescent girls, boys and young mothers in the CRVPF operational areas

Most of the business owners in Uganda and Ethiopia reported their businesses to have temporarily closed following the outbreak of covid-19, as most of those in Kenya were partially opened and those in Tanzania remained opened. Whatever the business operation status, COVID-19 affected them. Business owners from all countries reported a decline in average monthly income following the outbreak of COVID-19. The majority of those from Uganda (65.3%), Kenya (70.6%), Tanzania (73.5%), and Ethiopia (59.5%) reported that COVID-19 led to a reduction in their sales /profits. To combat the impact of COVID-19 on their businesses many owners changed in their business operations. Overall 44.2%, 55.8%, 32.7% and 33.3% of the business owners in Uganda, Kenya, Tanzania and Ethiopia respectively made adjustment in their business operation after the outbreak of Covid-19. The major adjustments made were: Use of phone for marketing, introduction of new goods/services, changed business strategies /practices, and improved on existing goods /services. Based on the severity of the impact, more business owners in Uganda, Kenya and Ethiopia report to lack the potential of their businesses to return to normal as compared to those in Tanzania. However, even in Tanzania, there are many businesses that up to now still require time to return to normal. The major challenges that most of such businesses face is increased production costs, and reduced demands for goods /services.

key lessons learnt, pointers of any change, positive or negative, direct or indirect in the communities as result of COVID-19.

All the categories of community members that participated in this assessment reported to have picked lessons from the COVID-19 pandemic.

NGO /Government Officials/ Local leaders

- ✓ It is necessary to reserve or set aside funds that will help the organization during uncertain times.

Every organization should have this as a reserve fund to support them amidst unplanned crisis /emergencies.

- ✓ Communities should have disaster preparedness plans to guide them through the unplanned eventualities.
- ✓ There is need to revise the GBV referral network to include how it can be operated during crisis times when some of the key players cannot be available.
- ✓ Furnishing lower level health facilities is vital because there can be situations when one cannot move beyond his/her locality to seek treatment.

Local Community Members

- ✓ Food security is very important. It is necessary to have a kitchen garden and indoor farming and keeping dry foods for use in times of food shortage.
- ✓ Saving money is essential for every family because even if you have a source of income today, you cannot be sure that you will still have it tomorrow. Even those that have assets such as buildings for rent could not have money because such buildings were closed. Those renting houses for accommodation could not pay because they had no money.

Recommendations

We propose recommendations that CRVPF should adopt to mitigate the impact of COVID-19 on GBV survivors, school dropouts, children in school, small business owners whose businesses are limping and households that lost their sources of income. We are aware that CRVPF does not directly implement interventions but supports /funds community institutions using a cluster partnership model, where one grant is given to 2-5 community organizations and local NGOs to work together in a particular geographic area. Therefore, these recommendations are geared at directing CRVPF on the strategic areas that may require funding to alleviate the impact of COVID-19 in its operational areas.

- ➢ Support Programmes that focus on Children at School, those that dropped out, and those that are suffering the consequences of GBV i.e. teenage mothers. The purpose will be to mitigate school dropout and to empower those that dropped out of school. Those in school should be targeted with activities that may cause them to want to stay in school. Such projects might include supporting sports activities, debating activities, drama, and art & craft. Those that dropped out of school should be equipped with survival skills (enhancing esteem and mental health) and vocational skills to enable them earn a living / job creation.

- Findings showed that the majority of children that experience GBV do not report due to failure to identify anyone to confide in. There is need to direct GBV interventions towards building trust in the GBV referral network to enhance the reporting of cases. Since CRVPF has a VAC Prevention Programme with one of its outcomes being '*Strengthened families' capabilities through positive parenting and improved spousal relationships to create a safe and nurturing environment for children and adolescents';* I recommend that one of the activities towards creating a safe and nurturing environment for children should be equipping parents with virtues of trustworthiness so that their children can confide in them.

- Support programmes that target small business owners that are struggling with business financing /limited capital and lack of markets for their produce. These can be supported with interventions that support them to improve on the quality of their products (i.e. skills in value addition), group dynamics skills, support formation of saving and lending groups, create revolving loan schemes, business accounting skills and marketing skills (physical and online). Those that need money for business operation can be given short -term loans at low interest rates, or capital development loans depending on their dare need.

- Many of the households reported to be food insecure. This means that even when they are supported with loans for business financing some of them might divert the money to feed their homes. Support programmes that target households with knowledge and practices on how to improve on household food security.

1.0 Introduction

1.1 Background and Rationale for the Assessment

The COVID-19 has become a global pandemic threatening the health and development of the people globally and claiming millions lives. The World Health organization declared that COVID pandemic is a Public Health Emergency of international concerns. COVID 19 pandemic has affected all segment of population, the impact on poor, vulnerable and socially excluded population is particularly notable. CRVPF currently faces a dearth of data. We have anecdotal information from a regional assessment conducted in Uganda, Tanzania, Ethiopia and Kenya in 2020 indicating that families with several dependent children, elderly persons and those headed by children are unable to; provide food, pay rent, cover medical support or purchase medicines. These families are sliding into absolute poverty. There are reports that gender-based violence has increased during the lockdown; and the impact of COVID -19 on girls, boys and young women is particularly significant. Children have essentially lost years of schooling and poor children do not have the means to connect to online learning and; we suspect that the rate of child marriage has increased. All this information however is anecdotal. We need evidence generated in a more systematic way in order for CRVPF to appropriately adapt its grant making programming to respond to COVID-19.

1.2 The Coronavirus 2019 (COVID-19) Pandemic

The Coronavirus disease 2019 (COVID-19) is a Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) disease that was first reported in December 2019 in Wuhan China (Zhu, 2020). On 30, January 2020 it was declared a public health emergency of international concern by the WHO, which subsequently declared the outbreak a pandemic on 11, March 2020 (Lirri, 2020). In 2020, COVID-19 spread globally. This is the year that African Countries started registering their first cases. The first COVID-19 case was reported in Ethiopia on 13^{h} March 2020; in Kenya on 13 March 2020; in Tanzania on 16 March 2020 and in Uganda on 22 March 2020. With the reporting of their first cases, governments in these countries put up COVID-19 measures to minimise contraction risks and later response measures.

Uganda Government Measures to Minimize Risks to COVID-19 Outbreak

Early March 2020, the Ugandan government rapidly took a series of measures to minimize the risk of COVID-19 entering the country. The measures included closing entry points into the country, banning

public gatherings (*political rallies, cultural gatherings, conferences, markets, discos, dances, bars, sports, music shows, cinemas and concerts*); limiting weddings to a maximum of 7 people and burials to a maximum of 10 people; keeping all the non-food shops (stores) closed. Banned the use of public transport, closed all educational institutions and places of worship, and declared a national lockdown on 18 March 2020 and consequently a national curfew on 30 March 2020 (Uganda Government Emergency response report, 2020). The government mandated the public to maintain hygiene measures namely: using face masks, avoid coughing or sneezing in public, no spitting, frequently washing of hands with soap and water or using sanitizers, regularly disinfecting surfaces such as tables, door handles, etc. and not touching eyes, nose or mouth with contaminated and unwashed hands; adopt good nutrition practices such as taking plenty of fruits and vegetables to strengthen the body's immune system. Later on, the government distributed food to a few vulnerable households in Kampala and neighboring towns in the central region; and made some cash transfers to those it deemed to be in dare need.

Ethiopia Government Measures to Minimize Risks to COVID-19 Outbreak

In Ethiopia, COVID-19 preventive measures included closing schools, restricting use of public transportation, banning large gatherings and movements of people, and suspending sporting and religious gatherings. A state of emergency was put in effect and staying at home and working from home were encouraged. Thus, there were no large-scale lockdown in this country; preventive measures such as hand-washing and social distancing were emphasized. Three-month advance payments were provided to beneficiaries of the Urban Productive Safety Net Program (UPSNP), and the number of such beneficiaries was increased. Food handouts and hygiene supplies were also distributed. A national resource mobilization initiative was also established with the aim of supporting the most vulnerable to bridge inequality gaps (Baye, 2020).

Kenya Government Measures to Minimize Risks to COVID-19 Outbreak

Kenya, started with border controls, international flights were suspended, academic institutions were closed, and a partial lockdown implemented. Bars were closed and restrictions on restaurant opening hours put in place; all gatherings including religious assemblies were banned and a nationwide curfew which restricted movement throughout Kenya was instituted. Wearing of facemasks was mandatory in any public place. Quarantine was imposed in informal settlements in Mombasa and Nairobi, as well as certain costal and boarder areas (Medard, 2022) following a rise in cases in Nairobi's Kibera informal settlement.

Tanzania Government Measures to Minimize Risks to COVID-19 Outbreak

In response to the outbreak of COVID-19, the Tanzania government suspended international passenger flights, land and sea border crossings were restricted, with exceptions made for the continued passage of goods and commodities. All academic institutions were closed, all forms of gatherings (seminars, sports events, etc.) banned and prohibitions were made to weddings, funnels, restricting them to not more than 10 people. The number of passengers in public transport was reduced and commuter buses were only allowed to carry seated passengers. Bars were mandated to close by 21.00hrs in Dar es Salaam and by, 22.00 hrs in Mwanza but no restrictions in other areas. Recreational parks and facilities including cinemas and theatres were closed. Non-essential businesses, shops, markets, restaurants, cafes, government offices, parliamentary sessions, and religious congregations, were not closed. It has always been said that lockdown measures in this country were less extensive than in the other three countries (Haider, et all 2020). The government also embarked on an awareness campaign that focused on preventive measures such as handwashing, the use of sanitizers and mask wearing. However, masks were not required for non-sick persons. Self –isolation was encouraged for anyone suspected to be infected with COVID-19. During this period, the government-adapted delivery of its flagship social protection programme, the Productive Social Safety Net (PSSN) Phase II, a programme that covers both the Mainland and Zanzibar, reaching one million households nationally.

Following from above, the four governments implemented a combination of lockdown measures, curfew, prohibition of gatherings, closure of establishments and educational institutions to slow the spread of COVID-19. Many lockdown measures required markets and businesses to shut down completely or reduce operating hours. In all the countries, education institutions were closed. This and many other measures had consequences on the livelihood of households, schooling of children and operations of small businesses that this assessment seeks to establish..

1.3 General Objective of the Assessment

The primary focus of this research is to assess the impact of COVID-19 on vulnerable families and its contribution or influence on gender-based violence, on children missing school, teenage pregnancies, sexual abuse and sexual exploitation. The research will also assess the impact of COVID on small businesses owned by adolescent girls, boys and young mothers. The overall objective of this study is to assess the impact of COVID-19 on low-income families, children, adolescent girls, boys and young mothers and their livelihoods across CRVPF's partners operational areas in Uganda, Tanzania, Kenya and Ethiopia.

1.4 Specific Objectives of the Assessment

The specific objectives of this assessment were:

1. Identify the opportunities and challenges posed by the COVID-19 pandemic in the CRVPF operational areas
2. To assess the influence of COVID-19 practices of gender-based violence, children missing school, teenage pregnancies, sexual abuse and sexual exploitation within vulnerable families in in the CRVPF operational areas
3. Assess the impact of COVID-19 on the livelihood of children, adolescent girls, boys and young mothers in low-income families in the CRVPF operational areas
4. Assess the impact of COVID-19 on small businesses owned by adolescent girls, boys and young mothers in the CRVPF operational areas
5. Explore the mechanisms adopted by children, households, and small business owner to cope with COVID-19 related challenges
6. Document key lessons learnt, pointers of any change, positive or negative, direct or indirect in the communities as result of COVID-19.
7. Propose strategic approaches to be adopted by CRVPF in its grants processes (soliciting and issuance) order to effectively address the impact of COVID-19 in its operational areas.

1.5 Assessment Team

The assessment team included CRVPF's technical staff, five consultants (one per country and a regional consultant), research assistants and CRVPF partners in the four. The four national consultants were responsible for data collection in their respective countries and report writing. The regional consultant was responsible for consolidating national reports into this regional report.

1.6 Structure of the Report

This report has four main sections (each with subsections). The four main sections are: i) the introduction which offers the context for the study, ii) the assessment approach section that elaborates on the sample used, data collection and analysis methods, iii) the results section that presents the answers to the study objectives, and iv) conclusions and recommendations section that presents the summary of the impact of COVID-19 based on the findings and offers recommendations for future programming.

2.0 ASSESSMENT APPROACH

2.1Research Design

For this assessment, we adopted a sequential mixed methods approach where we first collected qualitative data to inform and refine the quantitative data collection tools. Specifically, a cross sectional survey design was utilized with the aim of obtaining information from various categories of respondents at a specific point in time. Thus, the assessment was interactive and participatory in nature involving input from various stakeholders in the operational areas of CRVPF's partners.

2.2 Scope of the Assessment

This assessment was conducted in four countries namely Uganda, Kenya, Tanzania and Ethiopia. CRVPF supports local partners to implement activities in specific districts in these countries. The districts are Kabalore, Fort portal, Mubende, Kasese, Lira, Lamwo, Kampala, Mukono, Lyantonde and Luwero in Uganda; Nairobi and Kilifi in Kenya; Dar-es salaam, Mwanza and Arusha in Tanzania; and Adama and Addis Ababa in Ethiopia. Three districts were sampled in Uganda and two districts were sampled from the rest of the countries. Overall, nine districts were sampled out of the 17 where CRVPF supports local partners to implement interventions. Sampling a few districts was based on the limited resources and time in which the exercise would be completed. Sampling fewer districts (i.e. at least 2 per country) would reduce on both the duration and cost for the exercise. This is supported by Holm-Hansen (2007) who argues that as an ethical issue, assessments should be realistic and practical so that they can be completed in a time-and-cost effective manner. The districts sampled in Uganda were Kampala, Lira and Lamwo. Lamwo was considered because it is where Palabek Refugee Settlement is located and we wanted our assessment to include every category of population that benefits from CRVPF support. In this case sampling Lamwo was intended to have the refugee sample. The districts sampled in Kenya were Nairobi and Kilifi; in Tanzania, they were Dar es Salaam and Arusha; and in Ethiopia, they were Adama and Addis Ababa.

2.3 Data Collection Methods

2.3.1 Qualitative data collection methods and tools

Qualitative data was obtained through **interviews** with key informants (*Police officers, Local community leaders at various levels, District officials, CHWs/VHTs, HF staff, Teachers, CRVPF partner organisations, Cultural leaders, Religious leaders, Leaders of traders' associations*) and **Focus Group Discussions** with varied groups (*Children aged 12-17 years in and out of School, Youth aged 18-24 years, Adults aged above 24 years, Young mothers that own businesses, and members of the Traders associations*). The qualitative data collection tools used were the Interviews guides and FGD guides. These tools obtained data on all the assessment objectives.

2.3.2 Quantitative data collection tools

Quantitative data was collected using three questionnaires namely; a household questionnaire administered to the household heads or their representatives, a children's questionnaire administered to children aged 12-17 years, and a business owner questionnaire administered to male and female business owners aged 15 - 24 years. Original drafts for these questionnaires were developed by the regional consultant and later modified using the qualitative data that was collected by the national consultants. They were later subjected to pre-tests in each country not only to modify them but also to ensure that data collectors get acquainted with their administration. The quantitative data collection tools obtained data that was used to answer assessment objectives 1 to 5.

2.4 Respondents and Sampling Methods

The respondents for this assessment included those that participated in the FGDs, those that responded to the KIIs, children's survey, business owner's survey and the household survey. Basing on their variance, a variety of sampling techniques were used in their selection.

2.4.1 Respondents to the Key Informant Interviews

Table 1: Respondents to the Key Informant Interviews

KII Respondents	Kenya	Uganda	Ethiopia	Tanzania	TOTAL
Teachers/Head teachers	1	2	1	2	**6**
Health worker (at Facility, CHW)	1	-	2	2	**5**
Police officers (CFPU)	1	-	2	2	**5**
Leaders at district, SC, Parish and local levels	6	1	2	2	**11**
Cultural leaders	-	1	-	-	**1**
Religious leaders	1	-	-	2	**3**
CRVPF Partners and other NGOs /CBOs	3	2	3	2	**10**
Leaders of traders /of business owners	1	-	1	2	**4**
	14	**6**	**11**	**14**	**45**

The final KII sample included 45 respondents selected using both purposive and stratified sampling techniques. Purposive sampling was aimed at obtaining respondents that had leadership roles where social services providers in the community; and stratified sampling was aimed at obtaining a diverse section representative of the different stakeholders in the communities.

2.4.2 Participants in Focus Group Discussions

FGDs were conducted with children aged 12-17 years in and out of school (Boys and Girls), youth aged 18- 24 years (Male and Female), adults aged above 24 years (Male and Female), business owners who are

young mothers, and business owners who belong to a traders' Association. Overall, 46 FGDs (24 with female, 19 with male, and 3 with traders) were conducted. Each of these groups had **six** participants to be able to maintain social distance. Overall, 276 community members (48 boys, 36 girls, 30 male youth, 36 female youth, 30 young mothers who are business owners, 42 women, 36 men and 18 traders) participated in these FGDs.

Table 2: Participants in the Focus Group Discussions

Category	Kenya	Uganda	Ethiopia	Tanzania	TOTAL
Male youth aged 18-24 yrs.	1	2	1	1	**5**
Males aged above 24 yrs.	2	2	1	1	**6**
Female Youth aged 18-24 yrs.	2	2	1	1	**6**
Female Youth aged above 24 yrs.	3	2	1	1	**7**
Male children aged 12-17 in school	1	2	1	-	**4**
Male children aged 12-17 out of school	1	2	-	1	**4**
Female children aged 12-17 in school	-	2	1	1	**4**
Female children aged 12-17 out of sch	-	2	-	-	**2**
Business owners who are Young mothers	1	2	1	1	**5**
Business Owners/ Traders Associations	3	-	-	-	**3**
	14	**18**	**7**	**7**	**46**

2.4.3 Respondents to the Surveys with House Hold heads, Children and Business Owners

The target sample for the household survey were the household heads or their representatives. The respondents to the children survey were boys and girls aged 12-17 years in the sampled households. Respondents to the business owner survey were small business owners aged 15-24 years. The sample size was determined following the available resources. Many researchers recommend a minimum sample size of 100 when the population is large. Bearing in mind that we had to collect three different samples from each country, we set the minimum target sample for each set of data to be 100 respondents. Cluster sampling was adopted in the selection of households and purposive sampling in the selection of respondents in these households (i.e. household head/representative or/and child aged 12-17 years). If a household had more than one child aged 12- 17 years, we purposively sampled the eldest one of all of them. This was aimed at picking the one with the ability to understand the survey better than the rest. Purposive and systematic random sampling were adopted in the sampling of small businesses and business owners respectively. We targeted businesses that seemed to have low start-up capital or revenue, small number of employees (less than 50), small market area, and having sole ownership. In our target areas, we sampled every 3rd business fitting in these characteristics. The overall quantitative sample from the four countries was 2,121. This included 724 household heads, 719 children and 678 small business owners. For details, see Table 3 that follows.

Table 3: Quantitative Sample

Category of Respondents	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
HH Heads	256	178	155	135	724
Children	265	161	154	139	719
Business Owners	249	129	147	153	678
Total	**770**	**468**	**456**	**427**	**2,121**

2.4.4 Overall Sample Size for the Assessment

Following through the different data collection methods adopted, the final sample size for this assessment was **2,451** respondents (*see table 4 for the summary of sample categories*). Uganda had the largest sample size because we collected data from 3 districts yet we sampled two districts in the rest of the countries.

Table 4: Overall (Qualitative and Quantitative) Sample

Data Collection Method	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
KIIs	6	14	14	11	45
FDGs	108	84	42	42	276
Children's Survey	265	161	154	139	719
Household Survey	256	178	155	135	724
Small Business Owners	249	129	147	153	687
TOTAL	**884**	**566**	**512**	**480**	2,451

2.5 Data Quality Control

The following measures were taken to ensure that quality data and information is obtained for this assessment.

- *Use of skilled and trained data collectors who were fluent in the local languages in the sampled areas.*

  Data collectors where at least diploma holders who had experience in data collection, and could speak the local languages in the sampled areas.

  Data collectors were theoretically and practically trained (through pre-test) on the data collection tools and methodology before being sent to the field in order to equip them with the required skills for the exercise and to give them hands-on experience.

  Data collectors were trained on how to use the smart phones /tablets to capture data, save it, and send it to the server.

- *Effective Supervision at all levels of data collection:*

Local community field guides and CRVPF partners were used to guide sampling in the field and also to and supervise data collectors.

Every evening, data collected was examined by the national consultants to ensure that it's free from errors (checked for consistency, accuracy, and completeness). In cases of errors that needed technical support, it was given.

De-briefing was done every evening to share experiences and lay strategies for the next day, check saturation and identify new issues to follow - up during the process of data collection.

The National consultants supervised the data collection exercise in their respective countries and also actively participated in the collection of all forms of data.

- *Adoption of Contextualized Data collection Tools and Methods*:
  The quantitative data collection tools (i.e. household questionnaire, children's questionnaire and business owner's questionnaire) were piloted in the four countries before data collection in each case to be able to customize responses to the study area.

  All interviews and FGDs were recorded to enable analysis of qualitative data with informed verbatim.

  The qualitative data captured in the local languages was translated and back translated by different translators to ensure that it still carried the original meaning before being incorporated into the report.

2.6 Ethical Considerations

- Respondents were provided with full verbal explanation about the purpose of the interview or FGD and their consent to participate was sought. Permission to use a phone or tape recorder to record data was also sought before these gadgets were used. Respondents were also assured that their participation was voluntary and that they were free to decline being respondents or withdraw in the middle of the interview if they so wished; and that withdrawal would not in any way affect their future relationship with the CRVPF partner in their area.

- During data collection, most care was taken to ensure confidentiality of the respondents and it is for this reason that names for respondents are not included in this report.

- Permission from parents /guardians was sought before children were sampled to participate in the study. Even after sampling, assent was sought from the children before interviewing them or conducting the FGDs .

- Participants in the FGDs were served with a Soda and snack.

- Country specific guidelines for conducting research during COVID-19 pandemic and related SOPS were adhered to all throughout the data collection exercise.

2.7 Data processing and analysis

Quantitative data from household surveys, children's survey and business owner's survey was analysed using SPSS version 25. Graphs, frequency tables and cross tabulations were used in its presentation in this report. Qualitative data from interviews and FGDs was analyzed using NVIVO Version 11. The open coding feature of NVIVO enabled the generation of themes; and similarities and differences between the themes were analysed to maintain the meaning of the data set as a whole. Findings are reported basing on the themes, subthemes, and categories using direct quotations were appropriate.

2.8 Limitations of the Study

1. Due to limited finances, we adopted a sampling approach that would give us the minimum representa tive sample size. However, during data collection, efforts were made to exceed the set minimum samp le size.

2. This assessment of the impact of COVID-19 on children, households and business owners had no baseline data to be used to measure change overtime. In addition, existing previous studies in the different countries could not be used because they were conducted at different times and not with the same study populations. As such, we in many instances refrained from making bold statements that 'the impact observed was due to COVID-19'. To minimize on this limitation, we supported evidence of impact of COVID-19 revealed by quantitative data with quotations of qualitative data. Where this is not the case, this report makes clarifications that the impact observed may be attributed to several factors including COVID-19.

3.0 FINDINGS

3.1 Introduction

In this section, the findings from the assessment are presented, interpreted, and discussed. The section follows through by first comparing the background characteristics of the respondents from the four countries. This is intended to show the similarities and differences between the respondents from the four countries that may be useful in the interpretation of findings. The general characteristics section is then followed by the sections on exposure to mass media, knowledge about COVID-19 and finally the results that address the assessment objectives.

3.2 General Description of the Quantitative Surveyed samples

The quantitative sample included household heads /spouses (321 M, 403 F); Children aged 12-17 years (303M, 416F) and small business owners (331M, 347F). Thus, the overall quantitative sample included 2,121 (955M, 1,166F). There were more female respondents (55%) than the male respondents (45%) for a number of reasons. For the household sample, although 73.1% of the household heads were male, only 44.3% of the respondents were male implying that 55.7% of them were female. This is perhaps because women are more available in the homes during day than the men. For the children, the households sampled had 1,879 (906 Boys, 995 Girls) children aged 0 – 17 years. Basing on the higher proportion of girls than boys in the households, it was likely that the sample of children to be picked from these households would have more girls as our target was the oldest child in the household. For the business survey, the target were adolescent business owners and young mothers. Bearing in mind that we purposively sampled business owners that were young mothers, our sample had to include more females than the males. A breakdown of the sampled respondents per category is shown in the sections that follow.

3.2.1 General Description of the Household Survey Respondents

More than half of the respondents from Uganda, Tanzania and Ethiopia were females yet those for Kenya were males. This could be the reason why the Kenyan sample reports to be more educated than the other samples i.e. majority of them had at least Ordinary level education. In most of the East African countries, men are more literate than the women. The average age of the respondents in the four countries ranged from 34 years to 39 years. This shows that most household respondents are in their productive years and expected to be active in their households and thus have direct experience on the impact of COVID-19 on their household's livelihood and other aspects assessed in this study. More than half of the respondents in all countries were married /cohabiting thus in position to provide information on the SGBV experiences at household level. Ethiopia had the highest number of divorced /separated respondents (14.8%) and widowed respondents (11.9%) perhaps because all its respondents were obtained from the city suburbs

where many vulnerable people run to for survival. The sampled households had more children aged 11-17 years (average number was 1.1) than those aged below. Children aged 11-17 years are expected to be at school and thus such a sample has adequate experience of the impact of COVID-19 on children's schooling.

Table 5: Household Characteristics

Gender	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Male **Female**	119 (46.5%) 137 (53.5%)	116 (65.2%) 62 (34.8%)	37 (23.9%) 118 (76.1%)	49 (36.3%) 86 (63.7%)	321(44.3%) 403 (55.7%)
Marital Status (Majority)	Married/ Cohabiting (74.6%)	Married/ Cohabiting (80.3%)	Married/ Cohabiting (74.2%)	Married/ Cohabiting (63.7%)	Married/ Cohabiting (73.9%)
Ave. Age	35.4 Years	35 Years	39.4 Years	39.4 Years	37 Years
Av. HH Size	5.7	4.7	5.9	4.1	5.2
Av. No. of Children	3.2	2.4	3.2	1.6	2.7
Aged 0-5 years	0.8	0.7	0.9	0.4	0.7
Aged 6-10 Years	1.2	0.7	1.0	0.5	0.9
Aged 11-17 years	1.2	0.9	1.2	0.7	1.1
Level of Education (Majority)	Upper Primary (P5-P7) 28.1%	O' Level (21.9%)	Upper Primary (P5-P7) 51.6%	No formal Education (24.4%)	Upper Primary (P5-P7) 28.9%
Main Occupation Before **COVID-19**	Business Owners (33.6%)	Formal Employment (26.4%)	Business Owners (35.5%)	Business Owners (27.4%)	Business Owners (30.4%)
Main Occupation Now	Business Owners (35.2%)	Formal Employment (28.1%)	Business Owners (31.6%)	Business Owners (25.9%)	Business Owners (29.8%)
Status of Residence	Own-48.0% Rent -35.5%	Own-33.1% Rent -61.8%	Own-63.9% Rent -26.5%	Own-31.1% Rent -48.1%	Own-44.6% Rent -42.4%

(Source: House Hold Sample with N = 724)

The main occupation for the respondents from Uganda, Tanzania and Ethiopia was business ownership yet as countries, the main occupation for the majority of their nationals is agriculture. This variation in the known main occupations and the occupations for the majority of the sampled respondents is attributed to the geographical areas sampled. All the respondents from Ethiopia were sampled from the city suburb, 80.9% of those from Kenya were sampled from urban settlements, and the samples from Uganda and Tanzania had an equal representation of those sampled from rural and urban areas. For this reason, it is not surprising to have most of the respondents being business owners. Such a sample is appropriate for a study on the impact of COVID-19 on household livelihood because the restrictive measures adopted in response to the COVID-19 outbreak interfered more with business operations than agricultural activities.

Since Kenya reported to have the most educated sample, this could be the reason why the majority of its respondents reported to be in formal employment. Respondents from Ethiopia reported to have the least education status. The majority of the respondents from Ethiopia were Orthodox (59.3%), Tanzania had the highest proportion of Moslem respondents (38.7%); and for Kenya and Uganda, the majority of the respondents were Christians (50.6% and 79.7% respectively). I categorize Christians to represent Catholics, Protestants and Pentecostals.

3.2.2 General Description of the Children Survey Respondents

Consistent with the household survey respondents, more than half of the children sampled in Uganda, Tanzania and Ethiopia were girls. There was an approximately equal number of boys and girls sampled in Kenya. The average age of children was 14-16 years. Children of this age are able to articulate issues that affect them; and thus were a suitable sample for this assessment. The majority of the children from all the countries had attained upper primary level of education (P.5 –P7); and still had both parents. This means that they had significant adults in their lives that by law are responsible for their upbringing, education, health care, safety and protection. Ethiopia and Uganda had the highest proportion of child marriages, yet Kenya had the highest proportion of children that had ever given birth. Findings propose that may be in Uganda, many children that give birth are married off; yet in Kenya, giving birth may not instigate marrying off the child. In Ethiopia, child marriages are high per say even when children have not mothered/fathered a child. The findings suggest that issues of SGBV may be higher in Ethiopia, Uganda and Kenya but very low in Tanzania.

Table 6: Children Characteristics

Gender	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Male **Female**	98 (37.0%) 167 (63.0%)	82 (50.9%) 79 (49.1%)	59 (38.3%) 95 (61.7%)	64 (46.0%) 75 (54.0%)	303(42.1%) 416 (57.9%)
Ave. Age	15.7 Years	15.7 Years	14.8 Years	16.0 Years	15.6 Years
Ever/ Married	4.9%	2.4%	-	5.7%	3.5%
Has Child(ren)	4.9%	6.2%	0.6%	3.6%	4.0%
Highest Education (Majority)	Upper Primary (43.5%)	Upper Primary (45.5%)	Upper Primary (44.4%)	Upper Primary (43.3%)	Upper Primary (44.1%)
Both parents still alive	61.1%	62.1%	88.3%	73.4%	69.5%

(Source: Children Sample with N = 719)

3.2.3 General Description of the Business Owners' Sample

More than half of the respondents from Uganda and Ethiopia were female, yet more than half of those from Kenya and Tanzania were males. Following from the sample for children where we found that Uganda and Ethiopia reported high proportions of childbirths and child marriages; this is expected. In this sample, we purposively targeted business owners who are young mothers and thus such respondents could be more available in Uganda and Ethiopia. Business owners from Ethiopia and Uganda reported the lowest average age at first marriage. Consistent with the household survey, the majority of the business owners from Kenya reported to have the highest education level compared to those from the other countries. The majority of the respondents from all the countries were single yet only very few of them are still in School (i.e. 8.4%, 9.3%, 2.7% and 12.4% for Uganda, Kenya, Tanzania and Ethiopia respectively). These were youth aged 15- years to 24 years and are business owners. Being single and owning business is an indication that many of them have encountered life challenges that have instigated them to fend for themselves. This is confirmed by the proportion of those that have ever given birth /impregnated a girl in table 7 below. More than half of those sampled from Uganda have children. Responsibilities such as child rearing cause many people to move from their comfort zone and start small businesses to fend for their children.

Table 7: Characteristics of Business Owners

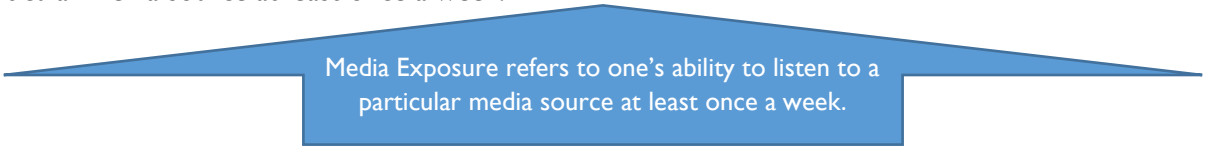
Gender	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Male **Female**	101 (40.6%) 148 (59.4%)	69 (53.5%) 60 (46.5%)	104 (70.7%) 43 (29.3%)	57 (37.3%) 96 (62.7%)	331(48.8%) 347 (51.2%)
Ave. Age	22.4 Years	22.2 Years	22.0 Years	22.2 Years	22.2 Years
Ever given birth / Impregnated Girl	53.0%	48.1%	32.7%	32.7%	43.1%
Aver. Age at First marriage	18.3 Years	19.1 Years	19.6 Years	17.3 Years	18.4 Years
Marital Status (Majority)	Single (55%)	Single (66.7%)	Single (72.1%)	Single (63.4%)	Single (62.8%)
Highest Education (Majority)	Secondary (O level) (41.8%)	Secondary (A level) (27.1%)	Secondary (O level) (46.9%)	Secondary (O level) (26.1%)	Secondary (O level) (36.1%)
Those in School	8.4%	9.3%	2.7%	12.4%	8.3%
Main Occupation Before **COVID-19**	Business Owners (53.4%)	Business Owners (37.2%)	Business Owners (75.5%)	Business Owners (49.0%)	Business Owners (51.4%)
Main Occupation Now	Business Owners (71.4%)	Business Owners (62.0%)	Business Owners (87.1%)	Business Owners (66.0%)	Business Owners (71.4%)
Main business activities before COVID-19	Petty trade Services Food & Drinks	Petty trade Services	Petty trade	Petty trade Food & Drinks	Petty trade Food & Drinks
Main business activities now	Petty trade Food & Drinks Services	Petty trade Services Food & Drinks	Petty trade Services Food & Drinks	Petty trade Services Food & Drinks	Petty trade Services Food & Drinks

(Source: Young Business Owners Sample with N = 678)

During sampling, we targeted those with businesses that were operational even before the outbreak of COVID-19. Although our target respondents were business owners, they were also involved in other income generating activities. We therefore wanted to establish the proportion of those whose MAIN occupation before and after the outbreak of COVID-19 was business. This would help us to establish the impact of COVID-19 on business operations. For all the countries, there was an increase in the proportion of these respondents that reported business ownership to be their MAIN occupation now. This means that many of the respondents had other sources of income before COVID-19, but with the outbreak of COVID-19 these other sources are either no longer available or have declined in their potential to provide income. The main business activities being conducted have also changed across the countries. As much as petty trade (*retail, roadside vending, market*) is still the main activity for most respondents, there has been an increase in the adoption of Food and drinks (*restaurant, bakery, bar*) related businesses in Uganda, Kenya and Tanzania; and an increase in the services (*decoration, designing, tailoring, fitness, boutique, saloon, beauty parlor, dry-cleaning*) business in Ethiopia. Such changes reflect the impact of COVID-19 in the small business trends.

3.3 Exposure to Mass Media

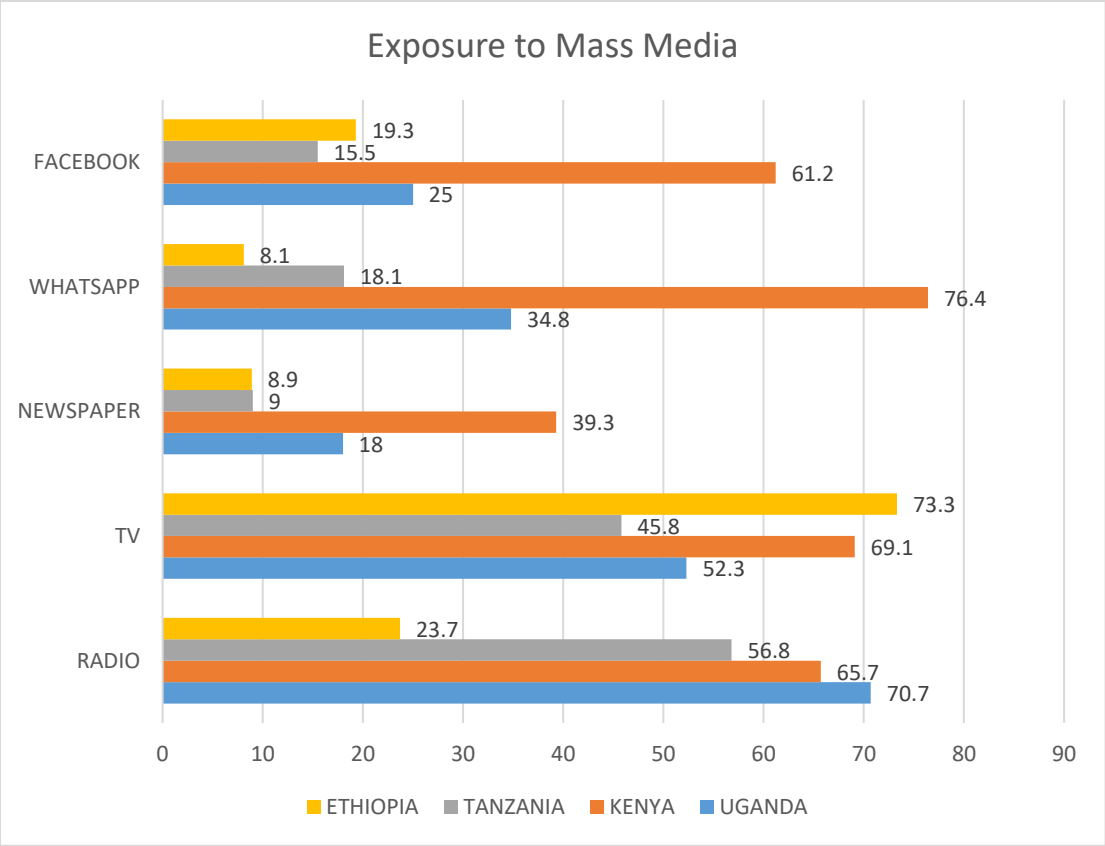
COVID-19 was a global pandemic and therefore one's exposure to mass media had consequences on how they perceived it, understood it, and responded to the restrictive measures in their respective countries. This is because access to information is essential in increasing people's knowledge and awareness of what happens around them. It was therefore vital to ascertain the level of exposure to mass media in the four countries if we were to sufficiently interpret the impact of COVID-19 on household livelihood and business operations. Media exposure in this assessment refers to the respondents' ability to listen to a particular media source at least once a week.



3.3.1. Household Respondents level of Media Exposure

Respondents were asked how often they listened to the radio, watched television, read a newspaper, used WhatsApp and used Facebook. Those who responded '*at least once a week'* are considered regularly exposed to that form of media source.

Graph 1: Household heads level of media exposure



Radio was found to be the dominant medium of information for household respondents in Uganda (70.7%) and Tanzania (56.8%); yet in Kenya it is WhatsApp (76.4%) and in Ethiopia it is television (73.3%). The secondary medium in Uganda, Kenya and Tanzania is television; and in Ethiopia, it is the radio. This implies that overall television and radio are the dominant mediums. The frequent exposure to WhatApp by the majority of respondents from Kenya relates to their education levels as depicted in table 5. The least medium to be exposed to in all the countries is the newspaper (as reported by 18%, 39.3%, 9.0%, and 8.9% of the respondents from Uganda, Kenya, Tanzania and Ethiopia respectively). Even the higher exposure to the newspaper in Kenya as compared to other countries confirms that the level of education of respondents from this country is very important in understanding the differences between this country and other countries with regard to the study findings. Global and national messages about COVID-19 were mainly delivered through TV and radios which most of these respondents are exposed to. We can therefore conclude that our sample was exposed to COVID-19 related information and restrictions.

3.3.3. Children's level of Media Exposure

Table 8 shows that the proposition of children that access a media source are higher than those that are exposed to it. This is because children can only be exposed to the media source that they have access to. The dominant medium of information for children in Uganda is radio; and in the rest of the countries is TV. It is true that children enjoy watching TV than listening to radio. However, the Ugandan population includes refugees that may not have access to TV. Exposure to newspaper, Facebook and WhatsApp amongst children is still highest in Kenya; and it is congruent to access to smart phone and mobile internet.

Table 8: Children's access and exposure to media

Access Vs Exposure to Mass Media	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Access to Electricity	54.0%	73.3%	59.1%	40.3%	56.7%
Access to Radio	54.7%	70.8%	62.3%	31.7%	55.5%
Exposure to Radio	*40.4%*	*63.4%*	*46.1%*	*11.5%*	*41.2%*
Access to TV	41.1%	67.7%	66.2%	86.3%	61.1%
Exposure to TV	*38.9%*	*67.1%*	*57.1%*	*64.7%*	*54.2%*
Access to Computer /Laptop /Tablet	12.1%	20.5%	4.5%	14.4%	12.8%
Access to Smart Phone	30.6%	59.6%	42.9%	48.9%	43.3%
Access to Mobile Internet	21.5%	51.6%	18.8%	27.3%	28.8%
Access to Broadband Internet	2.6%	18.0%	1.9%	5.8%	6.5%
Exposed to WhatsApp	*12.8%*	*38.5%*	*7.1%*	*8.6%*	*16.6%*
Exposed to Facebook	*9.8%*	*34.8%*	*5.2%*	*27.3%*	*17.8%*
Exposed to News Paper	*6.0%*	*35.4%*	*13.0%*	*6.5%*	*14.2%*

(Source: Children Sample with N = 719)

It can thus be concluded from above that:

- Respondents in the study scope are more exposed to radio and TV than any other form of mass media
- The respondents were exposed to information about COVID-19 because most of it was through TV and Radio
- The newspaper is the least media source exposed to by both adults and children
- Exposure to WhatsApp, Facebook and Newspaper increases with level of education
- Exposure to mass media is highest amongst the Kenyan sample (both adults and children)

3.4 Knowledge about COVID-19

We first established the respondents' levels of awareness about COVID-19 before we could establish the impact. We assumed that respondents with limited knowledge or awareness about COVID-19 would barely tell much about its impact. Overall, 98.5% of the household respondents knew about COVID-19. The proportion was highest in Uganda (99.6%), Ethiopia (99.3%), Tanzania (98.7%), and Kenya (96.1%). All countries reported high levels of awareness, which points to their knowledge of the likely impact of the vice. The majority of them (91.4%) reported to have received information about COVID-19 risks and prevention measures during the pandemic (*96.1% for Tanzania, 91.1% for Ethiopia, 89.9% for Kenya and 89.8% for Uganda*). They reported the key sources of this information to be TV (38.8%), Radio (23.1%), Community members (*family/friends/leaders, neighbors*)–11.0%, and Public service announcement/speakers (8.8%). Specifically, in Uganda, the main sources of COVID-19 related information were Radio, TV, Public service announcements/speakers, Community members (*family/friends/leaders, neighbors*), and health workers as reported by 38.9%, 25.7%, 15.2%, 10.% and 5.2% of the respondents respectively. In Kenya, the main sources of information were TV, Radio, internet /social media, Community members (family/friends/leaders, neighbors), and official government websites as reported by 41.3%, 18.1%, 14.4%, 10.6% and 8.8% of the respondents respectively. In Tanzania, the main sources of information were TV, Radio, Community members (*family/friends/leaders, neighbors*), health workers and Public service announcements/speakers, as reported by 37.6%, 18.8%, 16.1%, 7.4% and 7.4% of the respondents respectively; and In Ethiopia, the main sources of information were TV (61.8%), health workers (12.2%), and internet /social media (8.1%). Following from the section on media exposure, there is a relationship between sources of information about COVID-19 during the pandemic and the dominant media exposures in the specific countries.

3.5 Findings Relating to the Assessment Objectives

In this section, results relating to the purpose and specific objectives of the assessment are presented.

The purpose of this study was to assess the impact of COVID-19 on low-income families, children, adolescent girls, boys and young mothers and their livelihoods across CRVPF's partners' operational areas in Uganda, Tanzania, Kenya and Ethiopia. Attention was given to the impact of COVID-19 on gender-based violence practices (*teenage pregnancies, sexual abuse and sexual exploitation*), children's education and the operations of small businesses owned by adolescent girls, boys and young mothers. In this section, we present results on the opportunities and challenges posed by the COVID-19 pandemic; influence of COVID-19 on gender-based violence, children missing school, teenage pregnancies, sexual abuse and sexual exploitation within vulnerable families; the impact of COVID-19 on the livelihood of children,

adolescent girls, boys and young mothers in low-income families; the impact of COVID-19 on small businesses owned by adolescent girls, boys and young mothers; the mechanisms adopted by children, households, and small business owner to cope with COVID-19 related challenges; and the key lessons learnt, pointers of any change, positive or negative, direct or indirect in the communities as result of COVID-19.

3.5.1. Opportunities and Challenges posed by the COVID-19 pandemic in the CRVPF operational areas

Qualitative findings from key informant interviews (KIIs) and FGDs revealed that COVID-19 had both positive effects (opportunities) and negative effects (challenges) on the target communities. The positive and negative effects reported among others the following:

Table 9: Positive and Negative impact of COVID-19

POSITIVE EFFECTS OF COVID-19	NEGATIVE EFFECTS OF COVID-19
Health related	**Health related**
✓ Improved hygiene and sanitation practices ✓ Adoption of healthy diet practices (i.e. eating fruits, herbal teas) to improve immunity ✓ Reduction in communicable diseases ✓ Improved health services delivery (infrastructure, boreholes, sensitization, health services, etc.)	○ Increase in mental illnesses amongst children and adults. In adults mental illness is precipitated by lack of ability to support families ○ Increased eye problems due to frequent exposure to TVs and phones ○ Adoption of poor feeding practices (eating packed food) because it can be stocked for future use. ○ High death rate due to lack of access to medical services due to the closure of transport services during the lockdown
Household /Community related	**Household /Community related**
✓ Family cohesion (bonding of parents, children) ✓ COVID-19 showed people the importance of family ✓ Parents got to know their children well ✓ Community cohesion (bonding of members, through social support provision) ✓ Formation of Self-Help groups (i.e. saving groups, support groups) ✓ Learning the value of helping others ✓ Adoption of sports /physical fitness activities ✓ Children learnt household chores ✓ Children are no longer pampered as was the case before COVID-19	○ Food insecurity (reduction in no. of meals or amount of food consumed in a day) ○ Increased cost of living due to high prices of commodities ○ Increased indiscipline amongst Children ○ Increased teenage pregnancy ○ Increased drug abuse by adolescents ○ Breakdown in social networks amongst teenagers ○ Increased domestic abuse ○ Separation /household abandonment due to inability to provide ○ Exposure to pornography through phones, movies, due to idleness ○ Displacement due to failure to pay rent (for business /or accommodation/) ○ Increase in unplanned pregnancies amongst adults ○ Loss of property due to failure to pay loans (i.e. Private schools were sold off due to indebtedness, houses taken)
Business /income related	**Business /income related**
✓ Children learnt to operate family businesses ✓ Acquisition of vocational skills (hair plaiting, Art & Craft, Knitting, bakery, decoration) ✓ Adoption of operating business online	○ Closure /collapse of businesses ○ Loss of jobs due to lay- off of employees ○ Inflation leading to skyrocketing of basic items and input products

✓ Opening up new businesses congruent to COVID-19 related needs. ✓ Diversification of sources of livelihood for survival ✓ Enhanced self-employment and innovativeness as a result of employee lay offs ✓ Opportunity to work from homes	○ Disruption of business cash flow which ended up affecting every sector thus increasing the cost of living
Survival related	**Survival related**
✓ Learning the value of saving money for future uncertainties ✓ Learning to be economic /living within one's means ✓ Appreciation of the value of living in villages ✓ Increased commitment to religion due to fear ✓ Adoption of urban agricultural practices (i.e. farming on top of roof, compound, etc.) ✓ Reduced environmental pollution due to reduced traffic	○ Adoption of unlawful behaviors for survival (i.e. prostitution, theft) ○ Increase in child labor due to fending for survival ○ Loss of religious morals /backsliding due to closure of places of worship ○ Difficulties with transport due to the Min-Bus level seat directives ○ Displacement of many people from urban areas to rural areas ○ Accumulated dates as a results of constant borrowing
Education related	**Education related**
✓ Children from poor schools got the opportunity to learn from better and experienced teachers through TV, YouTube, Online classes, etc.	○ Reduction in school performance ○ Teachers abandoned the teaching profession ○ Increased School drop-out due to lack of fees ○ Children repeating classes due to school closure ○ Reduction in the motivation to study (due to over age, interest in TVs, interest in business) ○ Inadequate teaching and learning due to condensed school timetables
Safety/Security Related	**Safety/Security Related**
✓ Reduction in transport related robbery /quarrels due to the Min Bus level seat directives	○ Increased crimes due to poverty

Respondents reported the impact of COVID-19 on health, household livelihood, economic status/incomes, survival skills, education and safety. Improved hygiene and sanitation, a reduction in communication diseases, better parenting, diversification of sources of livelihood, adoption of online business marketing came out prominently as the major opportunities posed by COVID-19. On the other hand, increase in mental illness, GBV, food insecurity, loss of household incomes, adoption of unlawful behaviors, school dropout and increased crimes were the major challenges brought about by COVID-19. There was variation in impact across countries for example; the benefit of improved health services delivery was reported only in Kenya and Tanzania; and the benefit of improved school infrastructure was report only in Tanzania. Quantitative survey findings also support the qualitative ones as the majority of the household heads and children from Uganda reported 'better health practices; and family cohesion as the major positive impact brought about by the COVI-19 outbreak. Those from Kenya ad Ethiopia reported 'better health practices and a reduction in communicable diseases; while the majority of those from Tanzania reported 'better health practices' and 'improved health services delivery'. Here are the extracts that support the assertions above:

I would say, the impact after Covid-19, we got schools, classrooms for covid-19 were built for us. The government-built classes through Mama Samia's (president Samia Suluhu Hassan) money for Covid-19; the secondary school you see there obtained four classrooms and the mess and the dormitory, primary schools obtained it too and we also obtained reserve schools. Therefore, covid-19 brought to use those classrooms through the government as a result of the money Mama Samia (president Samia Suluhu Hassan) brought into the Councils. It was for the whole council and not just Tingatinga council. There were some schools where maintenance was done to school infrastructures, and for some schools classrooms were built. Therefore, we are thankful that Covid-19 brought us money to this council which supported the school infrastructures, hospitals, dispensaries, ward offices. So, we benefited from Covid-19 funds. (KII Respondent, Tanzania)

The knowledge I got from the sensitization about covid-19 was about cleanliness. Washing whenever you are doing anything. Therefore, that was helpful in making sure that those who were not used to frequent washing (of hands), saw the importance of washing (of hands), such that when you wash (hands) there are some diseases or health problems that get reduced. Therefore, through that, our generation especially our young ones, the children understood that there value in washing (of hands) apart from just fighting against covid-19. Therefore, it went further than fighting against that disease, there is now the attitude that was being build that, when you are done with a certain activity, you can wash (your hands) and go to eat. Therefore, it was helpful to the society in dealing with other diseases apart from just covid-19 (FGD Female Youth 18-24 years)

On the other hand, the majority of the quantitative survey respondents from all the countries reported 'loss of livelihood activities' as the dominant negative impacts of COVID-19. This was followed by food insecurity for the case of Uganda, Kenya and Ethiopia.

*We saw that many employees were laid off and many institutions closed because of Covid-19. The society was directly affected because this increased unemployment and caused many people to lack income. This created a very big group of youths who are thieves who started robing people to earn an income (**FGD Male Youth 18-24)***

An assessment of the children's mental health in the Children's survey revealed that 63.7% of the children in Uganda, 69.1% of those in Kenya, 37.4% of those in Tanzania and 53.3% of those in Ethiopia often feel mentally unwell compared to how they were before the outbreak of COVID-19. This may have been caused by experiences from their environment as the respondent below elucidates:

Because of the great economic burden COVID -19 imposed on them, I know mothers that received dowry money for handing their underage children's hand for marriage. A significant number of young mothers that earn a living from working as a daily laborer (washing clothes, working on construction site as assistant, serving as live-out house maid) were forced to join commercial sex work due loss of work , inability to pay rent, buy food for her children, as a result of COVID -19 Pandemic outbreak. Young children, adolescent mothers were forced into street prostitution. The hotel industry slowed down due to closure of cafes and restaurants. Hence those who worked as waiters in these places got out into the streets to practice prostitution which subsequently exposed them to sexual exploitation (KII).

Also when asked to reflect on their living situation before COVID-19 pandemic and compare it with their current living situation, the majority (56.6%)of the household respondents in Uganda, those in Kenya (36.5%), those in Tanzania(51%) and of those in Ethiopia (40%) reported their living conditions to be worse. Having the majority of the respondents from each country reporting to be worse than before implies that the negative impact of COVID-19 in these countries outweighs the positive impact.

It is concluded that:

- The key opportunities brought about by COVID-19 are Better health practices, Family Cohesion, Reduction in communicable diseases and Improved health services delivery
- The Key challenges brought about by COVID-19 are Loss of livelihood activities /source of income, Food insecurity, SGBV and school drop out

3.5.2. Influence of COVID-19 on practices of GBV, children's school, and teenage pregnancies within vulnerable families in in the CRVPF operational areas

Gender based violence in this assessment refers to any harmful act of sexual, physical, psychological, mental, and emotional abuse that is perpetrated against a person's will and that is based on socially ascribed gender differences between males and females. This implies that sexual abuse and sexual exploitation are categories of gender-based violence. In this section, we shall therefore expound on gender-based violence including sexual abuse and sexual exploitation; teenage pregnancies and children missing school.

(a) Impact of COVID-19 on Children's Schooling

To understand the impact of COVID-19 on children missing school we took a broad approach by focusing on children's' schooling in general. We conducted interviews with teachers, FGDs with parents and children, and household surveys with parents and children. Of the 724 households sampled, 722 had at least a child aged 6-17 (child of school going age). This means that CRVPF's operational areas are densely populated with children. Household findings revealed an increase in the average number of children that are attending school after COVID-19 in Kenya and Tanzania; same average number in Ethiopia; and a decline in the average number of children attending school after COVID-19 in the Ugandan households. To understand the impact, we need to realize that with the two years of COVID-19 more children would have grown to attain status of school attendance (*at least 6 years*). Thus in every country we would expect the average number of children attending school to be increasing. Since this is not the case in Uganda and Ethiopia, it points to the assumption that the COVID-19 outbreak had more impact on children's school

attendance in these two countries. Evidence shows that there was actually drop out of children aged 6-17 years in all countries (see table 10 for details).

Table 10: Status of Schooling Children in the Households

Change in Sch attendance	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Av. No. of Children attending Sch Before **COVID-19**	2.4	1.6	2.2	1.1	1.9
Av. No. of Children attending Sch Now	2.2	1.7	2.3	1.1	1.9
	50 HHs with less children that attend	23 HHs with less children that attend	13 HHs with less children that attend	12 HHs with less children that attend	98 HHs with less children that attend
	30 HHs with more children that attend	34 HHs with more children that attend	34 HHs with more children that attend	9 HHs with more children that attend	107 HHs with more children that attend
Major reason for change in HH av.	Drop out	More joined Sch	More joined Sch	Dropout and joining	More joined Sch
Major reason for drop out	Lack of Sch fees/scholastic materials	Lack of Sch fees/scholastic materials	Lack of Sch fees/scholastic materials	Child no longer interested in study	Lack of Sch fees/scholastic materials

(Source: House Hold Sample with N = 724)

In Uganda, 50 households reported to have children aged 6-17 years that were studying and are no longer studying; these are 23 in Kenya, 13 in Tanzania and 12 in Ethiopia. The major reasons for children's drop out as reported by their parents are lack of school fees/ scholastic materials, and lack of interest in studies.

Survey results from the Children confirmed those from the household head's survey as the proportion of children that reported to be studying after COVID-19 was less than that, which was studying before COVID-19. The school dropout rate in Uganda was 18%, Kenya 13.7%, Tanzania 9.2% and Ethiopia 15%. The highest drop out in Uganda could be attributed to the 2 years closure of schools and a reduction in household livelihood /incomes that led to lack of fees. The major reason for drop out in Ethiopia is lack of Interest amongst leaners.

Even amongst the children that are still studying many have conceived thoughts about dropping from school especially those in Uganda, Ethiopia and Kenya. This could be due to the closure of schools in these countries that caused a mismatch between children's chronological age and classes being attended. Those that think they are too big for the class contemplate dropping out. Another issue could be the reduction in class performance. Almost a half of the children from Ethiopia (43.4%) report to be performing poorer in class compared to how it was before COVID-19. This causes them to detest school and consequently

drop out due to lack of interest. This is emphasized by one of the key informants from this country as follows:

> *Concerning children's education, the most affected children are from poverty-stricken families. School was interrupted because of COVID, the children could not be thought using technology, and they have neither the knowledge nor the capacity to use it. Even after the decline of COVID-19 and the reopening of schools, children found it difficult to adjust or adapt and catch up. After the reopening, the shift system was introduced in the schools, and students started going to school only three days a week, which diminished the amount of time for their learning, and this negatively affected their education. Some children from the poorest of poor families were not even able to get back to school after the reopening of the school or joined back school late, as they engaged in street vending (small - works) to support their families that were devastated by COVID-19.*

Table 11: Status of Schooling by Children

Impact on Schooling	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
% in Sch before COVID-19	93.7%	91.6%	97.4%	96.9%	94.6%
% in Sch after COVID-19	75.7%	77.9%	88.2%	81.9%	80.1%
School Dropout rate	18%	13.7%	9.2%	15.0%	14.0%
Major reason for not studying	Lack of fees	Lack of fees	Lack of fees	No longer interested in studies	Lack of fees
Thought about dropping out of Sch since the outbreak of COVID-29	20.9%	35.5%	5.0%	19.5%	20.3%
Perception of class performance being lower now compared to before COVID-19	27.5%	22.0%	20.6%	43.4%	27.6%

(Source: Children Sample with N = 719)

Although there was adoption of online teaching and learning during the COVID-19 pandemic, after the lockdown, most of the schools went back to physical classes. The majority of children in School reported to be attending physical i.e. 97.6% for Uganda, 97.2% for Kenya, 97.9% for Tanzania, and 94.7% for Ethiopia. This can be attributed to the nature of children that were sampled. They were from vulnerable families and mainly attending public /government schools that cannot afford blended learning approaches.

COVID-19 contributed to 18% school dropout in Uganda, 13.7% in Kenya, 9.2% in Tanzania and 15% in Ethiopia amongst children aged 6-17 years.

(b) Impact of COVID-19 on Gender Based Violence

> Sexual gender-based violence existed even before the outbreak of covid-19. It existed and I do not think it will go away because this is a patriarch community, there is no matriarch system. The man is the decision maker on everything. He decides when to get a child; he is the one who decides when a girl child should get married; he is the one who decides whom she should be married to; when she should be mutilated. When a woman does business and gets money she must take it to the husband. Cows are *for the man. The woman might build a house but it's for the man; so, that's how people in this community live. Therefore, the sexual gender-based violence in these areas exists and will always exist regardless of COVID-19 (KII, Tanzania).*

The sentiments shared in the extract above were common among respondents from all countries. According to KII and FGD respondents, Gender based violence practices have been prevalent in these countries even before the outbreak of COVID-19. This is why it was necessary for us to first establish the community attitudes towards GBV before we established the impact of COVID-19 on this vice. We assessed the community's attitude towards **physical** GBV practices by soliciting their opinions on '*whether they think if there is a good reason, a man is right to hit his wife/partner in the following circumstances*":

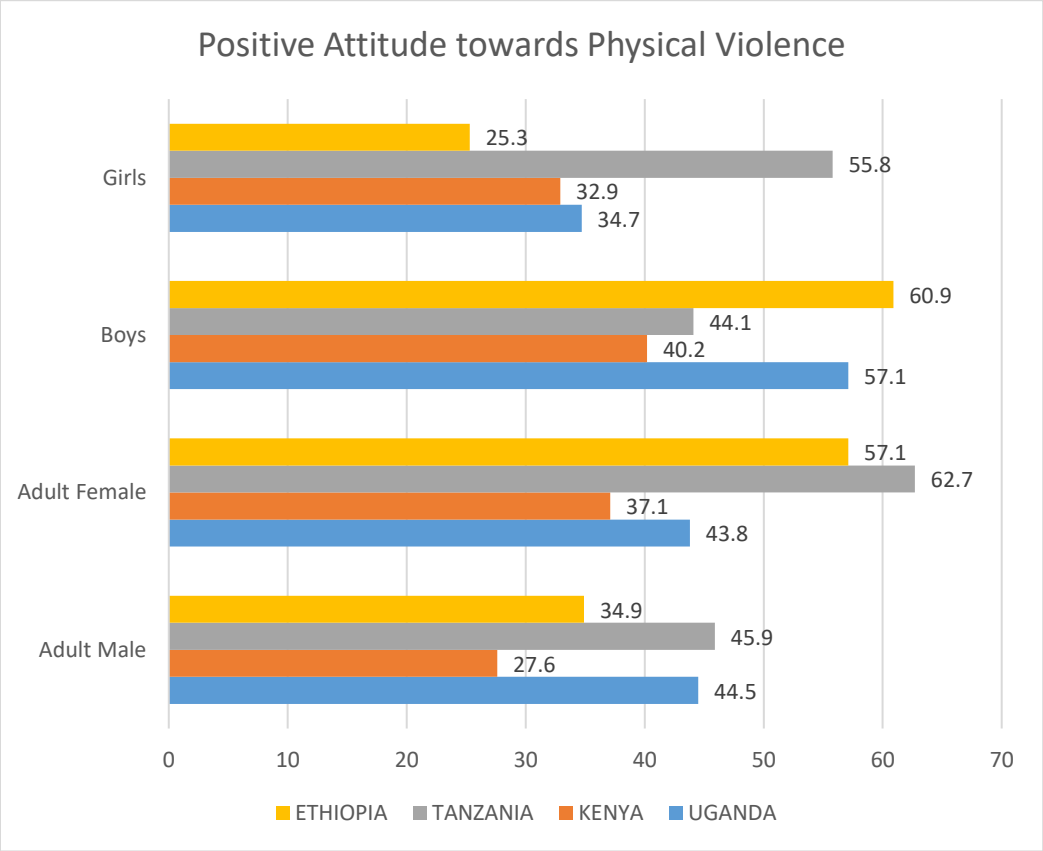
- *When she answers back at him*
- *When she disrespects his relatives*
- *When he suspects that she is unfaithful*
- *When he finds out that she has been unfaithful*
- *When she spends time gossiping with neighbors*
- *When she neglects taking care of the children*
- *When she does not complete her household work to his satisfaction*
- *When she refuses to have sexual satisfaction with him*
- *When she disobeys him*
- *When she burns the food*
- *When she goes out without telling him*

Any respondent who answered 'YES' to any of the above statements was categorized to have a positive attitude towards physical violence.

Graph 2 shows that the majority of the boys (60.9%) and adult males (57.1%) in Ethiopia; the majority of the boys in Uganda (57.1%); the majority of the girls (55.8%) and the female adults (62.7%) in Tanzania have positive attitudes towards physical violence. This predicts that Ethiopians, Ugandans and Tanzanians are likely to have more experiences for Physical violence behaviors than Kenya; but less likely to report them. Important to note is that in Tanzania the girls and adult women have more positive attitudes towards physical GBV than the men. If the potential victims of GBV has positive attitudes towards the vice, then they are less likely to report the abuse directed to them because they have justifications for its existence.

Child marriages, teenage pregnancies, economic violence all exist here. For the case of rape-they cannot tell you its rape because in this community no one is actually raped. For a man to force a woman sexually, they don't call it rape. You might find that he is going to marry her. Although rape exists, even if you ask a Masai woman about being raped, she might not know about it because for a Masai man when he sleeps with a woman, that is his wife; and he is free to sleep with a woman any time he chooses to. When he comes from tending livestock and he is tired he just grabs her, just for him to fulfill his desires (KII, Tanzania)

Graph 2: Positive Attitudes towards Physical Violence



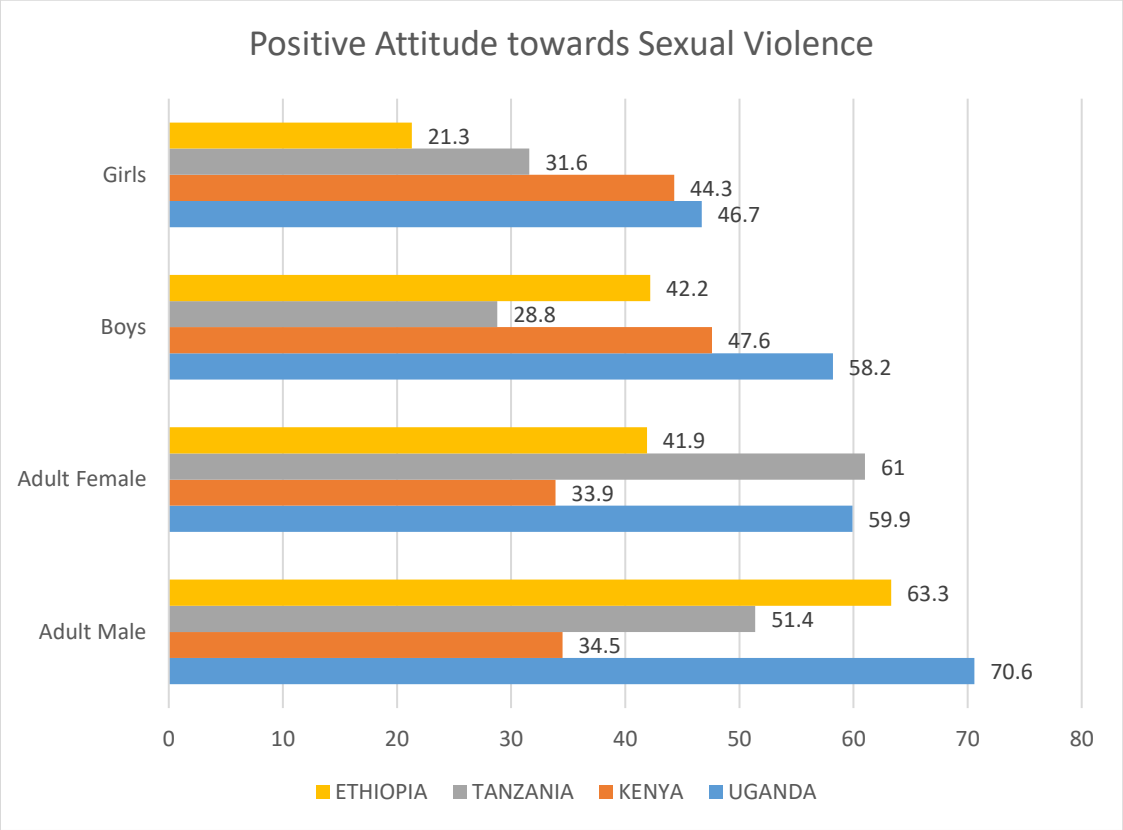
We assessed the community's attitude towards **Sexual GBV practices** by soliciting their opinions on '*whether they think a husband /boyfriend has the right to do the following when his girlfriend/wife refuses to have sex with them*":

- Gets angry and reprimands her
- Refuse to give her money or other means of support
- Use of force and have sex with her even when she does not want
- Go ahead and have sex with another woman

Any respondent who answered 'YES' or 'It depends' to any of the above statements was categorized to have a positive attitude towards sexual violence

Graph 3 shows that the majority of the boys (58.2%), male adults (70.6%), and female adult females (59.9%) in Uganda; the majority of the female adults (61%) and male adults (51.4%) in Tanzania; and the majority of the male adults in Ethiopia (63.3%) have positive attitudes towards sexual violence.

Graph 3: Positive attitude towards sexual violence



We thus predict that incidences of sexual violence were more prevalent amongst Ugandans, Tanzanians, and Ethiopians than the Kenyans during the COVID-19 pandemic. Consistent to note, more female adults than males in Tanzania are more tolerant with acts of sexual GBV. Kenya stands out as the country with the least respondents with positive attitudes towards both physical and sexual violence. This might be attributed to the higher levels of education reported by the Kenyan sample as compared to those from other countries.

A higher proportion of female respondents from Tanzania (*girls and adult women*) reported to have positive attitudes towards physical and sexual GBV than their male counterparts

Knowledge about incidences of GBV

Knowledge of someone that experienced SGBV since the outbreak of COVID-19 was found to be prevalent across the countries but most prominent in Uganda. This could be because the Ugandan sample includes refugees who are known to be at a high risk to GBV. The most experienced forms of violence are Physical violence and sexual harassment. In Tanzania, child /forced marriages were prevalent during this period. The main perpetrators of physical violence were spouses/partners. Some of the victims of GBV did not seek for help from anywhere. Seeking for help after experiencing GBV is low as almost half the victims do not. Failure to seek for help is a major challenge for Ethiopia. This could be because it is one of the countries whose respondents still have prevalent positive attitudes towards GBV.

Table 12: Knowledge about GBV by adult respondents

	Uganda	Kenya	Tanzania	Ethiopia
Knowledge of someone that experienced GBV since March2020	43%	26.4%	11.0%	5.9%
Common Form of GBV Experienced	Physical violence & sexual harassment	Physical violence & sexual harassment	Physical violence & Child/forced marriage	Physical violence & sexual harassment
Most recent of all experiences	Physical violence	Physical violence	Physical violence	Physical violence
Perpetrator	Spouse /Partner	Spouse /Partner	Spouse /Partner	Parent
Proportion of Victims that sought Help	55.5%	68.1%	58.8%	37.5%
Why Victim didn't seek help	Fear of leaving home	Fear of leaving home	Fear of leaving home	Fear of leaving home
Perception of level of SGBV in country since the outbreak of COVID-19	Increased (52%)	Increased (34.9%)	Decreased (38.7%)	Increased (55.5%)

(Source: House Hold Sample with N = 724)

The overall perception amongst households in Uganda, Kenya and Ethiopia is that GBV has increased since the outbreak of COVID-19; yet the perception in Tanzania is that GBV has reduced. However, it can be remembered that women and girls in Tanzania have a more positive attitude towards GBV than their male counterparts. This indicates that there could be many forms of GBV that they take to be normal and are thus unable to report them as GBV. The case below illustrates the incidences of GBV during the lockdown.

> *Due to the outbreak of COVID-19, people experienced loss of work. Everyone stayed at home. When everyone stayed at home, the incidence of violence increased, sexual-based violence, physical violence, domestic violence (wife beating, psychological violence). The occurrence of all these incidents showed increment during COVID-19 outbreak. The reports surfaced after a while-following the reopening of offices. Victims of the violence or their parents reported*

that the incidences happened during COVID-19 outbreaks. When they are asked why they reported late, they say it is because offices were closed at that time and had no one to report to. At the peak of COVID- 19, communication lines weakened. How and where to report incidences of violence was not easy. The offices (women's and children's affairs, police, violence prevention committees) were not accessible. There are violence prevention committees that work on the problem in identifying how and when to bring the offenders to justice when violence occurs. They are comprised of people from the health bureau, police, women and children's affair bureau, elders, woreda leaders that work in collaboration with NGOs. Even these committees were weakened during the outbreak of COVID and stopped work. The incidence of violence increased. After COVID–19 declined, the reports of incidence of violence started to come in increasingly. The occurrence of these incidents is traced back to the duration of the peak of COVID-19 .

Contrary to household findings from Tanzania, KII respondents reported an increase in GBV during the pandemic in this country as the extract below reveals:

It is true that incidences of SGBV increased during the lockdown because women were just around and men were just around, no work and you are just at home; what should you do apart from having sex? Therefore, girls were affected so much with this pandemic because of expected or unexpected pregnancies because people were just available and people have come back. You had a girlfriend or boyfriend and you haven't been seeing him/her for a long time because of no movements and so you try nearby. I can agree to the point that covid-19 increased the number of teenage mothers. What should be done now is for these mothers to be placed in groups and be given projects or be trained so that they can get the skills and do handcrafts so that they can run their lives

The contradictions between qualitative and quantitative data from Tanzania may be attributed to the earlier finding that the majority of community members have a positive attitude towards some of these behaviors and thus regard them to be normal.

We had noted from table 12 that the most witnessed forms of GBV by adults were physical and sexual harassment. However, the children's survey revealed important issues that expose the level of sexual abuse in the communities. We asked children aged 12-17 years about their sexual experiences and 27.9% reported to have ever had sex. The highest proportions of those that had had sex were from Kenya (44.1%) and Uganda (35.4%). Kenyan children reported the lowest average age at debut (first sexual intercourse). Overall (14.5%) of the children sampled had had sexual intercourse during the COVID-19 period. We observe that the proportion of children that had had sex during the COVID-19 period is lower than that of those that have ever heard sex. This implies that the outbreak of COVID-19 may have reduced on the children's access to their sexual partners.

SGBV was prevalent since the outbreak of COVID-19. Many of the sampled children had witnessed female adolescents being sexually harassed (27.1%), being pregnant (37.6%), that had given birth (35.9%),

got married off (23.2%), and heard of an adolescent girl that ran away from home (25.2%). Issues of sexual harassment, teenage pregnancy, child mothers, and child marriages were more common in Tanzania, Kenya and Uganda; than in Ethiopia.

Table 13: SGBV reports by Children

SGBV witness	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Those that have ever heard sex	35.4%	44.1%	8.4%	16.6%	27.9%
Av, age at debut	15 Years	14 Years	15 years	17 Years	15 Years
Had sex during March 2020 – Dec 2021	23.4%	21.7%	8.4%	4.3%	14.5%
Between Dec 2019-2022					
Seen adolescent girl that got touched on the breasts/buttocks by men/boys	27.9%	29.8%	32.5%	16.5%	27.1%
Seen adolescent girl that got pregnant	40.4%	44.7%	43.5%	17.3%	37.6%
Seen adolescent girl that gave birth	39.2%	44.7%	38.3%	16.5%	35.9%
Seen adolescent girl that got married off	26.8%	29.2%	16.9%	16.5%	23.2%
Heard of adolescent girl that ran away from home	26.%	34.8%	24.7%	12.9%	25.2%

(Source: Children Sample with N = 719)

Experiences of Peer GBV and Adult GBV amongst Children

Apart from being witnesses, we also asked about the children's own experiences with peer GBV and adult GBV during the COVID-19 period. With peer GBV, we refer to acts of GBV committed to them by fellow children and with adult GBV we refer to acts of GBV committed to them by the adults figures in the households or in the community.

Table 14: Experiences of **Peer SGBV**

Peer SGBV	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
In the period 2020-2022					
Have been touched by a peer in an unwanted way	14.2%	20.6%	8.4%	7.2%	16.6%
Peer has attempted sexual intercourse	18.8%	17.4%	3.8%	6.4%	13.0%
Peer has encouraged them to film/photograph private parts	16.65	11.1%	1.2%	7.1%	10.3%
Made to watch pornography	25.7%	25.5%	6.4%	11.5%	19.2%
Asked to masturbate	15.1%	9.2%	1.3%	5.0%	9.0%

(Source: Children Sample with N = 719)

Peer sexual harassment and sexual intercourse were more prevalent amongst children in Uganda and Kenya. This is not surprising because children from these two countries reported to have the highest proportion that had ever had sex (see table 13); and the lowest age at debut. In communities were aspects of sexual intercourse start at an early age, sexual harassment acts are expected to be prevalent. It is hard to conclude that peer SGBV was due to COVID-19 because many children had reported to have had sex even before the outbreak of COVID-19. However, we conclude that COVID-19 contributed to peer SGBV as the extract below reveals:

> *Even if rape existed in the community prior to the outbreak of COVID-19 in the community, the incidence has increased after the outbreak of COVID – 19. When confinement, staying at home increases, conditions that increase the temptation of sexual violence increase .I know a stepfather that raped his stepdaughter. In addition, I had another experience, in relation to this. There was a poor mother of two who lived in this kebele in a small rental house with her two daughters (13 and 15 years). Following the outbreak of COVID her business got closed. Her kids started staying at home as schools were closed and work was stopped. During this time, a 19 years old grade 12 boy who is a family relative of the landlord raped the younger daughter who is 13 years old. As he was able to see her often and frequently and meet her .The girl got pregnant. When her pregnancy become obvious and detected, the boy denied that he is not the father. After so much persuasion, the boy eventually admits to his sisters that he is responsible. The girl was not able to have abortion she had passed six months into the pregnancy. In order to have a DNA paternity test, the child needs to be born first. The boy's family evicted the girl and her family from their house.*

Table 15: *Experiences of **Adult SGBV***

Adult	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
In the period 2020-2022					
Have been touched by an adult in an unwanted way	17.4%	18.0%	5.8%	8.6%	12.6%
Asked by an adult to masturbate in front of them	11.8%	8.7%	0.6%	5.0%	7.4%
Coerced by an adult in sexual act in exchange for good /money/ favor	17.8%	15.5%	1.2%	6.5%	11.6%
Adult attempted sexual intercourse but didn't succeed	15.4%	13.7%	2.6%	5.8%	10.5%
Had sexual intercourse with adult against your will	15.1%	14.9%	3.8%	5.0%	10.6%
Threatened by adult and you agreed to sexual act against your will	11.6%	11.1%	1.2%	6.5%	8.3%
Proportion that asked for help	31.7%	35.9%	50.0%	45.5%	36.5%
Major reason for not asking for help	Did not have anyone to confide in	Did not have anyone to confide in	Felt embarrassed	These are private issues	Did not have anyone to confide in

(Source: Children Sample with N = 719)

Consistent with peer SGBV, adult SGBV is also more prevalent in Uganda, Kenya, and Ethiopia than in Tanzania. Many of the children in these countries had agreed to sexual acts against their will, had had sex

in exchange for goods /money /favors and had experienced attempted defilement during the COVID-19 period. We can therefore confidently argue that acts of sexual GBV were high amongst children during the COVID-19 period although we are not sure if such acts were as a result of COVID-19 since we have no statistics about these incidences before the outbreak of COVID-19. The argument though is that adult respondents to the household survey (see table 12) reported an increase in SGBV in their respective countries during the COVID-19 period. The same countries namely Uganda, Kenya and Ethiopia report to have the highest prevalence of such incidences as reported by the children. Even with such high incidences, the majority of the affected children in these countries did not seek help because they lacked someone to confide in. Lack of someone to confide in points to assumption that perpetrators of adult SGBV were mainly family members or relatives to the victims. Below is the evidence to support this:

> *The effects that resulted from covid-19 in the household, the first is that, when the government stopped people from gathering, closed schools, and the universities people stayed at home. This is the period when gender-based violence increased amongst children. Incidences of rape, defilement and incest increased. This is because there were children at home with other relatives such as sisters, brothers, uncles and aunts. Having many people staying at home for a very long time motivated those acts to increase because children would meet with different people and lead to the increase of such acts, different from children going to school and come back later (FGD Male Youth 18-24).*

Table 16: Children's perception of safety

Those that do not feel safe compared to before COVID-19	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
In your home	8.7%	7.5%	1.3%	3.6%	5.8%
	Lack of safe space to play SH/Rape/sexual assault	*Violent acts from siblings and elders*	*SH/Rape/sexual assault*	*Drugs & Alcohol related problems*	*Lack of safe space to play Violent acts from siblings and elders SH/Rape/sexual assault*
The following behaviors towards girls (10-17) years have existed in the community between 2020 -2022					
Relative or family friends touching young adolescents girl's private parts	*26.8%*	*46.6%*	*12.3%*	*36.0%*	*29.9%*
Relative or family friends asking young adolescents girl's for kisses or sex	*31.7%*	*50.3%*	*12.9%*	*31.7%*	*31.9%*
Relative or family friends making sexual comments about young adolescents girl's bodies	*32.5%*	*53.4%*	*18.1%*	*28.1%*	*33.3%*

(Source: Children Sample with N = 719)

We asked children to rate their safety in their homes before and after the outbreak of COVID-19 and 8.7%, 7.5%, 1.3%, and 3.6% from Uganda, Kenya, Tanzania and Ethiopia respectively reported not to feel safe in their homes now as compared to before COVID-19. The reasons for feeling unsafe were lack of

safe place to play, Sexual harassment /rape /sexual assault, violent acts from siblings and elders, and drugs /alcohol related problems. These answers especially on '*Sexual harassment /rape /sexual assault, and violent acts from siblings and elders'* point to the possibility of family members being perpetrators of SGBV during the COVID-19 period. Many children witnessed sexual harassment by family members and relatives and thus the possibility of sexual assault by the same people cannot be under estimated (see table 16 for details).

It can be concluded that:

- COVID-19 contributed to increase in GBV amongst households and communities
- The main perpetrators were relatives or people known to the victims
- Due to the lockdown, many victims did not report because they lacked means of transport to move to the responsible offices some of which were even locked during this period
- Incidences of GBV were more common in Uganda, Kenya and Ethiopia than in Tanzania.
- The low report on GBV in Tanzania is attributed to the positive attitudes towards GBV that they majority of the sampled female respondents have

3.5.3. Impact of COVID-19 on the livelihood of children, adolescent girls, boys and young mothers in low-income families in the CRVPF operational areas

In this assessment the livelihood aspects we considered are household status, change in household activities, access to basic goods and services, and food security.

Change in Household Status

The average monthly income for the sampled households was $ 103. These have an average household size of 5.2 people meaning that their monthly income is too low compared to their household burdens and thus fall in the category of vulnerable households or low –income families. On average, 31.6% of these household had a member that had lost a job due to COVID---19 outbreak. Majority of household members that lost jobs were in business (39.3%) and formal employment (31.4%). The major reasons for losing jobs were; being laid off because business closed (52.4%), lost capital to continue with business (33.6%), laid off

because business scaled down (21.0%). With these same reasons, on average 11.2% of the respondents to this survey had lost employment /source of income. They reported to now be depending on income earned by other household members (50%), and remittances from relatives and friends (23.5%). Loss of income partly contributed to unlawful practices in the communities as the extracts below reveal:

> *Feelings of hopelessness and despair; the COVID-19 pandemic brought about a feeling of longing for the dependency to end, wondering how long the dependency will last. In this community, a typically family has five or six members. When all these family members spend more time home, they need food. When the breadwinner has lost the job spending time with them in the home puts a lot of pressure on him. The fact that men started losing their jobs and staying at home created stress, which fueled the conflicts (FGD with Males aged above 24 years)*

> *The impact of the COVID pandemic was huge. "It simply turned things upside down". People lost their jobs and sources of income, businesses shut down, public services were either restricted or completely shut down, the price of food items and non-food items skyrocketed and daily laborers lost everything. All these factors forced people to engage in unlawful activities (KII).*

Table 17: Change in Household Status

	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Average Monthly HH income in USD	$ 97	$ 147	$ 74	$ 93	$ 103
Av. HH Size	5.7	4.7	5.9	4.1	5.2
Proportion of those that were working Before COVID-19 and are currently unemployed	10.6%	8.4%	14.2%	12.6%	11.2%
Proportion of those with a HH member that lost job due to COVID-19 Outbreak	27.0%	33.1%	18.1%	54.1%	31.6%
Proportion of those that expect that a HH member will experience income/job loss in the month	7.4%	8.4%	7.7%	16.3%	9.4%
Changed Housed due to Impact of COVID-19	19.9%	35.4%	3.2%	28.8%	21.9%
Perceived impact on COVID-19 outbreak on overall household income	Decreased (77.8%)	Decreased (64.1%)	Decreased (81.3%)	Decreased (85.2%)	Decreased (76.5%)
Perceived Nature of impact COVID-19 Outbreak had on HH finances	Substantial negative impact (59.8%)	Moderate negative impact (44.3%)	Moderate negative impact (38.7%)	Substantial negative impact (51.9%)	Substantial negative impact (44.8%)

(Source: House Hold Sample with N = 724)

Basing on the above, the majority of the household respondents from all countries reported a decrease on overall household incomes due to COVID-19. Those in Uganda and Ethiopia perceived this impact to be substantial and those from Kenya and Tanzania perceived it to be moderate. This differences is explained by the differences in the samples. The Ugandan sample included refugees that were already vulnerable even before COVID-19 yet the Ethiopian sample included more widows and separated/divorces individuals that lack partner support. Due to either loss or reduced incomes, 21.9% of the sampled households had changed housing. Apart from loss of income, earlier qualitative findings showed that where incidences of SGBV created conflicts, those affected changed households. Incidences of husbands abandoning families were also prevalent.

> *There were women whose husbands abandoned them.There were women who said 'he left us and we have nothing to eat, so, please support us '(KII,).*

Changes in the execution of household activities

Household respondents were requested to comment on the change in the execution of household activities during the COVID-19 outbreak and results showed that there was a reduction in the use of domestic workers and an increase in the involvement of household members in household activities. This change is attributed to the reduction of household incomes and the availability of children in the homes.

Table 18: Change in Household Activities

Since the Outbreak of COVID-19…….	YES	NO
My partner participates more with household chores and caring for family	61.3%	38.7%
My daughter (s) participate more with household chores and caring for family	66.9%	33.1%
My son (s) participate more with household chores and caring for family	55.2%	49.8%
Other family /household members participate more with household chores and caring for family	54.8%	45.2%
We hired a domestic worker /baby sitter /nurse to help with household chores / caring for family	13.2%	86.8%
Domestic worker /baby sitter /nurse works longer hours than was the case before COVID-19	13.5	86.5%
Domestic worker /baby sitter /nurse no longer works with us	17.8%	82.2%

Note: Samples Varied based on HHs that reported to have category of respondents

This was reported to be one of the positive impact of COVID-19 to households. Although this is so, the same change contributed to loss of income or employment to the housemaids leading them into unlawful practices in the pretext of looking for survival as the extract below reveals:

There were some incidences of gender-based violence even before the outbreak of COVID-19. For instance, sexual harassment, physical and psychological abuse of women, as well as beating. As there is a high number of sex-workers, sexual exploitation is widely practiced. Young women who are typically engaged in petty trade (selling Injera, tea, coffee, vegetables and fruits) as well as those who worked as housemaids and causal laborers lost means of their livelihood after the emergence and spread of COVID-19. Consequently, these young women resorted to exposing themselves to sexual exploitation for little earnings (KIIs).

This implies that the impact of covid-19 on incomes in multifaceted. Loss of income in one faced may lead to increased income in another.

Access to basic goods and services

Overall, 12.5% of the respondents had suffered from COVID-19, 35.2% suffered from a different disease. Even those that had not suffered from COVID-19, 9.1% of them had a household member that suffered from COVID-19. This implies that 21.6% of the households sampled had a case of COVID-19 during the lockdown period. The same applies to other diseases. With 29%, reporting to have a family member that suffered from a disease different from COVID-19 implies that 64.2% of the households had a patient suffering from a disease other than COVID-19 during this period. With the prevalence of COVID-19 and other physical ailments in the households access to health care and other basic needs was crucial. We therefore assessed the impact of COVID-19 on access to health and other basic needs amongst the respondents.

Table 19: Experience with ill-health during the COVID-19 Pandemic

	YES
Suffered from COVID-19	12.5%
Suffered from a physical illness other than COVID-19	35.2%
Other Family /Household member suffered from COVID-19	9.1%
Family /household member suffered from a physical illness other than COVID-19	29.0%
Family /household member died from COVID-19	3.9%
Family /household member died from a disease other than COVID-19	11.0%
Your Psychological /mental/emotional health was affected (e.g. stress, anxiety)	53%

(Source: House Hold Sample with N = 724)

More than half of the respondents reported challenges accessing transport (76.5%) when they needed it and food supply (62%). Access to health services, family planning commodities, and accommodation was also constrained (see table 20 for details). Difficulties in accessing these services culminated from the banning of public transport and loss of incomes /jobs. Thus, due to COVID-19 access to health services and other basic services was further constrained.

Table 20: Difficulty in access to other services

As a result of COVID-19, did you personally experience difficulties in accessing any of the following basic goods and services?	YES
Accommodation	29.9%
Food products /supply	62.0%
Water supply	39.4%
Public transport	76.5%
Financial services	37.6%
Medical supplies /PPEs (e.g. gloves, masks etc.)	48.0%
Hygiene and sanitary products (e.g. soap, menstrual products, baby diapers)	45.9%
Family planning commodities (e.g. condoms, pills)	33.7%
Reproductive or maternal or child health care services	34.6%
STIs/ HIV treatment services and commodities	29.8%
HIV prevention services (e.g. testing and counseling)	34.0%
Took longer than required to visit doctor/ seek medical care	47.3%
Unable to seek general medical care	41.0%
Social services /assistance for self and /or family member	44.9%

(Source: House Hold Sample with N = 724)

Impact on Food security

Following from above, 62% of the respondents reported to experiencing difficulties in accessing food supply. This means that the outbreak of COVID-19 interrupted food supply in the households. We have to take note that even before the outbreak of COVID-19, there were households that were food insecure. The outbreak of COVID-19 simply precipitated the insecurity in such households. Results from the household survey revealed that Uganda had the highest proportion of households experiencing food insecurity even before the outbreak of COVID-19. This can be attributed to the refugees that are part of the Ugandan sample. These lack adequate food and other supplies. With the outbreak of COVID-19, the proportion of food insecure households in all countries increased. Though still, Uganda reports the highest proportion of households that became food insecure after the outbreak of COVID-19 (16.4%) followed by Kenya (14.0%), then Tanzania (11.6%), and Ethiopia (6.7%). The major reason for not having enough food in all the countries is 'Lack of money to buy enough food**.** Food insecurity was measured by considering those respondents that reported to sometimes or often not having enough food in their households. Due to lack of enough food, households reduced on both the quantity and quantity of basic food items consumed. During this assessment, only 42% of the sampled households could afford at least **three** meals a day implying that actually more than half of the households eat less than **three** meals a day. Findings reveal a severe impact of COVID-19 on food security since only 32.9% of the households were confident that they would afford to have enough food in their households in a period of a month's time after the survey. Incidences of food insecurity are supported by the extracts below:

> *There are mothers who reported that they spent many nights on empty stomach as they were only able to afford to buy low-cost bread at Sheger retailing shops only for their children. Thus, those who were not able to send their*

children to their relatives skipped meals as a copping mechanism regardless of the negative impact this measure will have on children's health (KII)

Table 21: Household Food Security

Household Food Security	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
HH that were food Insecure BEFORE COVID-19	39.0%	33.8%	37.4%	35.5%	36.4%
HH that are currently Food insecure	47.2%	38.2%	46.4%	37.0%	42.2%
HHs that became food insecure after the COVID-19 outbreak	**16.4%**	**14.0%**	**11.6%**	**6.7%**	**13.0%**
Change in QUANTITY of basic food items consumed by HH since the outbreak of COVID-19	Decreased (65.2%)	Decreased (51.7%)	Decreased (47.7%)	Decreased (20.0%)	Decreased (49.7%)
Change in QUALITY of basic food items consumed by HH since the outbreak of COVID-19	Decreased (62.1%)	Decreased (51.7%)	Decreased (45.2%)	Decreased (26.6%)	Decreased (49.3%)
Proportion of HHs that can afford at least 3 meals a day	27.7%	53.9%	44.5%	50.3%	42.0%
Proportion of HHs that are confident that they will afford the foods they need in the next month	34.8%	36.0%	32.3%	25.9%	32.9%

(Source: House Hold Sample with N = 724)

It can be concluded that:

- COVID-19 outbreak led to a reduction in household incomes
- The major reasons for the reduced incomes were loss of jobs either through being laid off work or closure of businesses.
- Many people are still job insecure due to the consequences of COVID-19
- There were changes in accommodation due to reduced incomes, SGBV and abandonment
- In effort to save for household livelihood, domestic workers lost their jobs but leading to more involvement in household activities by children
- Difficulties in accessing health services, food, and other basic needs were aggravated by the lockdown, curfew and reduced incomes.
- Due to COVID-19 53% of the study population reported to experience mental torture.

3.5.4. Impact of COVID-19 on small businesses owned by adolescent girls, boys and young mothers in the CRVPF operational areas

The impact of COVID-19 on small businesses was assessed using small business owners that had businesses even before the outbreak of COVID-19. Most of the business owners in Uganda and Ethiopia reported their businesses to have temporarily closed following the outbreak of covid-19, as most of those in Kenya were partially opened and those in Tanzania remained opened. Whatever the business operation status, COVID-19 affected them. Business owners from all countries reported a decline in average monthly income following the outbreak of COVID-19. The majority of those from Uganda (65.3%), Kenya (70.6%), Tanzania (73.5%), and Ethiopia (59.5%) reported that COVID-19 led to a reduction in their sales /profits. Businesses are operated to generate profits and thus when there is a reduction in profits, all other business characteristics are affected. For instance with the outbreak of COVID-19, business size was affected as 69.9%, 84.5%, 63.2% and 62.9% of the business owners in Uganda, Kenya, Tanzania and Ethiopia respectively reported to have reduced on their business sizes /down sized.

Table 22: Impact of COVID-19 on small businesses

	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Av. Monthly income before COVID-19	$ 90	$ 118	$213	$ 55	$ 122
Current Av. Monthly income	$ 73	$ 108	$ 190	$ 45	$101
Ave. no. of employees BEFORE COVID-19	1.2	11.8	1.4	0.7	3.1
No. of employees NOW	1.3	8.8	1.2	0.5	2.5
Change in the number of hours devoted to work (Majority)	No change (40.6%) Decreased (32.9%)	Decreased (60.5%)	Decreased (40.8%) No change (38.8%)	Increased (39.2%) No change (31.4)	Decreased (39.1%) No change (33.5%)
Change in Hrs. worked per week	Decreased (37.8%)	Increased (40.3%)	Decreased (40.1%)	Increased (51.6%)	Decreased (38.8%)
Change in cash flow availability	Decreased (75.1%)	Decreased (71.3%)	Decreased (68.7%)	Decreased (57.5%)	Decreased (69.0%)
Change in supply of financial services normally available	Decreased (63.9%)	Decreased (62.8%)	Decreased (49.7%)	Decreased (54.2%)	Decreased (58.4%)
Change in supply of inputs purchased	Decreased (67.5%)	Decreased (66.7%)	Decreased (39.5%)	Decreased (44.4%)	Decreased (56.0%)
Most financial problem due to COVID-19	Payment of rent	Payment of rent	Payment of tax	Payment of rent	Payment of rent

(Source: Sample of Business Owners N = 678)

Downsizing was precipitated by the decrease in the demand for goods/services by customers in these countries.

> *Another negative change that resulted from covid-19 was that the individual people's income got reduced because of the lack of customers; someone was getting up to 10 customers per day but as a result of covid-19, they reduced to 5 and even below 5. That means if he was expecting to get 10,000 as an income, it got reduced to 5000 and even to 2000/-, in that case the individual income got reduced and other expenses too have to reduce (FGD Male Youth 18-24)*

> *Many shops were closed and all those places for showing movies and TV were closed. There was no playing of pool tables, it was all closed. Goat and cow markets were closed and so it affected the business owners so much economically because they depend on those markets. In these areas, you cannot just say you are going to the market. The market is on a specific day, it is on Friday and so, if you miss it, that is it. Therefore, if you cannot meet each other, that means you cannot sell or buy. Therefore, COVID-19 impacted business operations (KII)*

> *The majority of young mothers and women are engaged in small business and daily labor. They sell injera, coffee, tea, vegetables and fruits, household utensils (plates, glasses and pottery). They largely work on small business activities that focus on preparing and handling food. Following the outbreak of COVID, there was no market for their food items because people were scared of contaminations and human contacts. People feared to buy tea, coffee and injera. So, these business owners had no one to buy their items. And those who were engaged in groups were not allowed to work in large numbers. Those who used to work in groups of 10 had to reduce their number to 5 to ensure physical distancing. They had to take turns and work in shifts. Instead of working 5 days a week, they worked for less days. They were forced to work 3 days a week. They were requested to bring in clean plastic bags, cartwheels and tables to meet the hygiene requirements, which were costly. They did not manage to do .Thus; these resulted in reduction of the amount of their income (FGD Male Youth 18-24)*
>
> .

To combat the impact of COVID-19 on their businesses many owners changed in their business operations. Overall 44.2%, 55.8%, 32.7% and 33.3% of the business owners in Uganda, Kenya, Tanzania and Ethiopia respectively made adjustment in their business operation after the outbreak of covid-19. The major adjustments made were: Use of phone for marketing, introduction of new good/services, changed business strategies /practices, and improved on existing goods /services. Following from the adjustments made 60%, 79.2%, 50.4% and 88.2% of the business owners in Uganda, Kenya, Tanzania and Ethiopia respectively reported to currently be using phones for marketing. The use of phones in marketing has had different impact on small businesses as some respondents reported it to have led to an increase in business sales while others reported a reduction in business sales.

Table 23: Change in business operations

Change in Business Operations	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
How use of phone business /online services affected sales	Increased (47%) Decreased (30.3%)	Increased (57.9%) Decreased (24.6%)	Remained the same (55.2%)	Increased (48.9%) Remained the same (37.8%)	Increased (48.7%) Remained the same (29.4%)
Major challenge in managing business now	Increased production costs	Increased production costs & Reduced demand for goods/services	Reduced demand for goods / services	Reduced demand for goods/services	Reduced demand for goods/services
Business needs time before returning to normal	46.9%	30.4%	61.8%	37.3%	46.8%
Business will never return to normal	20.1%	41.9%	11.6%	31.4%	24.9%
Overall perception of how business was affected	Large negative impact (52.2%)	Large negative impact (66.7%)	Moderate negative impact (40.8%)	Large negative impact (60.1%)	Large negative impact (53.8%)

(Source: Sample of Business Owners N = 678)

Evidence of Positive Impact of online business operation:

> *The change which was brought by COVID-19 and am still embracing up to today even if they announced Covid-19 is no more is doing business online. It has taught me many things, because in online business, you get many different customers different from when you stay in one place and wait for someone to come. But when you use online business, you expand the coverage of your business. Before Covid-19 I didn't know much about online business. I was seeing people doing business online but I thought they were quack or it is done by only large-scale entrepreneurs such as Bakhresa, etc. However, after the outbreak of Covid-19 and I got into social media network often, I saw some people doing it, then I said so I can also do this, so that my goods will not just stay indoors and decay. Hence, I started to do that and I thank God! Before Covid-19 I was only getting customers whom I know in person, maybe you Uncle, this one, and that one (points at them); I sell to you. But nowadays I send packages to people in Zanzibar, Iringa, also in Pwani region. So it is something which I have seen has had a huge advantage and it's a huge change for me (FGD, Business Owners)*

Evidence of Negative Impact of online business operation:

> *As for me like I said, I was using online business, but my challenge there is one ' people who are doing business online are many now and some are not honest. So you find that you have posted your product, maybe I am selling this product; then someone comments, "liar', thief, listen to me sister, you are thief," So you find that one had already booked the product "bring it to me", while you are on the way taking it, you receive a call "ah don't bring it again". 'I think you won't be bringing it to me,". You tell her/him no! that's why I didn't take your money until I deliver your package, give me and I give you. Really? Yes really! So you have to use extra energy until you arrive there you give the product and s/he gives your money and that's when someone trusts. However when you share online and some people have already seen that someone's comment, is thief, liars etc. there are some who cancels right there thinking it's true. This also stops new ones from ordering. Therefore, that is one challenge that is disturbing me a lot and it continues to disturb me and has affected my business negatively (FGD, Business Owners)*

Although there is evidence of adoption on online banking, demographic results showed that exposure to social media as a source of information is still low in Uganda, Tanzania and Ethiopia.

The majority of business owners from all the countries reported a negative impact of COVID-19 on their businesses. Those in Uganda, Kenya and Ethiopia reported this impact to be large yet those in Tanzania reported it to be moderate. The difference may be due to closure of most businesses in the former countries as most of those in the later country were left to operate. Based on the severity of the impact, more business owners in the later countries report to lack the potential of their businesses to return to normal as compared to those in Tanzania. However, even in Tanzania, there are many businesses that up to now still require time to return to normal. The major challenges that most of such businesses face is increased production costs, and reduced demands for goods /services. These has led to their inability to pay rent and taxes.

> *Small business activities were almost fully disrupted. These business owners do not have a strong financial capacity. They do not have resources to sustain them for months. They have to work every day to get their daily food. COVID-19 weakened the financial strength of these workers. As a result, they ended up having nothing to eat. They do not work, could not get means of income, have eaten up their capital so they turned into aid-receivers (KII).*

It is concluded that:

- There is a decline in monthly income for most business in all countries due to the outbreak of COVID-19
- The major financial challenges for the business owners are related to payment of rent and tax
- The key adjustments in business operations after the outbreak of acovid-19 are : Use of phone for marketing, introduction of new good/services, Change of business strategies/practices and improvement on existing goods /services.
- Major challenges of managing business now are Increased production costs and reduced demand for goods/services,
- In all the four countries, the majority of the business are reported to need more time to return to normal although some are reported to have no capacity to regain their original operational status
- The overall impact of COVID-19 on small business in Uganda, Kenya and Ethiopia was reported to be 'Large negative impact' and for Tanzania " Moderate negative impact'. This could be because Tanzania was not locked down.

3.5.5. Mechanisms adopted by households and small business owner to cope with COVID-19 related challenges

To address the impact of COVID-19, small business owners and household members have adopted coping mechanisms.

Mechanisms adopted by Business Owners

Business owners need coping mechanisms to be able to operate their businesses amidst turmoil. Since most of them are confronted by financial needs, we explored the coping mechanisms they adopted to address their financial needs. We found that overall, less than half of them (44.7%) belonged to a SACCO /VSLA which indicates that they still lack access to financial support in times of need. This is why most of them are lamenting about financial needs; because they have not embraced any coping mechanism in this line. Governments made effort to support business owners. Respondents from Uganda reported to have received masks, cash transfers, and deferral of credit payment. Those from Kenya reported to have received access to new credit schemes and deferral of credit payment. Those in Tanzania reported to have received access to new credit schemes. Those from Ethiopia reported to have received masks, and deferral of rent. Those that reported having received these facilities were negligible to warrant discussion of the effect of such support to small business operations. Being in countries where their governments are also financially constrained very few business owners were able to receive financial support from their governments. Only 16.8% reported to have received support of some form from their governments. The support was in form of governments requesting banks to defer the loan repayment periods and in a few bases financial disbursements.

Table 24: Status of Financial support to small businesses

Status of Financial support to small businesses	Uganda	Kenya	Tanzania	Ethiopia	TOTAL
Belong to a SACCO/VSLA	61%	62.0%	25.3%	22.2%	44.7%
Those that received support from Government	19.3%	24.8%	8.8%	13.7%	16.8%

(Source: Sample of Business Owners N = 678)

For their businesses to survive, business owners have opted to obtain loans from financial institutions, money lenders, selling personal assets, delaying payment of their workers, and some simply do nothing. Those from Kenya and Ethiopia are more inclined to obtaining loans from moneylenders than from

financial institutions which is likely to put their businesses in greater financial risks because money lenders demand exorbitant interest rates that may not be favorable for a business that is already limping.

Table 25: How business owners from the different countries are dealing with the financial problems

Uganda	Ethiopia
• Obtain loans from bank /microfinance institution/SACCO – 30.8% • Obtain loan from a moneylender – 14.5% • Selling off personal/business assets – 12.8% • Drawing on personal savings/ contribution from family members -9.2% • Delaying payment of suppliers /workers – 9.2%	• Do nothing—operate business as it is – 34. % • Obtain loans from bank /microfinance institution/SACCO – 13.7% • Obtain loan from a moneylender – 22.9% • Selling off personal/business assets – 16.3%
Kenya	**Tanzania**
• Obtain loans from bank /microfinance institution/SACCO – 38% • Obtain loan from a money lender – 31% • Drawing on personal savings/ contribution from family members – 10.1%	• Drawing on personal savings/ contribution from family members – 25.2% • Obtain loans from bank /microfinance institution/SACC0 – 14.3% • Obtain loan from a money lender – 12.2% • Do nothing—operate business as it is – 23.8%

Because of lack of an effective support system most of these business owners reported that the aspect of business financing that their governments and partners should target to support their business recovery are:

- Cash transfer for business
- Access to new credit scheme
- Deferral of credit payment /suspension of interest payment
- Access to new markets or business matching
- Assistance to transition to new products /services with higher demand

Mechanisms adopted by Households

The coping mechanisms adopted by household include positive and negative coping mechanisms. The common positive coping mechanisms adopted by households are spending of own savings, reduction of household expenses on basic needs, reduction of expenses on utilities, and asking for help from relatives and friends. Households reported that during COVID-19 they requested family members that were better off to support them. Those that had children sent them to the villages as the one below narrates:

When there was nothing to eat at home, we sent our children temporarily to the countryside, where there are relatives such as grandparents 'uncles and brothers, to pass these challenging periods and prevent them from dying of hunger. And those mothers who have relatives here in Addis Ababa sent their children to their relatives to get them supported, send them to their aunt and uncle here temporarily(KII)

The negative coping mechanisms include selling of household assets, durable household goods, taking a loan from a commercial bank or a moneylender to address household basic needs. These are negative coping mechanisms because they are likely to lead to more disastrous consequences such as homelessness. Adoption of negative coping strategies was more prevalent among households in Kenya and Uganda.

Table 5: Coping Mechanisms Adopted by households to Respond to COVID-19

	Uganda	Kenya	TZ	Ethiopia	Total
POSITIVE COPING					
Reduced on the household expenses on basic needs (*food, water, hygiene products)*	57%	62.4%	41.3%	33.3%	50.6%
Moved on to rent a cheaper house	20.7%	41.0%	3.9%	25.2%	22.9%
Reduced on the utilities expenses	46.9%	61.8%	41.9%	32.6%	46.8%
Reduced on the medical /health care expenses	25.4%	50.6%	11.0%	28.1%	29.0%
Reduced on education expenses	35.5%	50.6%	11.0%	20.7%	31.2%
Asked for help from relatives /friends	28.9%	54.4%	19.4%	14.1%	30.4%
Sent some household members /children to live with relatives	19.1%	35.4%	3.9%	7.4%	17.7%
Asked for help from local government /NGO /CBO etc.	24.4%	38.2%	1.3%	12.6%	20.6%
Took out a loan from SACCO	12.1%	29.8%	3.2%	0.7%	12.4%
Spent own savings	52.0%	73.6%	49.0%	35.6%	53.6%
NEGATIVE COPING					
Took out a loan from commercial bank	14.8%	36.5%	1.3%	4.4%	15.3%
Took out a loan from money lender	16.0%	41.6%	14.2%	5.2%	19.9%
Sold assets (*land, house, jewelry, phone, livestock*)	21.5%	33.7%	13.5%	5.9%	19.9%
Sold durable household goods (chairs, beds)	26.6%	33.7%	5.2%	5.9%	19.9%

(Source: House Hold Sample with N = 724)

Qualitative findings revealed that young mothers and girls also resorted to begging and commercial sex as a coping mechanism.

There were also young mothers and girls who resorted into street-begging and prostitution/commercial sex work as means of survival (KII)

As a female business owner, you find that you are indebted here, at home and the business is unclear. There are some men who were using that opportunity to convince the woman sexually, just to give them money; and majority of women found themselves doing prostitution without them knowing that they are doing prostitution. That's something which emerged a lot, not only women even young girls in a normal community, this brutality happened a lot due to Covid-19. The majority of people in trying to save their business, or get something for their family to have food because the business has already collapsed became victims. They would wonder, how will I maintain my family?

Oh XXX was interested in me, let me accept you. Because the business has collapsed, how will myr life continue?, she uses plan B, and the plan B which she has is that one; or the man is using plan B to convince that woman and have sexual intercourse with her, so long as he gets what he wants and also give the woman what she wants. Hence you find that the thing which a woman gets is a huge loss even more than that man; as he has just accomplished his heart desires, but as for her she might get HIV infection, sexual transmitted diseases, unwanted pregnancy just by being given twenty or thirty thousand; when you compare it thing don't correspond. Therefore, that is one of the impact, which happened to women entrepreneurs especially young mothers, who are single mothers (FGD, Business Owners)

3.5.6. **key lessons learnt, pointers of any change, positive or negative, direct or indirect in the communities as result of COVID-19.**

All the categories of community members that participated in this assessment reported to have picked lessons from the COVID-19 pandemic.

NGO /Government Officials/ Local leaders

- ✓ It is necessary to reserve or set aside funds that will help the organization during uncertain times. Every organization should have this as a reserve fund to support them amidst unplanned crisis /emergencies.
- ✓ Communities should have disaster preparedness plans to guide them through the unplanned eventualities.
- ✓ There is need to revise the GBV referral network to include how it can be operated during crisis times when some of the key players cannot be available.
- ✓ Furnishing lower level health facilities is vital because there can be situations when one cannot move beyond his/her locality to seek treatment.

Local Community Members

- ✓ Food security is very important. It is necessary to have a kitchen garden and indoor farming and keeping dry foods for use in times of food shortage.
- ✓ Saving money is essential for every family because even if you a source of income today, you cannot be sure that you will still have it tomorrow. Even those that have assets such as buildings for rent could not have money because such buildings were closed. Those renting houses for accommodation could not pay because they had no money.

4.0 Summary of Impact and Recommendations

In this section, we give a summary of the impact of COVID-19 on Children's schooling, small businesses GBV practices and livelihood in households; and propose strategic approaches to be adopted by CRVPF in its grants processes (soliciting and issuance) in order to effectively address the impact of COVID-19 in its operational areas.

4.1 Summary of the Impact of COVID-19 on small businesses, Children's Schooling, GBV, and household livelihood

Following through the results shared in the previous sections of this report, we note that the governments' restrictive measures to mitigate the spread of the virus in the four countries had positive and negative impact. The outcome (positive or negative) depended on many factors. Restrictions that were instituted affected specific communities' members differently. For instance, the closure of schools affected children, parents, teachers and school proprietors more than other categories. The closure of businesses affected business owners and their respective clients more than any other category. Curfew, banning of public transport and lockdown affected almost every one.

We have found out that the closure of schools exposed children to the risk of GBV (physical, sexual and psychological), child labor but also the opportunity to learn domestic chores, and family business. ,For children that were supported through the lockdown, they acquired life skills and enhanced their family bonds. These children were able to resume studies when schools opened. However, those that lacked adequate support fell prey to sexual abuse, bad peer influence, family conflicts and some of them dropped out of school. In the households, there was reduced incomes due to some members losing their jobs, or business. This exposed such households to the risk of inadequate or lack of basic needs and difficulty in accessing essential basic care. However, there are those who through their loss got the opportunity to start new ventures (mask and sanitizer business) or online businesses. Business owners that explored these opportunities were able to sustain their households during the lockdown. These were few as online business is not yet much rewarding because few people in these countries have exposure to the internet. Because most of the small business owners have no solid financial backing, the closure of their businesses affected their capital base because they resorted to using their capital to finance domestic needs. As such,

many of these have businesses that are indebted, limping or are nearing collapse. For others the businesses collapsed.

Qualitative results revealed that those that were negatively impacted by COVID-19 revealed reduced mental health. One key informant respondent from Ethiopia gave a very good summary of the impact of COVID-19 on children and women as follows:

> *The buyers feared the physical contact. Since they use their hands to pick up items and sell their goods, there was no one to buy them. As a result, their business got closed. They were forced to remain in their homes .How could they work? How could they transact? The majority of them live in small rental house. They were unable to pay their rent and got evicted. They send their children to Government schools .Because of school closure as a result of COVID-19, their children started to stay at home, they could not find anything offed to them. As a result, they went out into the street and remained there. This year following the school opening, the children of these families have not returned back to school. While those children from economically better off families returned to school, those of impoverished families' have not returned back to school. When they could not find anything to eat and wear, the female children/ girls got out of home into the streets. They resorted into commercial sex work .There are so many of these cases. Those who worked as housemaid, got dismissed and lost their job because of COVID-19. And these also resorted into street life and commercial sex work .The hospitality workers/ waitress in cafeteria and hotels also lost their job and got out into the street to work as sex workers due to hotel closures that resulted from the COVID-19 pandemic. And some who went to live with their relatives experienced rape by their uncles and other relatives and guests. Those people with little saving had to use their money to buy food. So they could not get back into business as they lost their capital. They still remain out in the streets. The main problem of these people is the fact that they could not be back on to their feet and resume their business despite the situation of COVID and its impact has improved, as they have fully used all their resource (KII)*

4.2 Proposed recommendations to be adopted by CRVPF in its grants processes (soliciting and issuance) order to effectively address the impact of COVID-19 in its operational areas.

We propose recommendations that CRVPF should adopt to mitigate the impact of COVID-19 on GBV survivors, school dropouts, children in school, small business owners whose businesses are limping and households that lost their sources of income. We are aware that CRVPF does not directly implement interventions but supports /funds community institutions using a cluster partnership model, where one grant is given to 2-5 community organizations and local NGOs to work together in a particular geographic area. Therefore, these recommendations are geared at directing CRVPF on the strategic areas that may require funding to alleviate the impact of COVID-19 in its operational areas.

- Support Programmes that focus on Children at School, those that dropped out, and those that are suffering the consequences of GBV i.e. teenage mothers. The purpose will be to mitigate school dropout and to empower those that dropped out of school. Those in

school should be targeted with activities that may cause them to want to stay in school. Such projects might include supporting sports activities, debating activities, drama, and art & craft. Those that dropped out of school should be equipped with survival skills (enhancing esteem and mental health) and vocational skills to enable them earn a living / job creation.

- Findings showed that the majority of children that experience GBV do not report due to failure to identify anyone to confide in. There is need to direct GBV interventions towards building trust in the GBV referral network to enhance the reporting of cases. Since CRVPF has a VAC Prevention Programme with one of its outcomes being '*Strengthened families' capabilities through positive parenting and improved spousal relationships to create a safe and nurturing environment for children and adolescents';* I recommend that one of the activities towards creating a safe and nurturing environment for children should be equipping parents with virtues of trustworthiness so that their children can confide in them.

- Support programmes that target small business owners that are struggling with business financing /limited capital and lack of markets for their produce. These can be supported with interventions that support them to improve on the quality of their products (i.e. skills in value addition), group dynamics skills, support formation of saving and lending groups, create revolving loan schemes, business accounting skills and marketing skills (physical and online). Those that need money for business operation can be given short -term loans at low interest rates, or capital development loans depending on their dare need.

- Many of the households reported to be food insecure. This means that even when they are supported with loans for business financing some of them might divert the money to feed their homes. Support programmes that target households with knowledge and practices on how to improve on household food security.

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